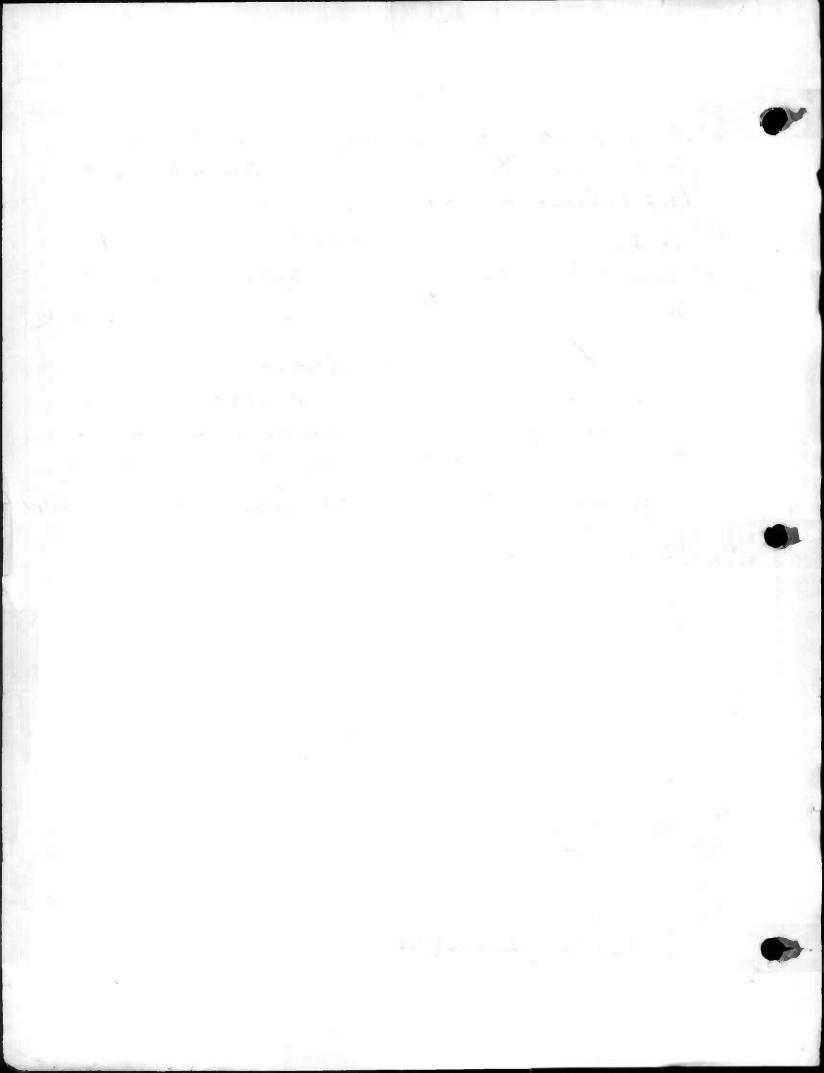
DIVISION OF VITAL RECORDS, P.O. BOX 68760, I	OF APPRICACE PLANTAGEM. P
0	3
9	
-	-
œ	
9	
×	
0	
m	
-	
0	1
٧.	
0	4
S	1
0	1
~	1
~	
9	
O	1
ш	-
$\alpha$	-
	1
7	-
4	d
	7
>	1
	5
5	Ę
0	-
7	,
~	1
$\underline{\circ}$	Ē
S	1
=	1
>	4
$\overline{a}$	C
	-
	4
	- 0

	2 cha	2	
	1 3	i .	
	hed for use as the hudal-transit nermit Pages	3	
	armit		
	acit n		
sician	sal-fra		
NO DAY	he hur		
rtendir	38 #		
or a	for us		
nospita	ched		9
the	e deta		1 one
ed by	d pind		ed a
retair	5 sho		notif
nay be	Dage		t be
Je 6 1	rector.		mus
Tag	eral d		nine
er oear	filled in by the funeral director, page 5 should be detached for use a	<u>a</u>	i exal
HS STE	n by t	remo	edica
1000 47	filled	00 Or	he m
ale be executed within a	detely	remati	mt, th
nen A	Сотр	rial, c	c eve
a exec	an and	to bu	umat
calle D	by the attending physician and completely fil	e prior	er tra
Cerum	ding p	Aygien	r oth
neath	atten	ental }	ny, o
al life	by the	M pur	y Inju
dulles mar n	igned	eafth i	rs an
מאמו	been s	. of H	show
ap an	e has	e Depl	m 23
MIN.	tificate	e Stat	or Ne
200	this cer	with th	ked,
DALL	After t	death	шаг
I CELAR	JOH:	after (	28 is
U IIIE IIOSEIJAE ON ALIENDING	O THE FUNERAL DIRECTOR: After the	hours	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
DE LINE	FRAL	27 min	TE H
2	E FUN	d with	HTAN
-	O TH	e file	MPO

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	0000					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH					
	ANNIE N	MATTHE	WS	MONTH DAY	YEAR M					
	010 -0	5. SEX  6. AGE (In yrs. last birthday)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  1) - 14 - 1960	BIRTHPLACE (State or Foreign Country)					
TOR	99. FACILITY NAME (It not institution, give street end number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH									
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	TOWN OBJOCATION		10d. INSIDE CITY LIMITS?					
FUNERAL	100. STREET AND NUMBER	VEDALE Rd.	10f. ZIP CODE	2 // 10g. CITIZ	I YES 2 NO EN OF WHAT COUNTRY?					
S	11. MÁRITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. ADMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No	14. RACE — American Indian,					
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexic 1 TYES 2 NO Speci	en, Puerto Rican, etc.)	Black, White, etc.  Specify: BLACK					
OMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col		JSUAL OCCUPATION ork done during most of working o retired.)	16b. KIND OF BUSINESS/INDU	STRY					
MP	V	SEA	MSTRes:	S						
O	17. FATHER'S NAME (First, Middle, Last)	Maclay	18. MOTHER'S NA	AME (First, Middle, Maiden Symame)						
BE	19e_JNFORMANT'S NAME (Type/Print)	18103LEY	/ <i>Y</i> / <i>A</i> /	Route Number, City or Town, State, Zip C	LAR					
10	RUTH MOS	Ley 1405	BLOOMING!	DALERY	21216					
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	20b. PLACE AND DATE O cometery, crematory of or	F DISPOSITION (Name of	OATE 20c. LOCATION - CI	ty or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22. NAME AND ADDRESS OF F	NOILITY	-10,100					
	· James	a morton	TAMES A	MORTONY S	ONS - 11 ALTUMA 21217					
	23. PART W Enter the diseasee, or con shock, or heert fellure. Lis	nplications that caused the deeth. Do not only one cause on each line.	ot enter the mode of dying, suc	ch es cerdiec or respiratory arre-	st, Approximats intervel Between					
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Circlerovasen	la accide	1	Onset and Death					
z		DUE TO (OR AS A CONSEQUENCE OF	:		30					
TIO	Sequentially ilst conditions, if any, leading to immediate	If any leading to immediate								
ICA	CAUSE (Disease or injury	type Censive	Carlovans	ula disease	20 mgs					
CERTIFICATION	that initiated events resulting in death) LAST	OUR AS A CONSEQUENCE OF	:							
L C	PART ii. Other significant conditions of	ontributing to death but not resulting in	the underlying ceuse given in	Part i. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICA				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ME					OF DEATH?					
ä					4					
ICI		OSPITAL:	28. PLACE OF DEATH (Ch	eck only one)						
TYS	1 VES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA	Nursing Home 5 Stesidence							
	1 Naturat 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c, INJURY AT WORK?  M 1 VES 2 NO	28d. DESCRIBE HOW INJURY OCCU	REO					
ED BY	2	28e. PLACE OF INJURY — At home, ferm, st building, etc. (Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
E	29e. CERTIFIER									
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN ONE)  2 MEDICAL EXAMINER: 0	N: To the best of my knowledge, death occurred on the bests of examination end/or investigation	at the time, date end place, end due in my opinion, death occured at the	to the ceuse(e) end menner ee stated time, date end place, end due to the o	ceuse(e) end menner ee atated.					
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	C. 1	29c. LICENSE NUM		SIGNED (Month, Day, Year)					
TO B	Nound	(Indoor	mD D10	10/ De	c27, 1991					
	30. NAME AND ADDRESS OF PERSON WHO CO Department of h	ompletep cause of Death (ITEM 27) (Type ) Medicine, The John	is Hopkins H	osipal Baltin	in, mp 21205					
	DEC 3 0 1991	32 pregistra is signature fundale.								





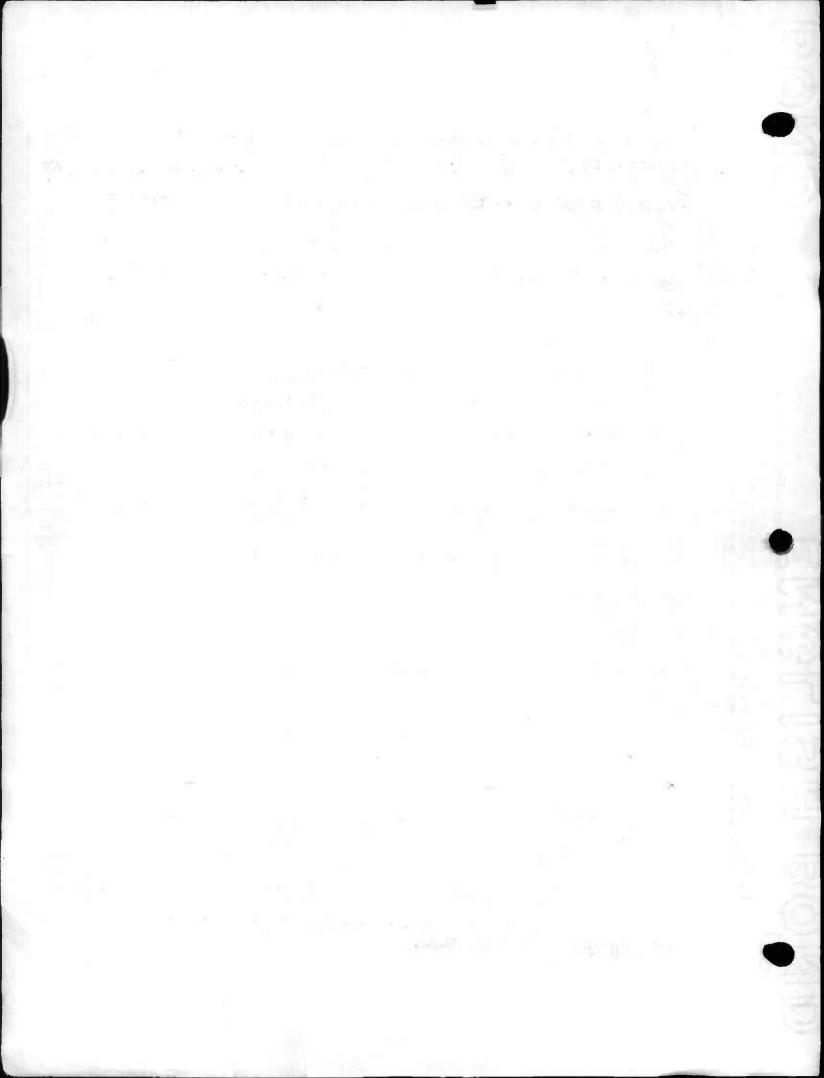
(88760,
P.O. BOX
, P.O
RECORDS,
OF VITAL
DIVISION

FOR STATE REGISTRAR	STATE OF MA		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, M Cecelia 4. SOCIAL SECURITY NUMBER	Malczeu		IF UNDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH DAY OF DEATH OF BIRTH	S. BIRTHPLACE (State or Foreign				
218-10-61 90. FACILITY NAME (II not Instit	eriatric Cent	91 YRS.	Sb. CITY, TOWN OR LOCATION OF D	(Month, Day, Year) 10-28-1900  EATH 9c. COUNT	Buffalo, NY TY OF DEATH				
Md	DENT 0b. COUNTY	10c. CITY,	TOWN OR LOCATION	10a. CITIZI	10d. INSIDE CITY LIMITS?  1 W YES 2 NO EN OF WHAT COUNTRY?				
10e STREET AND NUMBER  Social 4 1  11. MARITAL STATUS  1 Never Married 2 M.  3 Widowed 4 Divorce	I IF YES, GIVE WAR	YES 2 NO	2 / 2 2 4  13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	an, Puerto Ricen, etc.)	S A  14. RACE — American Indian, Black, White, etc. Specity:				
15. DECED (Specify only h	DENT'S EDUCATION ligheat grade completed)  College (1-4 or 5 +)	ille. Do NOT use	ork done during most of working	186. KIND OF BUSINESS/INDU	STRY				
17. FATHER'S NAME (First, Midd		alicki	18. MOTHER'S N.	AME (First, Middle, Maiden Surname)					
0	190. INFORMANT'S NAME (Type/Print)  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  South 47th St 348 Batta, Md 21224								
1 Burial 2 Cremation 4 Donation 5 Other (S	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE ANO OATE OF DISPOSITION (Name of cemetary, crematory or other place)  5 TANIS AUS  12-30  Baltimore, Md.								
21, SIGNATURE OF FUNERAL	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  1005 Dunlak AN  1005 Dunlak AN								
ehock, or hee									
Sequentielly list condition if any, leading to immediceuse. Enter UNDERLYIN CAUSE (Disease or injury that initioted events resulting in death) LAST	ata G	R AS A CONSEQUENCE OF)	:						
CAUSE (Disease or injury that initieted events reaulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE OF)	:						
PART II. Other significant	t conditione contributing to de	aeth but not resulting ir	n the underlying couse given in	Pert I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO			26. PLACE OF OEATH (C	iheck only one)	<u> </u>				
1   YES 2 NO		R/Outpatient 3 DOA	OTHER:  4. Nursing Home 5  Realdance	6 ☐ Other (Specify)					
27. MANNER OF DEATH  1 Natural 5 Pr  2 Accident In	(Month, Day,								
3 Suicide 8 C	ould not be building, at termined	INJURY — At home, farm, at c. (Specify)	treet, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,				
ana)				is to the ceuse(e) end manner es state te time, date and place, and due to the					
29b. SIGNATURE AND TITLE O	Sahu)	and	29c. LICENSE NO		SIGNEO (Month, Day, Year)				
D. W. D. C.L.	PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type,	Print) PILLER AT	ECH RABRAH	THARENIZ				

32. REGISTRAR'S SIGNATURE



DEC 3 0 1991



DHMH-16 Rev 1/89

the	del		60
3	be		7
Ded	pno		Per
etai	S		ŧ
Be	Je 5		01
Se S	Dad		P
9	tor.		SIL
96	direc		7
9	ral		ine
eath	une		Electric
er d	the	100	6
aff	à	OE C	Ca
Since	5	Jr re	ned
4	filled	'n,	9
II 2	À	atio	=
A	plete	Ter	ent
Pa	E	al, c	2
Cut	p	Sun's	tic
ě	n ai	to	E
be be	icia	rlor	2
cate	Shirts	e p	Pr
ertif	Du	gier	oth
-	pua	Ŧ	0
deal	att	enta	Z.
the	the	N	in in
hat	5	and	W
SS	Jue	alth	8
ap.	J Si	운	MO
9	pee	t. 0	15
JA.	185	Oep	23
Ĕ	ate	ate	Em
AN.	llfic	S	=
Sici	Les Les	=======================================	0,
F.	this	With	ked
9	ter	ath	nar
Ş	Af	de	S
E	DR.	after	28
A A	SEC	ILS :	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	Po	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
TAL	RAL	2	=
OSP	INE	thin	K
EH	EF	A P	FIL
프	王	fle	0
2	2	g	Ξ

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) William		MONTOU	R Jr.		2. DATE OF	mber DA	26, 19	<b>79</b> 1 3.	TIME OF DEATH 4:46 P
	4. SOCIAL SECURITY NUMBER 215-16-9758	5. SEX 6. AG	6. AGE (In yrs. last birthday)   IF UNDER 1 YEAR   IF UNDER 24 HRS. 7. MONTHS   DAYS HOURS   MIN.			7. DATE OF (Month, Jan	7. DATE OF BIRTH (Month, Day, Year) 1922 San . 8, 1922 MAryland			CE (State or Foreign
	Se. FACILITY NAME (If not institution, give s	treet and number)			OR LOCATION OF DE			9c. COUNTY		
стов	Franklin Squ	are Hospit	al	Baltim	ore			Balt	imor	e 
FUNERAL DIRECTOR	Md .	BAltimore	10c. CIT	Y, TOWN OR LOCAT	Essex		•			INSIDE CITY LIMITS? YES 2 X NO
VERAL	820 Middlese:	x Road		101	2.122	1		10g. CITIZEI	USA	COUNTRY?
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexice 2 Mio Specify	n, Puerto Ric	(Specify Yee en, etc.)	or No— 14	Black, WI	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S	USUAL OCCUPATIO	ON st of warking	16b. K	IND OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mose retired.) WOIKEI	or or normal		1	Local	16	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			- /		
BE	William F. I	Montour Sr				ra Fo				
10	199. INFORMANT'S NAME (Type/Print) Anna Montour				nd Number or Rural F Sex Roa					1221
	20e. METHOD OF DISPOSITION  1 Depute 2 Cremetion 3 Remote Control of the Control	oval from State	Ob. PLACE AND DATE	of disposition (Na	me of L 12/30	/9 1	20c. LOC Ba	ation — cm		
	21. SIGNATURE OF FUNERAL SERVICE LIC		1		ID ADDRESS OF FA	-				
	Carnelly E	unital	Haras	Conne	ellyFun	eral	Home:	300MA	ceAv	e.21221
	23. PART i. Entar tha diseases, or o	complications that cause	ed tha death. Do	not entar the mo	de of dying, sucl	h as cardis	c or respir	atory srrest	. 1	Approximats
	IMMEDIATE CAUSE (Final	Acute Myoc	asch iins. ardial II	nfarctio						intarval Batwesn Onsat and Daeth
			A CONSEQUENCE O	•						
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate  Due to (or as a consequence of):									
ICA	cause. Entar UNDERLYING CAUSE (Disease or injury	n								
RTF	that initiated avants resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ን:						
	DART II ON THE STATE OF								<del>- i</del>	
EDICAL	Hypertension Person					PERFORM	MED?	AWAI	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?	
Σ						_	,	^	1 🗆	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20 Pu	ACE OF DEATH (C)					1.0
SIC	EXAMINER?	HOSPITAL: V ER/Out	Institut 3 DOA	OTHER:	ACE OF DEATH (Che					
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIM	E OF 28c. INJU	JRY AT			JURY OCCUR	FD	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 N	RK? ES 2 NO					
						Rural Route	Number,			
COMPLETED	29e. CERTIFIER (Check only one)	CIAN: To the beat of my know	wledge, death occurre	d at the time, date	end plece, end due	to the cause	(e) end menn	ner as atated.		
8		n the beele of examination	on and/or investigatio	n, in my opinion, de	eath occured at the t	lime, date en	d place, end	due to the co	euse(e) and	menner ee stated.
TO BE	296. SIGNATURE AND STIFE OF CENTURES	Must	de	MO	D27315	BER		29d. DATE SI	SNED (Mon	
	M.L. Frydenborg,	M.D. 9000	EATH (ITEM 27) (Type, Franklii	Square	Drive I	Baltin	nore,	MD 2	1237	
i i	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE							

		FOR
1	_	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) ETHEL MERRYMAN		<u> </u>			2. DATE OF DEATH MONTH DA	AY YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6 199	3;20 p
215-32-8937			ONTHS DAYS	HOURS MIN.	4 12-1909	IV.	aryland
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY. TOWN	OR LOCATION OF DE		9c. COUNTY C	
THE JOHNS HOPK					EATH.	2.1	
RESIDENCE OF DECEDENT	THE HOST TIAL		BALTI	MUKE		BALTI	MORE CITY
10e. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
Maryland	Harford	W	hitefor	d			LIMITS?
10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
2135 Line Bridge	Rd.			21160		υs	SA
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yee		ACE — American Indian,
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Mexica 2K2CNO Specify	n, Puerto Rican, etc.)		Hack, White, etc.
							White
15. DECEDENT'S EDI (Specify only highest grad	JCATION is completed)	16e. DECEDENT'S U	SUAL OCCUPATION of done during more retired.)	ON set of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5+)	_					
llth grade		Salespar	son			berg's	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Surname)	
Samuel C. Jones					Smith		
19e. INFORMANT'S NAME (Type/Print)	~	19b. MAILING A	DDRESS (Street a	and Number or Rural F	Noute Number, City or Town	n, State, Zip Code	)
Mr. George C. Me	rryman, Sr.	2135	Line E	ridge Rd	. Whitefor	d, Md.	21160
20a METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	noval from State 20	B. PLACE AND DATE OF	disposition (Na f <sup>pia</sup> staith	cem. 12	OATE 20c. LOG /30/91 Bal	CATION — City o	r Town, State
21. SIGNATURE OF FUNERAL SERVICE LI				ID AODRESS OF FA		710	•••
+ EJ Lasech	1)-2.	Horse			r Funeral H	Tome	
23. PART I. Enter the diseasea, or			11750	Relair	Pd Vincer	rille i	Md. 21087
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhitiated eventa resulting in death) LAST	out to for as	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	M(9				3 days 3 days
PART II. Other aignificant condition	ne contributing to death	but not recuiting in	the underlying	ceuse given in	Pert I. 24s. WAS AN	AUTOPSY I	24b. WERE AUTOPSY FINDING
					PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 🗆 YES 2	□ NO	OF DEATH?
							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		00.00	105 05 05 1711 101			
EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Che			
27. MANNER OF DEATH	1 Ninpatient 2 ER/Out	28b. TIME		e 5 🗆 Residence			
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	TY WO	RK?	28d. DEŞCRIBE HOW IN	JURY OCCURED	
3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atro- ecity)	eet, tactory, offic		28f. LOCATION (Street as City or Town, State)	nd Number or Rui	al Route Number,
29e. CERTIFIER							
(Check only one)	ICIAN: To the best of my know	wiedge, death occurred	at the time, date	end place, end due	to the cause(e) end meni	ner ee atated.	
	ER: On the beele of examination	on end/or investigation,	in my opinion, d	eath occured at the	time, date end place, end	due to the ceur	e(a) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	In John	to M		29c. LICENSE NUM	BER	29d. OATE SIGN	IEO (Month, Day, Year)
30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)			(-)	26/11
21 DATE EN ED 44	John H. oto	she M.D.					/
DEC 3 0 1991	32. REGISTRAR'S SIGN			-			
000 0 1331	, a Lavidson-A	andelle					

4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from a the form of the first of the function and completely filed in by the function and completely filed in by the function age of the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a semental importance in the medical exemption.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ш

BALTIMORI

BOX 68760,

RECORDS. P.O.

DIVISION OF VITAL

WARRY WARRANT

2		9
		must
		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
100	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	nedical
	rtion,	the
	стегла	vent,
	to burial,	matic e
	prior	trau
	удівпе	other
	I	0
	Menta	njury,
	and	ly i
	Health	WS an
	6	sho
-	Dept.	23
	State	Item
	the	0
	with	rked,
	death	8 ma
	after	28 1
	HOURS	tem

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 28 DAY 1991 YEAR 3. TIME OF DEATH 2:56 LEVERNE MARTIN A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-54-1672 10M2/0F 08 - 28 - 50BALTO 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2404 LAFAYETTE AVE 21213 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced FORCES? 1 YES 2 NO BY Specify: BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondery (0-12) College (1-4 or 5+) UNEMPLOYED N/A notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE BRYSON LEROY VIRGINIA HENDERSON 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BERNADETTE BOWERS DEANWOOD RD. MD. BALTO. 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donetion Other (Specify) WESTERN STAR CEM. 01 - 03 - 92BALTO. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY a loun CALVIN L. WILLIAMS FUN. SERV. 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, D 2121 Approximata ahock, or haart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition andraic. da reaulting in death) OUE TO (OR AS A CONSEQUENCE OF). diac arr CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Mornesturasi 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 29e. CERTIFIER

(Chack only

1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 \_ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 121 25



2 2 3 M

9

30. NAME AND AODRESS OF PERSON WHO CO

31. DATE FILED (Mc

MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

OMES 110

REGISTER RICE SIGNATURE

ZUHUS

HOPKUS

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / DEPA CERTI					MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las ROY ME')	rhVIN					Ī	2. DATE OF DEATH	% 1.0	95AR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER					IF UNDER	24 HRS.	7. DATE OF BIRTH	4 15		ACE (State or Foreign
	146-52-685	1 M 2 D F	29 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	2	Country)	SACE (State or Poreign
_	9a. FACILITY NAME (If not institution, give			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE			NTY OF DEA	тн
TOF	THE JOHNS HOPE	CINS HOSPI	TAL	B	ALTIM	IORE			BAL	TIMOR	RE CITY
DIRECTOR	10a. STATE 10b. COUR	4TY	10c. C	TY, TOWN	OR LOCATI	ION				16	0d. INSIDE CITY
	mD			BA	LTO	0.				1	LIMITS?
RAI	10e. STREET AND NUMBER	ITHEA	AUC.		101.	ZIP CODE	(10	,	10g. CITI		AT COUNTRY?
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ABMED	13.	WAS DECE	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yea	or No.	US	- American Indian.
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 YNO		If yea, spe 1 YES	cify Cuba	n, Maxican	, Puarto Rican, atc.)	0, 100	Black, V Specify:	White, atc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed)	16a. DECEDENT' (Give kind o	S USUAL C	CCUPATIO	N et of workin		16b. KIND OF BUS	INESS/IND		3.711 0
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +	life. Do NOT	use retired.)	LA						
OME	17. FATHER'S NAME (First, Middle, Last)		AUTO		2772			AE (First, Middle, Maiden	0		
BE C	ROY M.	METI	YVIN			ia. mori	PH	4//15	m	. w	POODLEY
10 B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRES	S (Street an	d Number	or Rural R	oute Number, City or Town	n, State, Zip	Code) A	4170 MO
	20a. METHOD OF DISPOSITION	DETHY		08	A	47	140	EA 1	7 LC		21206
	1 Donation 5 Other (Specify)	movel from State	20b. PLACE AND DATE cemetary or			ne of	. ,	2 /28/8V /	1	City or Town	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	IIII						000	10, T. u	SEBERA
	Acrosid	1. on	d.								MDZIZZ
	23. PART I. Enter the diseases of shock, or heart fellure	r complications that	t caused the death. Do								Approximata
	iMMEDIATE CAUSE (Finei diaease or condition	A	A								intarval Between Onaet and Death
	reauiting in death)	a. DUE TO	(OR AS A CONSEQUENCE	DF):							~2 mo.
Z	- AIBS >31M										
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUENCE	PF):							0.3
CERTIFICATION	CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSEQUENCE (	OF):							
ERT	reaulting in death) LAST	d									
	PART II. Other aignificent condition	ons contributing to	deeth but not resulting	in the ur	nderiying	ceuse a	iven in P	Pert I. 24a. WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINGS
DICAL	CMV viner							PERFOR	MED?	AM CC	MILABLE PRIOR TO OMPLETION OF CAUSE
MEDI									7		DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL	1									
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHE	R:			ck only one)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY 28b. Til		28c. INJU WOR	RY AT		Other (Specify)  28d. DESCRIBE HOW IN	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation			M	1 🗌 Y	ES 2 _	NO				
COMPLETED	3 Suicide 8 Could not be determined	28a. PLACE Of building,	F INJURY — At home, farm, etc. (Specify)	street, fact	ory, offica			26f. LOCATION (Street at City or Town, State)	nd Number	or Rural Rout	e Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the beat of	my knowledge, death occur	red at the t	ime, data s	and place,	and dua t	o the cause(a) and mani	ner aa atate	ed.	
S S	one) 2 MEDICAL EXAMIN	VER: On the beele of ex	samination end/or investigati	on, in my o	pinion, de	eth occure	d at the ti	ime, data end place, end	due to the	a ceuse(a) en	nd manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIC	ncku	nes			29c. LICE	NSE NUME	G /	29d. DATE	SIGNED (MC	onth, Pay, Year)
٩	30. NAME AND ADDRESS OF PERSON W	MCKEE	JOHNS HOL	kins	Hos	0. 6	,00 N	10. Woye 3	St. 7	70W4	110
	31. DATE FILED (Month, Day, Year)	PEGISTRA	R'S SIGNATURE				ricel	III WE M	UM	303	
	الدوارات والمالي المعالي	Juna www	HOOL-Nathana								

	亨
	Po
	3
	c,
	-
)	empletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	4
	E
	8
نے	IUS
clar	-tre
JAS!	uria
0	e b
din	5
ten	20
Z Z	nse
al	10
spit	Ded
£	tac
the	9
3	2
Ded	ould
etai	S
ath. Page 6 may be retained by the hospital or attending physic	6.5
No.	pag
E	70
9	26
Pa	9
€	ner
dea	e fu
	5
55	D D
30	Pe
Ä	€.
hin	tely
.₹	nple
ted	00
evenue	3
8	K
2	P.
3	Æ
Ŧ	-
0	8
at the death certificate b	by the attending program and completely f
e d	the
t th	6
LQ.	_

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

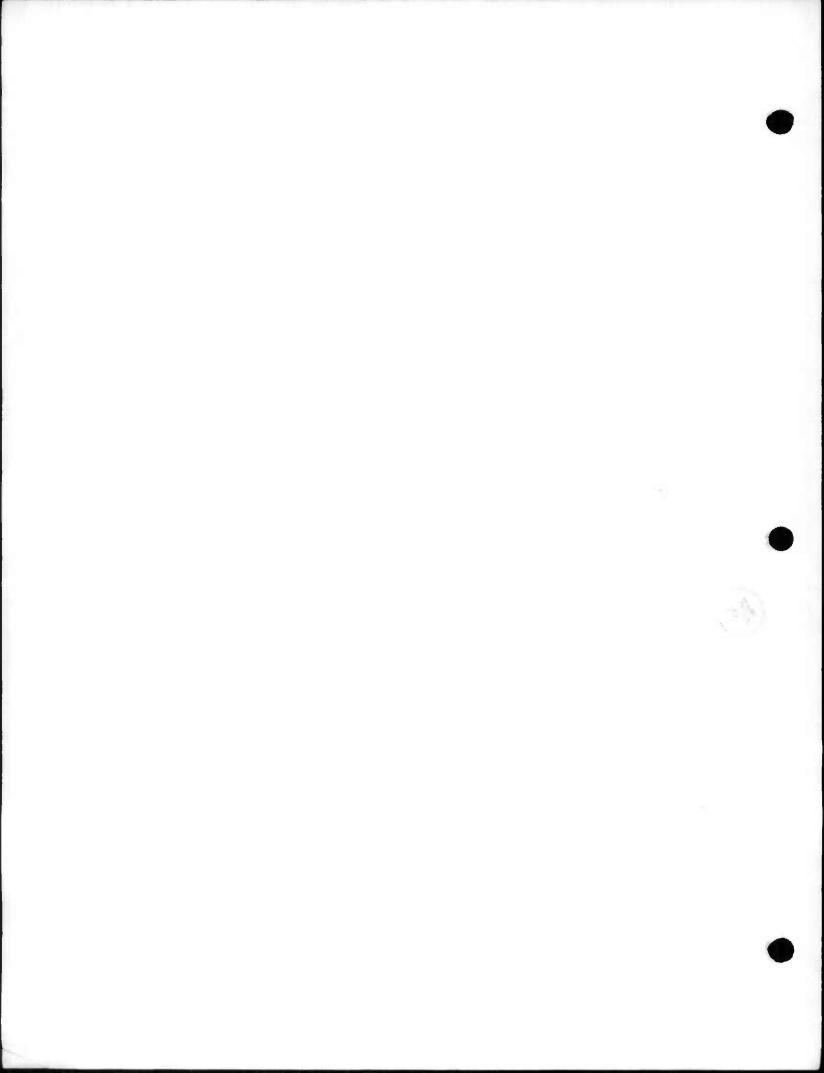
inal cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attenditure to filled within 72 hours after death with the State Dept. of Health and Mental HymportaNT: If Item 28 is marked, or Item 23 shows any Injury, or

TO BE COMPLETED BY PHYSICIAN: MEDICAL CENT

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					·	2. DATE	OF DEATH	v	YEAR	3. TIME OF DEAT	н
TOR MEEL.	AND					12	- 2	A STATE OF THE PARTY OF THE PAR	1951	1610	у м
The second secon		GE (in yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH Countr	IPLACE (State or For	reign
392-28-4542	M 2 🗆 F	69	YRS.	DATE DATE	HOUNS MIN.	May	29, 19	922	Nev	v York	
9e. FACILITY NAME (If not Institution, give street				9b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COU	NTY OF D	EATH	
SHADY GANCA	PREMIST	Hosp		Ro	ckville			Мо	ontgo	omery	
10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?	
	gomery			German	ntown					1 🗌 YES 2 🔀	NO
10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
15001 Springfield	Road				20874			Un:	ited	States	
11. MARITAL STATUS  1 ☐ Never Married 2 ☒ Married  3 ☐ Widowed 4 ☐ Divorced	PARTY OF THE PROPERTY OF THE P	res 2 X N	MED O	It yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 X NO Specif	n, Puerto I		or No—	14. RACI Black Spec		m,
15. DECEDENT'S EDUCAT	ION	see Dec	SEDENTIS II	SUAL OCCUPATE	241	405	KIND OF BUS	INCOC (IN	DUCTON	White	
(Specify only highest grade cor	npleted) College (1-4 or 5+)	(Gh	e kind of wo Do NOT use	ork done during metired.)	est of working	160	. KIND OF BUS	SINESS/IN	DUSTRY		
	5	Ps	vchol	logist			Rese	earch	1		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, I					
Sigvart Mee	land				Nelly	У	Larse	en			
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING A	ADDRESS (Street	and Number or Rural	Route Numi	ber, City or Tow	n, State, Zi	p Code)		
Kelda Meeland		15	001 8	Springf:	ield Road	d, G∈	rmanto	own,	Mary	land 20	0874
20e. METHOD OF DISPOSITION 1 □ Buriel 2 X Cremetion 3 □ Remove	I from State	20b. PLACE C	OF DISPOSI	TION (Name of ce	metery, crematory or		20c. LO	CATION -	City or To	own, State	Committee of
4 Donation 5 Other (Specify)		Montg	omery		corium,		Betl	nesda	a, Ma	aryland	
21. SIGNATURE OF FUNERAL SERVICE LICEN	.1	0 MOO3		Robe:	nd address of fact A. Pui	mphre	y Fune	eral	Home	2/	
Barbara yo Mcr	nullen of	auten	ce	Rock	rt A. Pur ville, II	nc. vill∈	300 We	est N	Monto	omery 850-280	5
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR	AS A CONSEC AS A CONSEC AS A CONSEC	UENCE OF)	:	OF UNI	KNOU	WTRI)	MORY	Site	= 6 W	±Ks
PART ii. Other significant conditions of	contributing to dea	ith but not r	esuiting in	tha undarlyin	g cause given in	Part i.	24a. WAS AN PERFOR	MED?	241	a. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COP DEATH?	TO
AT 1990 0100 PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE P											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER:	LACE OF DEATH (C/						
1 TYES 2 NO 1	Inpatient 2 - ER		DOA 28b. TIME		JURY AT	_		N RIPM C	- CHIDED		
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y		INJU	IRY W	YES 2 NO	28d. DE	SCRIBE HOW	NJUHT O	CORED		
3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — At ho (Specify)	me, farm, st	reet, factory, offi	Ce		ATION (Street or Town, State)		er or Rural	Route Number,	
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL OF C										a) and menner en	statori
29b. SIGNATURE AND TITLE OF CERTIFIER	7.7.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 11-					4111
Tame, lasts	ween,	ni			29c. LICENSE NU	JEJ		≥ /	2/2	6 /9 (	
AMES A BE	COMPLETED CAUSE OF	PAD /	1 27) (Type,	Print) HYS	iclans L	ANE	- Roc	KUIL	ce l	MD 2085	0
31. DATE FILED (MOTE) DEV. YOU'D	FUND DAVID	SIGNATURE	1.00L	,				. 1	1	52	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I		DEPAI ERTIF					MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF DEATN	0.		3. TIME OF DEATN
	NAYVANA			KEN	DALI				MONTH 12 2	DAY 5	YEAR	3:50 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDE		IF UNDE	24 HRS.	7. DATE OF BIRTH	3	<i>_</i> .	IPLACE (State or Foreign
	220-30-8305	1 🗆 M 2 😾 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 04 25	21	Count	(Y)
	9e. FACILITY NAME (If not Institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATH											
DIRECTOR	4701 HAMILTON		BAI	TIM	10RE							
H	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
	MARYLAND				В	ALT]	MORE	E				LIMITS?
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN OF WHAT CO			WHAT COUNTRY?	
빌	4701 HAMILTON	AVENUE					2	21206	5	USA		
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (	OF HISPAI	NIC ORIGIN? (Specify	es or No—	14, RACI	- American Indian.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	•0			2 NO		in, Puerto Rican, atc.)		Spec	k, White, etc.
		<u> </u>										WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	/G	CEDENT'S	work done			ng	16b. KIND OF E	USINESS/IN	DUSTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u		220						
COMPLETE	UNKNOWN		<u> </u>	XXXX	MXXX	MXM	HOUS	EWIE	E KKKN	MAXXX	XXW	
8	17. FATNER'S NAME (First, Middle, Last)						te. MOT		ME (First, Middle, Mald	,		
8	GRANT U. S	HAW							ENNA SCOT			
2	19e. INFORMANT'S NAME (Type/Print)		19(						Route Number, City or T			
	ESTHER BONNET							E, F	BALTO., MI			
	1 X Burlet 2 Cremation 3 Remo	oval from State	cemetery, cre	matory or o	ther place)	- '			1	OCATION —		
	4 Donetion 5 Other Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	Thore 1	LORRA	INE	PARK	CEM	ETER	Y 12	/27/91 BA	LTIMO	RE	MARYLAND
	an didn't one of Tolyande Selfice ale	LINSEE /	10.		A A	. AL	AN S	SS OF FA EITZ	JR. FUN	ERAL.	HOME	
	a glan	·	2 /M.		3	818	ROLA	ND A	VENUE, BA	LTO.	MD.	
	23. PART I. Enter the diseases, or complications they coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  Approximate											
	IMMEDIATE CAUSE (Fine)	List only-one cat	lee on eech line									Intervel Between Onset and Death
	disease or condition resulting in death)	· ATH	mascum	ron.		0	anic	2 Au	cuisa	hiso	Vá-	
	in addition	DUE TO	(OR AS A CONSEC	DUENCE O	F):	42	. 4/[[	N 1- 7	cagsie	0 001	231	
z	Samuel alle Heat and Hale	b										! !
	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
E	thet initieted events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
CERTIFICATION		d										
7	PART II. Other significent condition	s contributing to	deeth but not r	esulting	in the un	derlying	cause (	jiven in	Part i. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2	Chrome ope	SMAJORI	vo PU	_443	UNIV	10	STA	en2		RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
AE I					-				1 _ YES	2 GPNO		OF DEATH?
									The ax	recon	-	1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH /C/h	eck only one)			
Sic	EXAMINER?  1 V YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DO4	OTHER	₹:				E.C.M.	HOME	
÷	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM		28c. INJ		sidence	e X Other (Specify) R		HOME	5
	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Yeer)	INJ	URY	WO	RK?	NO.	Eso. DESCRIBE NOR	MODEL OC	CONED	1
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	me, term, i	street, fact			,	281. LOCATION (Stree	and Number	r or Rural F	Route Number
Ē	4 Homicide determined	building,	etc. (Specify)						City or Town, Stat	9)	or represent	North North San
COMPLETED	290. CERTIFIER 1 CERTIFYING PAYS	CIAN: To the best of	mu knowleden de				Ollows	-/:				
M	(Check only one)  1 CERTIFYING PNYSIC MEDICAL EXAMINE	R: On the basis of a:	remination and/or i	mm occurre	n in my o	ololon d	end place.	end due	to the cause(s) end m	enner es sta	ted.	
	29b. SIGNATURE AND TITLE OF CERTIFIER					pinion, o						
B	Manual TK Mail	1 - 10 -	ulu	1			29c. LICE	NSE NUM	ABER			(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	_ /		Owlean		0.	C.M	.Е.	1	2/26	5/91
	MARIAMAN A	/ A D AT A	DE OF DEATH (ITEM									
	31. DATE FILED (Month, Day, Year)	32 BEGISTES	R'S SIGNATURE	PEN	N SI	REE	T, B.	ALT	IMORE, MA	RYLA	ND 2	21201
	DEC 3 0 1991		r's signature	0								
	DEC 9 (1 1331	- www.de	ar-Nation	_								

122 17-1

And it is at a second of the s

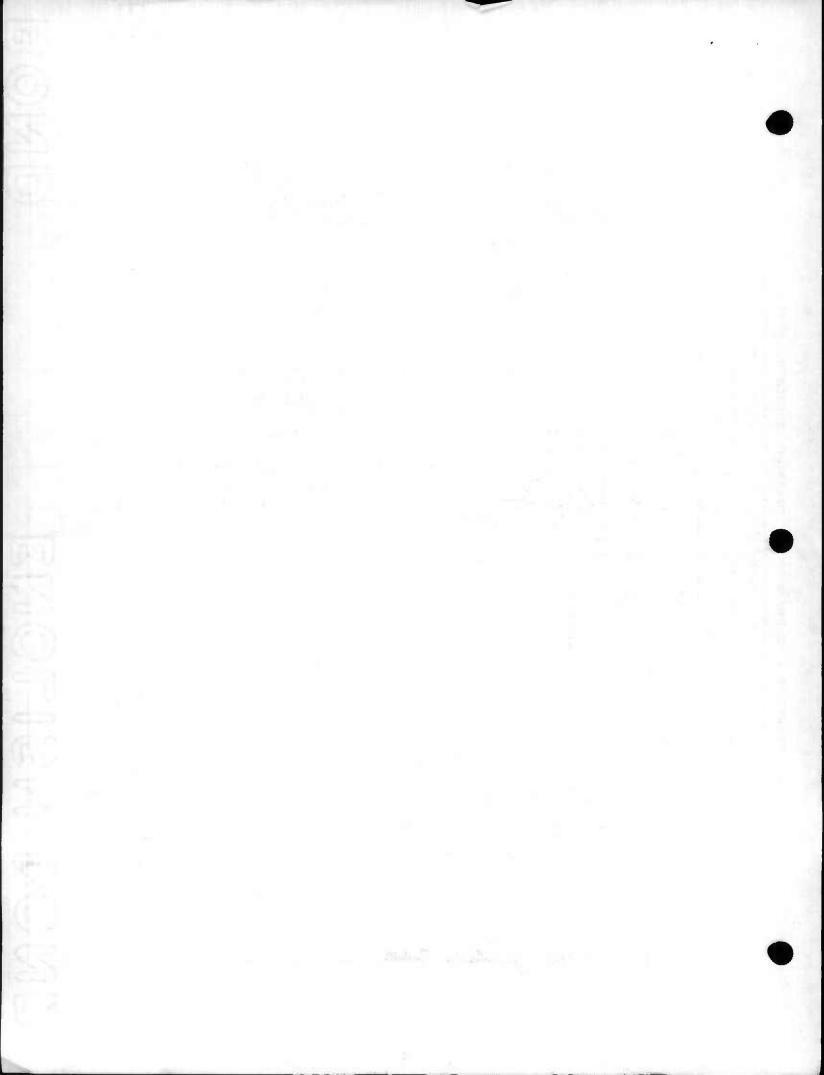
m kën . . E de . E Was

Jacob Land 1991

g phys	e bun	
attendir	se as th	
pital or	d for u	
the hos	detache	once.
ed by t	old be	ed at
e retain	e 5 sho	notifi
тау р	or, page	ust be
Page 6	Il direct	mer m
death.	e funera	exami
irs after	n by th	edical
24 1100	filled i	the m
I within	mpletely	vent,
ecuted	and co burial	natic
ate be	prior to	r traun
certific	ding ph tygiene	r othe
e death	he atter	ury, o
that th	th and	any In
requires	en sign of Heal	shows
he law	has be e Dept.	m 23
CIAN: T	ertificate he Stat	or ite
PHYSI	this ce	arked,
ENDING	R: After er deatl	Is m
JR ATTI	IRECTO urs aft	m 28
_		
PITAL	ERAL D	T. If the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICAT	E OF	DEATH		REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last	1)						DATE OF OEATH	AY	XEAR 3. TH	ME OF DEATH.
- 8	IRENE THERE	SA NEHRING					1	2 2	8	71 0	353m
	4. SOCIAL SECURITY NUMBER	(In yrs. lest birthday)	IF UNDER	R 1 YEAR	IF UNDER 24		DATE OF BIRTH (Month, Day, Year)	.0	Gountry)	(State or Foreign	
	212-07-4821	1 M 2 F	72 YRS.	Months	DAT 0	moons .	0	1 05	17	MARYLA	AND_
	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF CEATH  9c. COUNTY OF DEATH										
DIRECTOR	Harbor Hospital Center Baltimore N/A										
5	RESIDENCE OF DECEDENT / 10a. STATE / 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE C										INCIDE CITY
E										0.000	LIMITS? YES 2 X NO
	10e, STREET AND NUMBER	E AKUNDEL		CVCK		. Zie CODE	_		100 CITIZE	EN OF WHAT O	
RA		O CEODOTA ATT	e I		1.0		,		115	A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FUNERAL	11. MARITAL STATUS	8 GEORGIA AVI		13.	WAS DECI	2114	·	PRIGIN? (Specify Yes	or No.	A BACE — Ar	perican Indian
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR			If yes, spe		Maxican, Pu	uarto Rican, etc.)		Specify:	nerican Indian, ia, etc.
ED	15. DECEDENT'S ED (Specify only highest gra		18a. DECEDENT'S	USUAL C	OCCUPATIO	ON at of working		16b. KIND OF BU	SINESS/INDU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	ise retired.)		o. or working					
	12	4	SECRE	ETARY				BALTIN	MORE C	ITY	
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (	First, Middle, Maiden	Surname)		
TO BE C	PETER N	EHRING				CA	CHERI	NE		(UNKNO	OWN)
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	S (Street a	nd Number or	Rural Route	Number, City or Tow	m, State, Zip (	Code)	
	BERNARDINE DEVI	LLE	1418	GEO	RGIA	AVE.	SEVE	ERN, MD 2	21144		
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Re 4  Donation 5  Other (Specify)	moval from State	tob. PLACE AND OAT of cemetary, cremator ST. STANI	y or other	place)	(Name	1	-2-92 BA		RE MT	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22						4.5	
RTIFICATION	SINGLETON FUNERAL HOME  1 SECOND AVE. S.W. GLEN BURNIE,  23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):									NIE, M	nD 21061
	shock, or heert feilure immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OLE TO (OR AS	A CONSEQUENCE O	not ente	SING 1 SE or the mod	LETON COND	AVE.	r ERAL HOMI S.W. GLI	E EN BUR	NIE, M	ID 21061 Approximete Interval Between
MEDICAL CERTIFICATION	shock, or heert fellund immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE O	not ente	SING 1 SE or the moo	COND Added to the desired to the des	FUNE AVE.	ERAL HOMI	EN BUR Iratory stre	24b. WERICAMAN OF D	ſD 21061
MEDICAL CI	shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in desth) LAST  PART II. Other significant conditions.	a. OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  ONS COntributing to deeth	A CONSEQUENCE O	not ente	SING 1 SE of the modern the moder	COND de of dying	FUNE AVE. , such se	TY ERAL HOMI S.W. GLI s cardisc or reep  t I. 24a. WAS AI PERFO 1   YES	EN BUR Iratory stre	24b. WERICAMAN OF D	AD 21061 Approximete Interval Betwee Onset end Dee  E AUTOPSY FINDING ABLE PRIOR TO PLETION OF CAUSE EATH?
MEDICAL CI	shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition reculting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. OUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF A CONS	not ente	SING 1 SE or the modern the moder	COND Ade of dying	FUNE AVE. I, such ss en in Par	TY ERAL HOMI S.W. GLH s cardisc or reep  t I. 24a. WAS APPERFO 1 YES:	EN BUR Iratory stre	24b. WERICAMAN OF D	AD 21061 Approximate Interval Between Onset and Dead onset and Dea
MEDICAL CI	shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions.	a. OUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF):  OTHE 4   No.	SING 1 SE or the modern the moder	COND Ade of dying g cause giv	FUNE AVE.  I, such se	TY ERAL HOMI S.W. GLI S.W. GLI S cardisc or reep to the second se	EN BUR Iratory sire NAUTOPSY RMED? 2   NO	24b. WERT COMMON OF D	AD 21061 Approximate Interval Between Onset and Dead onset and Dea
PHYSICIAN: MEDICAL CI	shock, or heert feilur IMMEDIATE CAUSE (Finel disease or condition reculting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in desth) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. OOS CONTRIBUTING TO deeth  HOSPITAL: 1   Inpetiant 2   ER/Ox  28a. DATE OF INJURY (Month, Day, Year	A CONSEQUENCE OF A CONS	OF):  OTHE 4   No.	SING 1 SE or the modern the moder	GCOND Ade of dying g cause given a lace of Dea	FUNE AVE.  I, such se	TY ERAL HOMI S.W. GLH s cardisc or reep  t I. 24a. WAS APPERFO 1 YES:	EN BUR Iratory sire NAUTOPSY RMED? 2   NO	24b. WERT COMMON OF D	AD 21061 Approximate Interval Between Onset and Dead onset and Dea
BY PHYSICIAN: MEDICAL CI	shock, or heert feilure immediate cause or condition recuiting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions of the conditi	e. List Dnly one ceuse on  a. OUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. ONS CONTRIBUTING TO deeth  HOSPITAL: 1   Inputiant 2   ER/Ox  28e. DATE OF INJUR (Month, Day, Year)  29e. PLACE OF INJUR 29e.	A CONSEQUENCE OF A CONS	OF):  OF):  OF):  OF):  OF):  ME OF  UNITED NUMBER OF	SING 1 SE or the model of the m	GCOND Ade of dying de of dying	FUNE AVE.  I, such se  TH (Check dence 8 28	TY ERAL HOMI S.W. GLI S.W. GLI S cardisc or reep to the second se	EN BUR Iratory stre	24b. WERI AMAR COMMOF D	AD 21061 Approximete Interval Between Onset end Decider and Decide
BY PHYSICIAN: MEDICAL CI	shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions or conditions	e. List Dnly one ceuse on  a. OUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. ONS CONTRIBUTING TO deeth  HOSPITAL: 1   Inputiant 2   ER/Ox  28e. DATE OF INJUR (Month, Day, Year)  29e. PLACE OF INJUR 29e.	A CONSEQUENCE (  A CONSEQUENCE (  A CONSEQUENCE (  But not resulting  utpatient 3 DOA  Y 28b. Ti  RY—At home, farm.	OF):  OF):  OF):  OTHE 4   Number of Lijury M , street, factors at the control of	SING 1 SE or the modern the moder	GCOND Adde of dying de of district de of de of district de of de o	FUNE AVE.  I, such services in Particular to 1 to	TY ERAL HOMI S.W. GLI S.W. GLI S. Cardisc or reep to the search of the s	E BUR BUR Iratory sire MAUTOPSY RMED? 2 NO	24b. WERT COMMON OF D	AD 21061 Approximate Interval Betwee Onset and Dee Dee Dee Dee Dee Dee Dee Dee Dee De
PHYSICIAN: MEDICAL CI	shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions or conditions	a. OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS	A CONSEQUENCE (  A CONSEQUENCE (  A CONSEQUENCE (  But not resulting  utpatient 3 DOA  Y 28b. Ti  RY—At home, farm.	OF):  OF):  OF):  OTHE 4   Number of Lijury M , street, factors at the control of	SING 1 SE or the modern the moder	GCOND Adde of dying de of district de of de of district de of de o	FUNE AVE .  I, such se  TH (Check of dence 8 28  NO 28	TY ERAL HOMI S.W. GLI S. Cardisc or reep  It I. 24a. WISA PERFO 1   YES:  Only one)  Other (Specify)  Id. DESCRIBE HOW  If. LOCATION (Street City or Town, State the cause(a) and ma a, data and place, a	E EN BUR Iratory stre  I AUTOPSY RMED?  2 □ NO  INJURY Occi and Number of	24b. WERT COMMON OF D	AD 21061 Approximete Interval Between Onset end Decide

DHMH-16 Rev t/89



36	0	10
	36	350

1	1. DECEDENT'S NAME (First, Middle, La:	st)					2	REG. NO	-	2.1	TIME OF OEATH
	Martha	N	iewiadom	- 1- A				MONTH E		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth		YEAR	IF UNDER		2 23 DATE OF BIRTH	199		: 3 () CE (State or Fore
	214-24-7727	1 🗆 M 2 🔀 F	84 Y	RS. MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) -7-07		Country)	
	9a. FACILITY NAME (If not institution, give	ve street and number)	04	9b. CITY, T	TOWN OI	R LOCATIO	N OF DEATH			MARY Y OF DEATH	
OR	600 S. Luzern	e Avenue		Ba1	t i m	nre					•
DIRECTOR	10a. STATE 10b. COU			c. CITY, TOWN OR	-						INDIAC OUTV
OH I	MARYLAND			BALTIN	MOR	E					LINSIDE CITY LIMITS? YES 2   N
AL	10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CITIZE	N OF WHAT	
FUNERAL	600 S. LUZERNE AVENUE 21224 USA										
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARMED I YES 2 NO MAR OR DATES	11 )	yes, spe	ENDENT OF	HISPANIC C Maxican, Pr Specify:	ORIGIN? (Specify Ya uarto Rican, atc.)		4. RACE — / Black, Wh Specify: WHITI	American Indian
	15. DECEOENT'S E (Specify only highest gre	DUCATION ade completed)	(Ghm kin	NT'S USUAL OCC	UPATION	N t of working		16b. KIND OF BU			
	Elementary/Secondary (0-12)	College (1-4 or 5	+} // // // // // // // // // // // // //	(OT use retired.)	my most	t or working	′				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		НОМЕ	EMAKER							
	JOHN ?					PELA		First, Middle, Maiden	,		
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAI	LING ADDRESS /				KURDON Number, City or Tow	_	a efa )	
2	MRS. RITA MARC	CINIAK						PHOENI)			023
	20a. METHOD OF DISPOSITION XIX Burlal 2 Cremation 3 Re		20b. PLACEAND D	ATE OF DISPOSITE	ION/Nam	-			CATION — CI		
	4 Donation 5 Dother (Specify)		ST . STA	ANTSEAL	JS I	СЕМЕ	TERY	12-27 E			TY MD.
	21. SIGNATURE OF PHINERAL SERVICE	LICENSEE			AME AND	ADDRES	S OF FACILIT	Υ			
	C. Taymou	XX12A	rouplin	253	- ZUI	KUWS	KI F	UNERAL	HUME	MD	0100
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. Artar	105clenst	Do not enter th	ne mod	le of dylr	ng, such as	REET BA	iratory arres	it,	Approximat
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	It caused the death.  ISE on each line.  (OR AS A CONSEQUENCE	Do not enter the	ne mod	le of dylr	ng, such as	cardiac or reap	iratory arres	it,	Approximati
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d.	OR AS A CONSEQUENCE	Do not enter the	Syc	le of dylr	SCU	cardiac or reap	iratory arres	it,	Approximat
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO b. DUE TO c. DUE TO d.	OR AS A CONSEQUENCE	Do not enter the	Syc	le of dylr	SCU	cardiac or reap	AUTOPSY MEO?	24b. WER	Approximatinterval Bet Onset and I Onset a
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	b. DUE TO  c. DUE TO  d	OR AS A CONSEQUENCE	Do not enter the CE OF):  CE OF):  CE OF):	be mod	ceuse gl	SCU	i. 24a. WAS AN PERFOR	AUTOPSY MEO?	24b. WER	Approximatinterval Bet Onset and is Conset a
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ② YES 2 □ NO	b. DUE TO  c. DUE TO  d	OR AS A CONSEQUENCE	Do not enter the CE OF):  CE OF):  CE OF):  CE OF):	erlying	ceuse gl	ven In Part	i. 24a. WAS AN PERFOR	AUTOPSY MEO?	24b. WER	Approximatinterval Bei Onset and Onset and E AUTOPSY FINI LABLE PRIOR TO PULETION OF CA DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are under the cause of the cause	a. DUE TO b. DUE TO c. DUE TO d	OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  DEPLOUSEMENT 1 DO  INJURY 286.	Do not enter the	Perlying  26. PLA  g Home WORI WORI	ceuse gl	ven in Part  ATH (Check o	I. 24a. WAS AN PERFOR	AUTOPSY NO	24b. WER AAAII COM OF 0	Approximatinterval Bet Onset and ons
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditionally in the condition of the cause of the cau	DUE TO  b. DUE TO  c. DUE TO  d. Ons contributing to  HOSPITAL: 1   Inpatient 2    28a. DATE OF (Month, D)  28a. PLACE O	OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  OR AS A CONSEQUENCE  DEPLOUSEMENT 1 DO  INJURY 286.	Do not enter the	e mod  26. PLA  g Home WOR  11 YE	ceuse gl	ven in Part  ATH (Check o	i. 24a. WAS AN PERFOR	AUTOPSY RMEO? NO	24b. WER AMAIL COM OF O	Approximatinterval Bet Onset and Ons
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cause of	a. DUE TO b. DUE TO c. DUE TO d. Ona contributing to  HOSPITAL: 1   Inpeliant 2   28a. DATE OF (Month, D) 28a. PLACE OF building.	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	Do not enter the	26. PLA g Home sc. INJUING I 1 YE g, office	ceuse gl	ven In Part  ATH (Check o	i. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  OCESCRIBE HOW II  LOCATION (Street City or Town, State)	AUTOPSY MEO?  NO  NJURY OCCUI	24b. WER AMAIL COM OF 0	Approximatinterval Bet Onset and Sonset and
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cause of	B. DUE TO b. DUE TO c. DUE TO d	COR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	Do not enter the	26. PLA g Home BC. INJUING WORT 1  YE r, office	ceuse gl	ven In Part  ATH (Check o	i. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  OCESCRIBE HOW II  LOCATION (Street City or Town, State)	AUTOPSY MEO?  NJURY OCCUI	24b. WER AMAIL COM OF 0 1  REO REO	Approximatinterval Bet Onset and Sonset and
CAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are under the cause of the cause	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	Do not enter the CE OF):  CE OF):  CE OF):  Ing In the under the u	26. PLA g Home BC. INJUING WORT 1  YE r, office	ceuse gl	ven In Part  ATH (Check o  Idenca 8   28d  NO 28f  and due to the	i. 24a. WAS AN PERFORM 1 YES 2 WAS AN PERFORM	AUTOPSY MEO?  NO  NJURY OCCUI	24b. WER AMAIL COM OF 0 1  REO REO	Approximatinterval Bet Onset and Ons
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending investigation of detarmined  29a. CERTIFIER (Check only 1   CERTIFYING PHYSICAL EXAMINER)	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	Do not enter the CE OF):  CE OF):  CE OF):  Ing In the under the u	erlying  26. PLA  Both Month of the service of the	ceuse gl	ven in Part  ATH (Check o  Idenca 8    28d  NO  28f  and due to the dist the time, ISE NUMBER  C . M .	i. 24a. WAS AN PERFORM 1 YES 2 WAS AN PERFORM	AUTOPSY INCOMINE AND AUTOPSY I	24b. WER AMAIL COMMON OF O O TO THE COMMON OF THE COMMON O	Approximatinterval Be Onset and Onse

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Ray 1/89

OFF IN THE

21 9 70 6 10

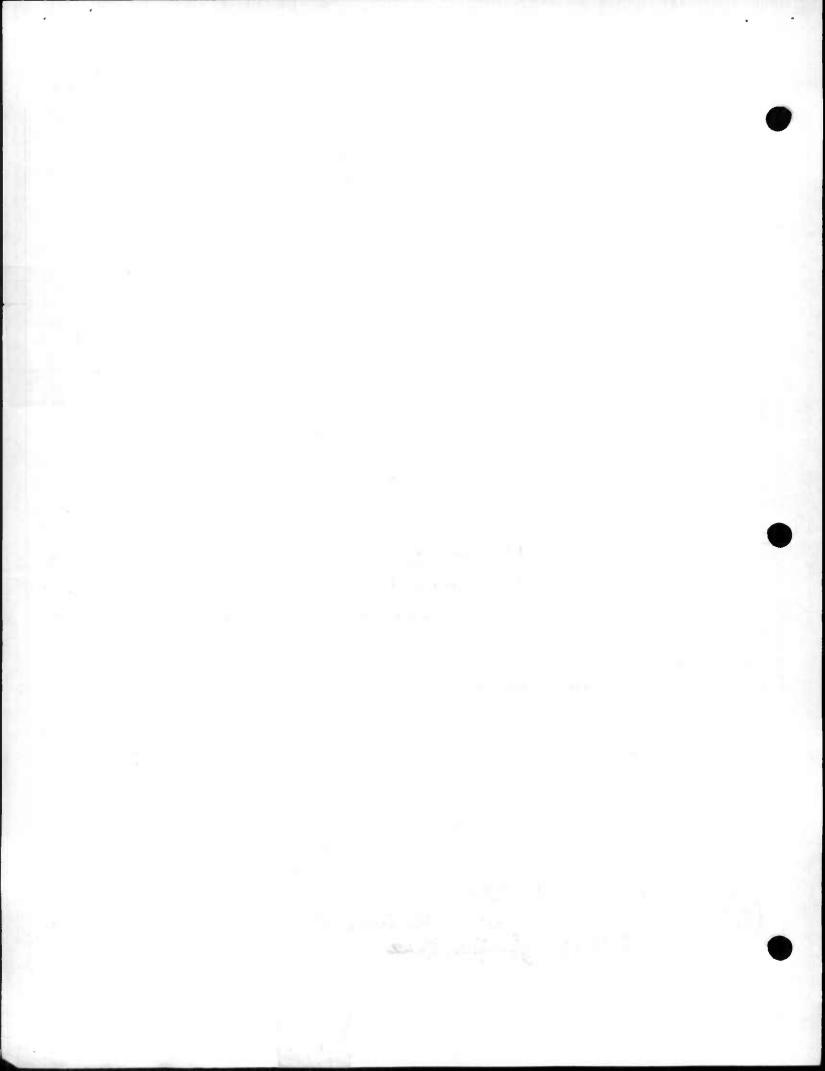
A F A STEEL OF SE

N. M. a. P. . . . . . . . . . . .

Content of the Spirit Park of the Spirit of

saminer must be notified at once.	MM-ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
al.	pe fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation or removal
he funeral director, page 5 should be detached	THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the training director, page 5 ahound be detached
ir death. Page 5 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 5 may be manned by the hospi
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68/60,

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF HEALTH AN	D MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			Orem	2. DATE OF DEATH	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	D. SEX 6 AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR  IF UNDER 24 HR		7 91 0035 M		
	220-30-2161	¹XXM 2 □ F 57	YRS.	MONTHS DAYS HOURS MIN	(Month, Day, Year) 11/8/3	8. BIRTHPLACE (State or Foreign Country) Balto, MD		
OR	9a. FACILITY NAME (If not institution, give street and number) Mercy Hospital			96. CITY, TOWN OR LOCATION OF Balto Ci		9c. COUNTY OF DEATH Balto City		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, CIT	Y, TOWN OR LOCATION		10d, INSIDE CITY		
L DIR	MD Balto City  100. STREET AND NUMBER			Baltimore	MITS?			
FUNERAL				10f, ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?			
5	1641 Cuba Stree	12. WAS DECEOENT EVER FORCES? 1 YES	IN U.S. ARMED	21230 13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Ye	U.S.A.  Yea or No. 14. RACE — American Indian,		
B	1 Never Married 2 Married 3 Wildowed XX Divorced	IF YES, GIVE WAR OR D	DATES	If yes, specify Cuban, Mai 1 YES XXXXO Sp		Specify: White		
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEOENT'S (Give kind of a	USUAL OCCUPATION work done during most of working e retired.)	16b. KIND OF BU	USINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) 11th	College (1-4 or 5+)		roofing	Bu	ilding		
S	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Meiden	0		
BE.	Daniel Orem  19a. INFORMANT'S NAME (Type/Print)				Brigerman			
10	Calvin Orem			ADDRESS (Street and Number or Ru Kridlers School		Manchester, MD		
	20a. METHOD OF DISPOSITION  1	oval from State 201		OF DISPOSITION (Name of	DATE 20c. LC	ocation - city or Town, Stata atonsville, MD		
- 1	21. SIGNATURE OF FEMERAL BETWICE LIG	ENSEE	TICCIO O	22. NAME AND ADDRESS OF	FACILITY			
	* / Sechart	assent	(u)	3631 Falls R		EE-HENSS FUNERAL HOM ore, MD 21211		
	23. PART I. Erser the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pheun	each lina,		uch aa cardiac or raep	Approximata interval Batween Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS	metas		lage 715 yrs			
AL.	PART ii. Other significant conditions		out not resulting i	n tha underlying causa given				
PHYSICIAN: MEDIC	liver meta	astases			PERFOI	COMPLETION OF CAUSE		
N.						1 TYES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (	Check only one)			
ı X	1 TYES 2 NO	1 f⊈Inpatient 2 ☐ ER/Outs		4 - Nursing Home 5 - Realdend				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b, TIME	JRY WORK?  M 1 YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED		
- 11	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	f — At home, ferm, s city)	ireel, factory, office	281, LOCATION (Street of City or Town, State)	end Number or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 1 DEDICAL EXAMINE	CIAN: To the best of my know	riedge, death occurre	d at the time, date and placa, end d	ive to the ceuse(e) end mar	nner ea stated.		
	29b. SIGNATURE AND TUTLE OF CERTIFIER		n and/or investigation			nd due to the cause(a) and manner as stated.		
TO BE	Van Gulas	1 MD		29c. LICENSE N	UMBER	29d. DATE SIGNEO (Month, Day, Year)		
		D Mercy			Paul St	Baltimare MD		
	31. DATE FILED (MOTE), Day, Year) 1991	32. REGISTRAR'S SIGN	ATURE And M		1901 31.	The contract of		
	- 1001	-0		-				



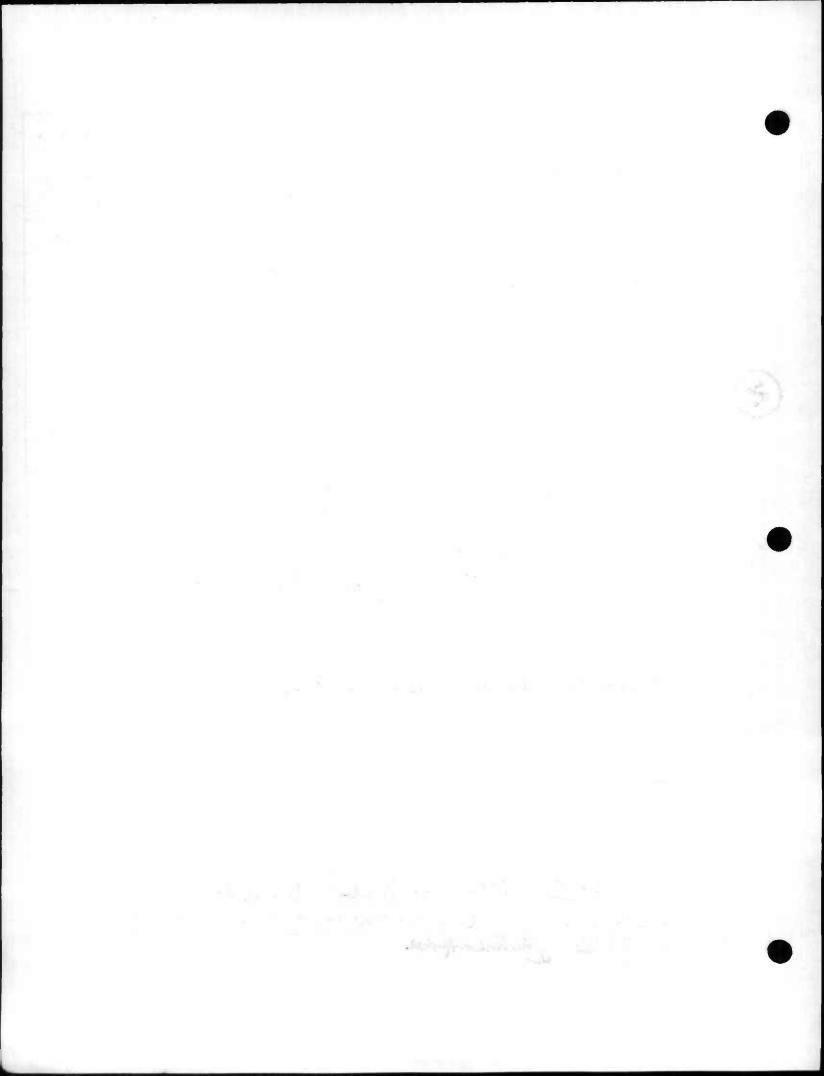
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MANTEND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be returned to the internal or attending physicia	hours after death. Page 6 may be removed to the month of attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amo be filed within 72 hours after death with the State Dept. of Realth and Mental Mygiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 around to meta met for use as the burial-transit permit. Pages 1, 2, 3 should or removal.
IMPORTANT If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	medical examinar must be notified at once

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 5:10 AM 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 8 1 M 2 XF 1.14 95. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH DIRECTOR 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 TO WAS CECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO F YES GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, Whife, atc. 1 Never Married 2 Merried BY 3 Wildowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) sul 17 FATHER'S NAME (Fir BE 19h. MAILING ADDRESS 2 METHOD OF DISPOSITION 20b. PLACE AND DATE OF Buffal 2 Cramation 3 - R setton 5 C Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete ehock, or heert failura. List only one ceuee on each line. interval Between **IMMEDIATE CAUSE (Final Onset and Death** diseese or condition\_ DUE TO (OR AS A CONSEQUENCE OF) recuiting in deeth) CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS arch PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 WES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 CHATUTAL 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
1 DERTIFYING PHYSICIAN: To five best of my knowledge, death occurred at the filme, date end place, end due to five cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year)

12 30 9 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

C. V. CYRIAC. M.D. (600 CRA(W LRNBURNIZ 21061 Jan REGINTRAN'S SIGNATURE

10



91 36013

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

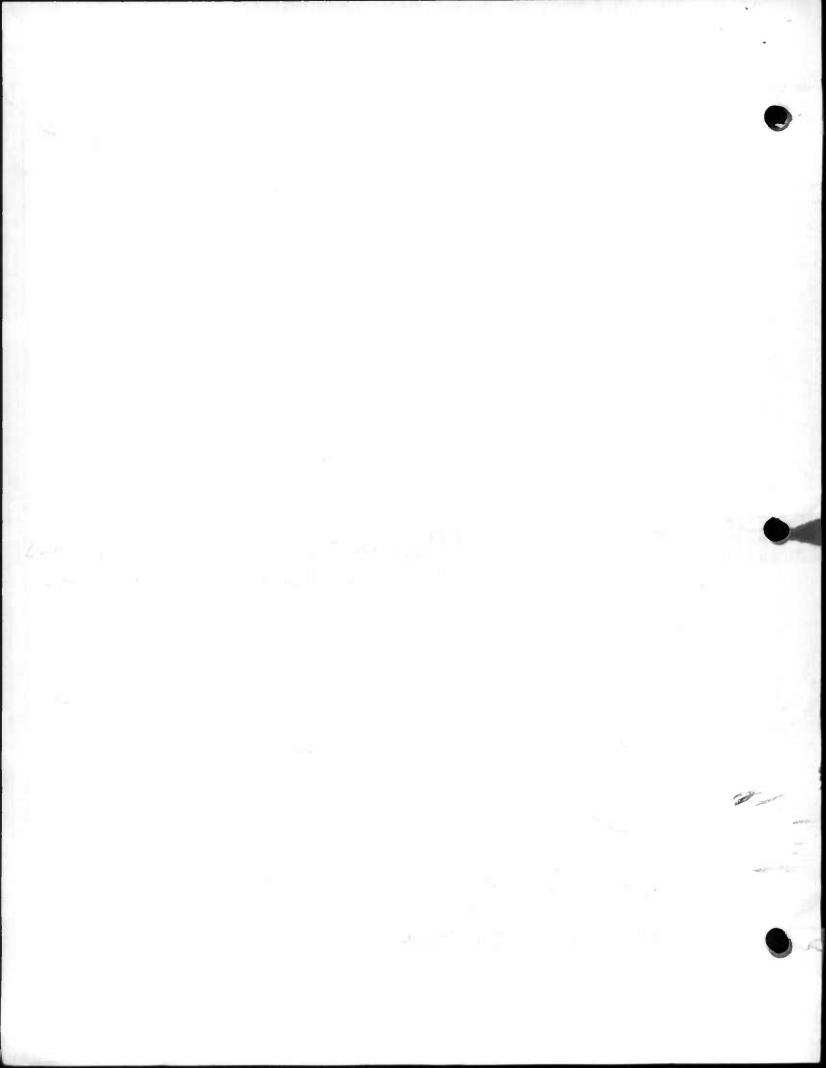
	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH		
- 3	Francis	Joseph	Plogm.	an		12 28	91	720 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign		
	216-07-8298	1 XXM 2 F	75 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey, Year) 12 27	Count			
	210 07 0270			95 CITY TOWN O	R LOCATION OF OR		9c. COUNTY OF D			
œ	603 Upland Road		esville	Ain		imore				
2	RESIDENCE OF DECEDENT			1110	SVIIIC		Bult	2		
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION		10d. INSIDE CITY			
<b>E</b>	Maryland Baltimore			Pil	cesville		LIMITS?			
	10e. STREET AND NUMBER							10g. CITIZEN OF WHAT COUNTRY?		
RA				101. ZIP CODE						
FUNERAL	603 Upland Ros			21208			U.S.A.			
5	1 Never Married 2 K Married	12. WAS OECEDENT EVER I FORCES? 1 YES								
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TES	2 NO Specify		Spec	offy:		
	45 050555110 501		1					hite		
1	15. OECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U	ISUAL OCCUPATIOn ork done during mos retired.)	N it of working	16b. KIND OF BUS	INESS/INOUSTRY			
<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5+)								
M	12 Years		Ship	fitter		MD	Drydock			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	,			
BE	Frank P1	ogman			Mari	on Ma	cDonald			
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rural F	oute Number, City or Town	1, State, Zip Code)			
F	Mrs. Anne Plogm	an	603	Upland	Road P	ikesville,	Marylan	d 21208		
1	20a. METHOD OF DISPOSITION	20	b. PLACEAND DATEO	F DISPOSITION (Nat	me of	DATE 20c. LOC	CATION — City or To	own, Stata		
1	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Quiter (Specify)	oval from Stata Cer	netery, cremetory or oth laney Val	erplace)	Garden	s 12/31 C	ockeysvi			
	21. SIGNATURE OF PUNERAL SERVICE LA	DENSEE	Laney var							
ŀ	· M. Mt				-	uneral Dir				
		TAME				oad Randa		MD 21133		
	23. PART I Enter the diseases, or	complications that cause List only one cause on a	d the death. Do no	t enter tha mod	de of dying, auct	n aa cardiac or respi	ratory arrast,	Approximata		
	IMMEDIATE CAUSE (Final	List Dnly Dna Cause on a	1 .				0	Onset and Death		
	diseasa or condition	<del>1</del>	HADIS	11/94	· Cal	diverse I	Ir. Dose	M. Co.A		
ı	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	:	0 00	910000000	100	ago Javo		
-			D 0	Jes	Ma OV.	V. + 1	7- 2	40.		
⊴	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF		1 -	ums 1	120	The state of the s		
CERTIFICATION	cause. Entar UNDERLYING						ľ	V		
Ĕ	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:			-J			
듄	resulting in death) LAST							1		
8		0.								
	PART II. Other significant condition	a contributing to death t	but not resulting in	the underlying	cause given in	Part I. 24s, WAS AN		. WERE AUTOPSY FINDINGS		
5						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						- 1 1 123	13.699	OF DEATH?		
2						-		1 TYES 2 THO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERENCED TO MEDICAL			20.01						
2	EXAMINER?	HOSPITAL:		OTHER:	ACE DE DEATH Che					
¥.	1 YES 2 200	1 Inpatient 2 ER/Out			5 Hasidence					
	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME INJU	RY WOR	RK7	26d. DESCRIBE HOW IN	IJURY OCCURED			
B≺	2 Accident Investigation				ES 2 NO					
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spe	Y — At home, term, at	reet, factory, offica		261. LOCATION (Street a. City or Town, State)	nd Number or Rural I	Route Number,		
COMPLETED	4 Homicide date-mined					, , ,				
7 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, death occurred	at the time, data	end place, and due	to the cause(s) and man	ner an stated			
2		R: On the basis of examination						s) and manner as stated		
	250, SIGNATURE AND TITLE OF CERTIFIE		A 1							
BE		h / (0-	() ()	4-	29c. LICENSE NUM	1795/	29d. DATE SIGNED	0 /		
2	your	and and	and!		ULT	U 3	123	507/		
	30. NAME AND ADDRESS OF PERSON WH						01100			
	Dr. Ira H. Copel		01d Cour	t Road	Randa11	stown, MD	21133			
	31. OATE FIRED (MONTH, Day, Year)  12. RECHESTRAP'S SIGNATURE  This Davidson-Nondall									

urs after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 murs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ansit perint. Pages 1, 2, 3 should

DHMH-18 Rev 1/8



for use as the burial-transit permit. Pages 1, 2, 3 should

4

	ospi	hed		mi.
	he h	letac		Duce
	N II	bed		at c
	ed t	pin		pe
	tain	sho		=
-	96	5		9
	ay	pad		b
	E 9	ctor.		Sal
	age	dire		10
	4	672		nin.
	deat	fun		BXan
	fter	the	Oval	9
	Sa	9	rem	odic
1	POL	i pa	10	Ē
	24	=	tion	the
	ithin	leteh	еша	nt,
	M D	ошо	I, cr	949
	cute	D D	unia	tic
	exe	n an	to b	E
	e pe	sicial	rior	Tel.
	ficati	phys	ne p	100
	certif	Gui	ygier	to to
	ath	tend	H E	0
	e de	ने या	Ment	lun,
	it the	\$	Pu	E
	tha	ped	th a	an)
	uires	Sign	Heal	× ×
	regu	een	of	sho
	aw.	as b	Jept.	23
	The	te h	ite [	E
	AN.	ifica	Sta	L
	SICI	Cert	T the	1, 0
	PHY	this	WIT	rked
	NG	fler	ath	E
	N	A: A	er de	52
	E	Ē	afte	28
	JR A	IRE	SULC	E
	1	0.7	Z Z	=
	SPITE	EB	N.	E
	문	2	N.	M
١	뽒	Z	멸	6
į	THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	he flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

David B. Moseman,

									9	1 3	6014		
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPA CERTIF	RTMEN FICAT	TOF F	EALTH DEAT	AND I	MENTAL HYGII	NE		0014		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN		
	Margaret E. Parro							12	24	91	12:20 P		
	040 50 5040		n yrs. lest birthday)	IF UNDI	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHP Country	LACE (State or Foreign		
		□ M 2 💢 F 9.	3 YRS.			7.77		Dec. 23,	1898		ryland		
œ	9e. FACILITY NAME (If not institution, give street	t end number)				OR LOCATE	ON OF DE	ATN	9c. COL	JNTY OF DE	ATN		
0	6433 Loudon Ave.			E	lkri	dge			Но	ward			
DIRECTOR	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY		
	Md. Howard	ļ	El	krid	ge						LIMITS?		
AL	10e. STREET AND NUMBER	***			101	ZIP CODE	E		10g. CIT		AAT COUNTRY?		
FUNERAL	6433 Loudon Ave.					2122	27			USA			
2		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13	. WAS DEC	ENDENT O	F NISPAN	IC ORIGIN? (Specify	Yea or No-	14. RACE	- American Indien,		
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT						i, Puerto Rican, atc.)		Specify			
	15. DECEDENT'S EDUCAT	1011									white		
ETE	(Specify only highest grade con	npleted)	(Give kind of life. Do NOT a	Work done	occupation during mo	ON st of workin	ng	16b. KIND OF I	BUSINESS/IN	DUSTRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home										
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18 MOTE	NEO'S NAI	ME (First, Middle, Maid	an Command				
	Jacob Yost					1		Brunk	en Sumame)				
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	SS (Street a			oute Number, City or 1	own. State. Zi	in Code)			
2	Ruth G. Smith		6409	Beec	hfie	ld Av	те.,	Elkridge	, Md.	2122	7		
	20a METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remove	from State ceme	PLACE AND DATE	other place	1			HO DO	LOCATION -				
	4 Donation 5 Other (Specify)	Me	adowrid			ial ]		A.	llkrid	ge, M	id.		
	· Days	7. Louf	men	G	ary	L. K	aufm	an Funera			0.05		
	23. PART I. Enter the diseases, or com	plications that caused	the deeth. Do	not ente	r the mo	Main de of dyl	ST.	, Elkride	e, Md	21	227		
	ehock, or heert feilure. Lie IMMEDIATE CAUSE (Finel	only one ceuse on ee	ch ilne.			aa o. ay.	ng, such	ec cordice or re-	phiatory er	reat,	Approximeta Intervei Between		
	diseese or condition	5.11	A	20-	4						Onset and Death		
	reculting in death) e	DUE TO (OR AS A	CONSEQUENCE	)F):	7 6	2					"mez		
z	Sertia Stanopa												
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE C	F):							192		
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury												
H	thet initiated evente resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):									
H	d												
IL C	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS												
20	Lucations	PERFORMEO? AMAILABLE PRIOR TO COMPLETION OF CAUSE											
Ä								1 PYES	2 NO	- 1	OF OEATH?		
PHYSICIAN: MEDICAL								_			YES 2 NO		
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DE	EATN (Che	ck only one)					
)S		HOSPITAL: OTHER											
H	27. MANNER OF DEATN	28b. TIN	IE OF JURY	26c. INJI WO			26d. DESCRIBE NOV	d. DESCRIBE NOW INJURY OCCURED					
ВУ	1 Natural 5 Pending 2 Accident investigation		М		ES 2	NO							
0	3 Sulcide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Specify	- At home, ferm,	street, fed	ctory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 Nomicide determined												
COMPLETE		N: To the best of my knowle											
S		on the besis of examination									and menner es stated.		
BE C	290. SUCHATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUMI	BER	29d. DAT	E SIGNEO (	Month, Day, Year)		
<u>B</u>	Dans / Me	-	12	role	2	01	98	71	1/	12	6-91		
→ 前	30. NAME AND ADDRESS OF PERSON WHO CO	OMBI ETED CALLOS OF SEAL	IN UNTER OF CT.	01.0					- / -				

21229

UES S TO SE 1 . . -----100 The same processing of the contract of the con 

the service of the part of the section of the secti

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ERIF	ICATE (	OF I	DEATH	REC	B. NO.		
	1. DECEDENT'S NAME (First	st, Middle, Last)							2. DATE OF DE	ATH		3. TIME OF DEATH
	DOROTHY	L	PERRY						DECEMB	FR 25	1991	4:50 pm M
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. i	last birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH		HPLACE (State or Foreign
	418-18-148	2	1 □ M 2 🏋 F	75	YRS.	MONTHS D	AYS	HOURS MIN.	9/13/1	6ar)	Cour	labama
	9e. FACILITY NAME (# not i	Institution, give s	treet and number)			9b. CITY, TO	WN OR	LOCATION OF DE	-, -,		COUNTY OF	
8	DOCTORS C	OMMUNT	TV HOSPT	ΤΔΙ				SEABROOK				
5	RESIDENCE OF DE	CEDENT		INL		LANIIA	UM-S	CADRUUK			KINCE	GEORGE'S CO.
DIRECTOR	10e. STATE	10b. COUNT		2		Y, TOWN OR L	OCATIO	ON				10d. INSIDE CITY LIMITS?
	Md.		e George	8	Lank	lam						1 TYES 2 NO
₹	10a. STREET AND NUMBER						10f. 2	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	6899 Lyle	Street						20706			USA	
Ē	11. MARITAL STATUS  1 Never Merried 2	1 10	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	RMED	13. WAS	DECE	NDENT OF HISPAN	IC ORIGIN? (Spec	Ify Yea or No	- 14. RAC	CE — Americen Indien,
BY	3 Widowed 4 Div		IF YES, GIVE V	AR OR DATES	110			NO Specify		tc.)	Spe	
		CEDENT'S EDU	CATION									white
COMPLETE	(Specify or	ly highest grade	completed)		Give kind of v	USUAL OCCU rork done durir e retired.)	PATION ng most	of working	18b. KINO (	OF BUSINESS	NOUSTRY	
2	Elamentary/Secondary (	0-12)	College (1-4 or 5	)								
M	17. FATHER'S NAME (First, A	diddle ( set)			Homen	sker						
- 1	Richard Z.							18. MOTHER'S NAI			ne)	
BE	190. INFORMANT'S NAME (		: 66					Lottie	Lee Goo	kin		
2	Gerladine I		4330					Number or Rural F			, Zip Code)	
						_		Lanham,	7.5	20706		
	20a METHOD OF DISPOSIT  1 Burlel 2 Cremati  4 Donetion 5 Other	3 Rem	oval from State	cemetary, c	ematory or of	r DISPOSITION CONTROL	N (Nem	e of	19/		l — City or 1	own, State
- 1	21. SIGNATURE OF CUPER		CENSE //	Loud	ion Pa			ADDRESS OF FAC	1/3011	alto.	, Md.	
- 1	1/		4	1				L. Kaufi		ral H	ome	
	/~/	my	N. VO	whose	any	569	95 1	Main St.	. Elkri	dee.	Md.	21227
	23. PART i. Enter the dahock, or h	naart failura.	complications that List only ons cau	t causad tha d se on each lin	ieath. Do n ie.	ot entar the	moda	of dying, such	as cardiac or	respiratory	arrest,	Approximata intarvai Batwean
	iMMEDIATE CAUSE (Fi disease or condition	nai	0	1.		0		16	/			Onset and Daath
	resulting in death)	<b>→</b>	a	we r	esyll	acco	ry	pull	are .			hours
			000 10	OR AS A CONS	EOUENCE OF	La.	1	La n.	0.		1 -	1 0
5	Sequantially list condi-		b. DUE TO	(OR AS A CONSI	COS /	rue	de	ve pro	race	ery c	lesco	e genda
₹	if any, leading to imme cause. Entar UNDERLY			,	-OOLHOL OI	,.						
i I	CAUSE (Disease or Injutation initiated avants	ury S	DUE TO	(OR AS A CONSE	EQUENCE OF	):						
CERTIFICATION	resulting in death) LAS	T .										1
3												+
₹	PART ii. Other significa	ant condition	s contributing to					causa given in l		AS AN AUTOP	SY 24	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<b>5</b>	Ineros	rue	cote	y cen	GA	on				ES 2		COMPLETION OF CAUSE DF DEATH?
E I												1 TYES 2 NO
ġ												
SICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				6. PLAC	E OF DEATH (Che	ck only one)			
	1   YES 2   10		1   Inpatient 2 in	ER/Outpetlent	3 □ DOA	OTHER: 4 - Nursing	Home	5 - Residence	Other (Specif	y)		
	27. MANNER OF DEATH	Pending	28s. DATE OF (Month, D)	INJURY nj. Metrj	29th TIME		WORK	Y AT	28d. DESCRIBE I	OW INJURY	OCCURED	
5	2 Accident	Investigation		NESCUSA:				8 2 NO				
	3 Suicide S 4 Homicide	Could not be	28e. PLACE OF building,	F INJURY At h etc. (Specify)	ome, ferm, at	reel, factory,	office		28f. LOCATION (S City or Town,	Street and Nur	nber or Rural	Route Number,
	4   Homicide	determined							ony or torri,	Ototoy		
	29e. CERTIFIER (Check only	FIFYING PHYSIC	CIAN: To the best of	my knowledge, d	esth occurre	d at the time,	date en	d plece, and due I	o lhe cause(e) en	d menner ea	stated.	
5	one) 2 MED	ICAL FRAMINE	R: On the books of ex	ammetion and/or	Investigation	, in my opinio	on, deat	th occured at the t	lme, date and pla	ce, end due l	o lhe ceuse(	e) end manner ea stated.
	296. SIGNATURE AND TITLE	11/	//	-)				9c. LICENSE NUM				(Month, Pay, Year)
5	Tolly the M	lel	con_					922	740	130.	11/2	/ (Morall, Joy, Year)
	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETEO CAUS	E OF OEATH (ITE	M 27) (Type,	Print)			^ /		74	0/11
	Veter M	Schi	Ssler 1	10 7	500/	NO-	us	ry Chr	12-6	rce.	611	hel 2077
	31. DATE FILED (Month, Day,	Year)	32. REGISTRAI	R'S SIGNATURE		7	-00	7	7,		~ (	- wind
	DEC 3 0 199	31 Su	che Devidsor	- Handell	6			•				
_	5 ,00	0										

page of agrees boulds. della . Danci. thoo os sittol omongen outers. in the region of my house Corner at the attention from any harm the may a property of the sound of the sound Access and a first the state of the colored through the state of the state of AND RESIDENCE OF THE PARTY. Should

68760,
BOX
P.0.
RDS,
3ECO
ITAL
OF V
SION

TO THE HOSPITAL OR ATTE TO THE FUNERAL OIRECTOR TO Filed within 72 hours afte IMPORTANT; If Item 28
--

91 35016 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle Lest) 2. DATE OF DEATH 3. TIME OF DEATH DECEMBER 18, 1991 MARY ANN PARKER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 🍂 F 45 FEBRUARY MARYLAND 20,1946 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 601 LINNARD STREET BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 YES 2 | NO FUNERAL 10. STREET AND MILLIADED 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 601 LINNARD STREET 21229 OF A. U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cubsn, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify BY 3 Widowed 4 Divorced Specify: BLACK COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high de completed) ntary/Secondary (0-12) College (1-4 or 5+) N/A LAUNDRESS LAUNDRY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) JOSEPH FLYOD EVELYN ADAMS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MISS GLYNNETTE JOHNSON 1929 LAURETTA AVENUE BALTIMORE, MARYLAND 21223 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) MT. ZION CEMETERY 12/23/91 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 ewis Twenn 4517 PARK HEIGHTS AVE. BALTIMORE, MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, ehock, or heert fallura. Liet only one ceuse on each line. Approximata Interval Between IMMEDIATE CAUSE (Final disease or condition Onset and Deeth Acquired Immunodeficiency Syndvone 10 mouths resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Disseminated Mywbackribu avium infection 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Impellent 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the ceuse(a) and menner as stated. 2 \_ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) alle Colen tenaular 38224 D 12/30/91 un 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



Allen

31. DATE FILED (Month, Day, Year)
DEC 3 0 1991

Cohn

40

32. REGISTRAR'S SIGNATURE Julia Davidson A

22 S Groeve St

BOX 243

Baltimoie Mid

21201

PERSONAL TRANSPORT

PERMITS AND ADDRESS OF THE PROPERTY OF THE PRO

A 85 ......

mercial and the

08816 THEORES MAKENTA DIM

732

SRVOY NATELAN

MISS GENERAL THREE THREE TOYS LATERIA AVENUE BALTE THE LATER THE TALES THE T

HT. ZIOV CEMETERY 12/23/91 BALKINOD CARRILAND

LIMIS IL GMYNN MUNGERAL DELLE TELLEGEN AND THE FARE AND T

BALTIMORE, MARYLAND 21215-0

permit. Pages 1, 2, 3 should

2

Dr. Peter White MD,
31. OATE FILEO (Month, Dex. Veer)
DEC 3 0 1991

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

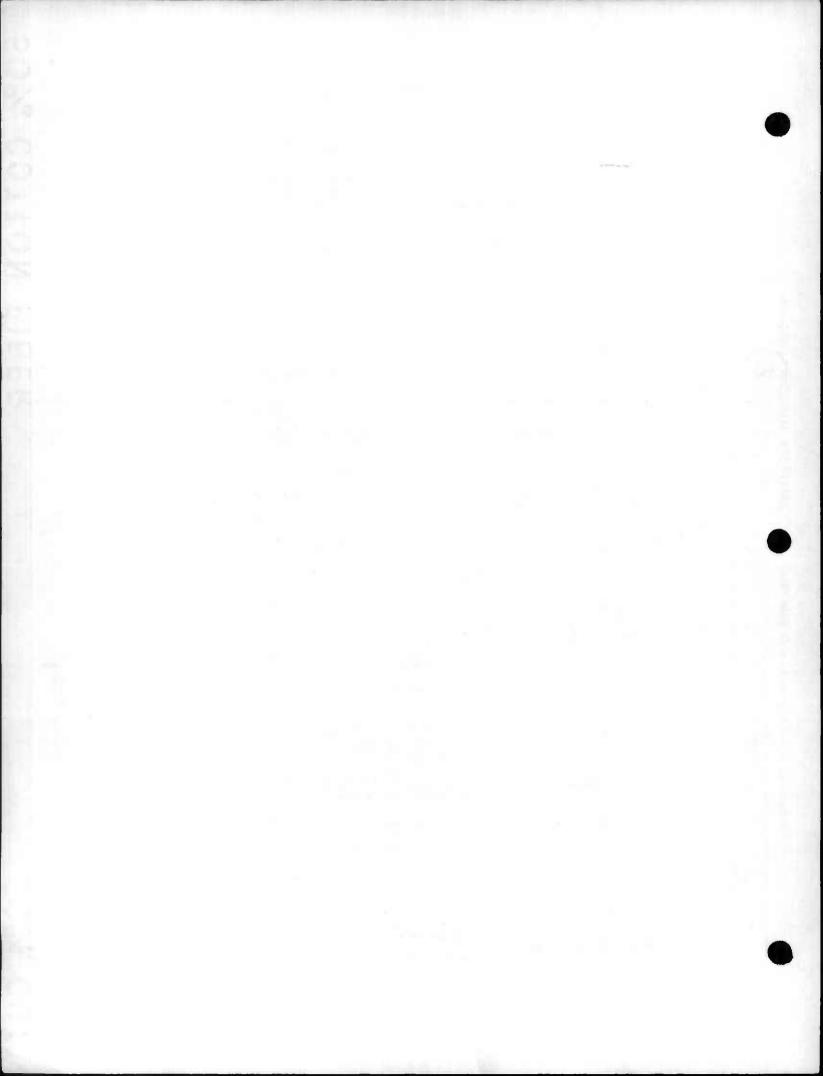
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAI ERTIF	RTMENT	OF H	EALTH DEA	AND I		YGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH	
	Margaret			PRIT	CHARI	)			12/	29/		YEAR Q1	3:00 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER	t YEAR		R 24 HRS.	7. DATE OF	BIRTH		8 BIRTH	PLACE (State or Foreign	
	214-18-2485	1 M 2 XF	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan .	13,	1921	Country	Maryland	
	9a. FACILITY NAME (If not institution, give at				9b. CITY			ION OF DE			9c. COU	JNTY OF DE	ATH	
DIRECTOR	Franklin Squ		spital			]	Ross	svil	le		Bal	BA. timor	ltimore e County	
	10a. STATE Md 10b. COUNTY	BAltim	ore	10c. CI1	Y, TOWN C		ESSE	2X					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 301 MAgnol	ia Terr	ace			101	. ZIP COD	212	21		10g. CIT	US Z	HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 XDivorced	FORCES? 1	T EVER IN U.S. AF		1 1	f yes, sp	ENDENT ( polify Cubi	an, Maxicar	IIC ORIGIN? (S n, Puerto Rice	specify Yes n, atc.)	or No—	14. RACE Black Specifi	- American Indian, White, atc.	
	15. DECEDENT'S EDUC	CATION	18a DE	CEDENT	HEHAL OF	CHIBATIC			401 100				WILLE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 8 th	(Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5 +)					st of worki	ing	100. KII	Ma:			nietta	
OM	17. FATHER'S NAME (First, Middle, Last)						18 MOT	HED'S NAI	ME (First, Midd	la Maidae	Suma mal			
	Barreda O	. Keil					,		lie					
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Numbe					n Codel		
	James Drury 361 Langley Road Baltimore Md.								Md.	21221				
	20e. METHOO OF DISPOSITION 1 Deuriel 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of comments) Park Model 12/31/91  20c. LOCATION - City or Town, State Baltimore Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  ConnellyFuneralHome300MAceAve. 2122													
	23. PART i. Entar tha diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.												Approximata	
	IMMEDIATE CAUSE (Final disease or condition	Cancer	ich line.									Interval Betwee Onset and Deat		
	resulting in dauth)	resulting in death)  Lung Cancer  Due to (or as a consequence of):												
ATION	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events out to (or as a consequence of): resulting in death) LAST													
E	d													
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO										WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
ä		1 TES 2 NO												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)					
YSI	1 YES 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 8 Other (Specify)													
ВУ РН	27 MARINER OF SEATH  1 Natural 5 Pending investigation	INJURY my, Year)		28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO					28d. DESCRIBE HOW INJURY OCCURED					
0	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)							28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER												and manner as stated	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	Reter 1	11/-		e us			ENSE NUM					Month, Day, Year)	

9000 Franklin Square Drive Baltimore Maryland 21237

Constitution of the

services A. J. Bernings

	1, DECE	DENT'S NAME (First, MI	ilodie, Last)	0		P	1			2. DATE OF MONTH	DA	-	YEAR	3. TIME OF DEATH
	4, SOCIA	AL SECURIT ORD	0	6. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEA	B RETINO	ER 24 HRS.	7. DATE OF	— ⊋ ;	2-9	A RIDT	HPLACE (State or Forei
		-10-0807	7 .	1X M 2   F		78 YAS.	MONTHS DAY		MIN.	(Month, L	Day, Year)	012	Count	(44
		LITY/NAME (If not instig	fution, give stre	et and number) /	11	0	96 GITH BOW	N OR LOCA		May 1	L/, L	3T2		rginia
H	LE	- And Mi=	mno	10/ H	10501	tal	KIL	EDE	ale			Wol	no	(rEORG
5		ENCE OF DECE		7. 13	1		7710	-,-0	7/6			y ici	/L-6	/
DIRECTOR	10e. STA		Ob. COUNTY				Y, TOWN OR LO							10d. INSIDE CITY LIMITS?
1000	The second second	Land L	Prince	e George	9	Hy	<u>rattsvi</u>	lle				70		1 TES 2 NO
BA														WHAT COUNTRY?
FUNERAL		5 43rd Av		ADT. 4	NT EVER IN L	J.S. ARMED	13. WAS	2078		IC ORIGIN?	Specify Yes	US or No.		E — American Indian,
	1 🗌 Ner	ver Married 2/1 Me	beiring	FORCES? 1	1 YES	2 NO	If yes	, specify Cui	ban, Mexicar O Specify	n, Puerto Ric	en, etc.)	0.1.0	Blac	k, White, etc.
ВУ	3 🗌 WI	dowed 4 Divorce	d							•			-	ucasian
E		16. DECEDI (Specify only hi	ENT'S EDUCA		1	(Give kind of	USUAL OCCUP work done during se retired.)	ATION most of wor	king	16b. K	IND OF BUS	SINESS/IND	USTRY	
J.	Elem	entary/Secondary (0-12	2)	College (1-4 or 5	+)					77				
COMPLET	6	ER'S NAME (First, Midd)	the Least			Retired	carpe		Wilderson D	Har ME (First, Mid	per 8		1	
		nklin Puq								ME (First, Mid eth Wa		ourname)		
BE		ORMANT'S NAME (Type				19b. MAILING	ADDRESS (Stre					n State 7to	Code	
5		hy Miles					Highlan							21793
	20a. ME	THOD OF DISPOSITION			20b. I	PLACE OF DISPOS				MOTIV		CATION -		
		riel 2 Cremation nation 5 Other (Sc		val from State		other place)	incoln							Maryland
		ATURE OF FUNERAL S		NSEE					RESS OF FAC	CILITY M1				oson Fun.
	<b>&gt;</b>	Minhall	101	Lawher	mI	117	186	Shel+	on Sh					VA 22554
	23. PA	RT I. Enter the dise	BESSE OF CO	o acres		000	1-50			-110	-/ -		/	
				implicationa the	at caused t	the death. Do	not enter the	mode of o	lving, suci	h as cardle	c or respi	ratory arr	est.	Approximate
	SAME		rt failure. Li	iat only one ca	use on eac	ch line.				h as cardle	c or respi	ratory srr	rest,	Approximate interval Better
	disees	DIATE CAUSE (Fine)	rt failure. Li	iat only one ca	use on eac	the death. Do in the line.				h as cardle	c or respi	iratory sir	rest,	
	disees	DIATE CAUSE (Fine)	rt failure. Li	let only one ca	S E	CONSEQUENCE O	5	Ho		h as cardle	oc or respi	ratory srr	rest,	interval Bet
NC	disees	DIATE CAUSE (Fine) e or condition ng in death)	irt failure. Li	DUE TO	S E COR AS A CO	POSEDUENCE O	2. E bi	Ho		h as cardle	oc or respi	ratory srr	rest,	interval Bet
ATION	disees resulting Sequentifications	DATE CAUSE (Fine) e or condition ng in death)  ntielly list condition leading to immedia	st failure. Li	DUE TO	C (OR AS A C	CONSEQUENCE O	2, E b t	HO	CK					interval Bet Onset and I
FICATION	Sequel if any, cause.	DIATE CAUSE (Finel e or condition in gentlement)  Intelly list condition leading to immedia Enter UNDERLYNC (Disease or Injury)	ns, ate	DUE TO	C (OR AS A C	CONSEQUENCE O	2, E b t	HO	CK					interval Bet Onset and I
RTIFICATION	Sequel if any, cause. CAUSE that in	DIATE CAUSE (Finel e or condition mg in death)  Intielly list condition leeding to immedia Enter UNDERLYING	ns, ate	DUE TO	C (OR AS A C	CONSEQUENCE O	2, E b t	HO	CK					interval Bet Onset and I
CERTIFICATION	Sequel if sny, cause. CAUSE that in resulting	DATE CAUSE (Finel e or condition in gin death)  Intelly list condition leading to immedia Enter UNDERLYING (Disease or injury itlated events in death) LAST	s.  ns, te G. d.	DUE TO	O (OR AS A C	CONSEQUENCE O	e: 0 137 v	HO TRV ASC	CK	VE K	Puc	~or ÆAI	10 pe	Interval Bet Onset and I
	Sequel if sny, cause. CAUSE that in resulting	DIATE CAUSE (Finel e or condition in gin death)  Intellig list condition leading to immedia Enter UNDERLYING (Disease or Injury Itlated events	s.  ns, te G. d.	DUE TO	O (OR AS A C	CONSEQUENCE O	e: 0 137 v	HO TRV ASC	CK	VE K		MO P	10 pe	DUTAL F
ICAL	Sequel if sny, cause. CAUSE that in resulting	DATE CAUSE (Finel e or condition in gin death)  Intelly list condition leading to immedia Enter UNDERLYING (Disease or injury itlated events in death) LAST	s.  ns, te G. d.	DUE TO	O (OR AS A C	CONSEQUENCE O	e: 0 137 v	HO TRV ASC	CK	Part i. 2	PUC PUC	Majorsy theory	10 pe	Interval Bet Onset and I
MEDICAL	Sequel if sny, cause. CAUSE that in resulting	DATE CAUSE (Finel e or condition in gin death)  Intelly list condition leading to immedia Enter UNDERLYING (Disease or injury itlated events in death) LAST	s.  ns, te G. d.	DUE TO	O (OR AS A C	CONSEQUENCE O	e: 0 137 v	HO TRV ASC	CK	Part i. 2	PU(  P)  4a. WAS AN PERFOR	Majorsy theory	10 pe	D. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAL
MEDICAL	Sequel if any, cause. CAUSE that in resultin	OLATE CAUSE (Finel e or condition in glin death)  Intellig list condition leading to immedia Enter UNDERLYING (Disease or Injury itlated events in death) LAST	ns, ate G. c. d. conditions	DUE TO	O (OR AS A C	CONSEQUENCE O	5 6: 6: 6: 135 / 6: 6: 135 / 6	HO TRV ASC	( \C	Pert I. 2	PU(  P)  4a. WAS AN PERFOR	Majorsy theory	10 pe	b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
MEDICAL	Sequel If any, cause. CAUSE that in resultin	DIATE CAUSE (Finel e or condition in gin death)  Intelly list condition leading to immedia Enter UNDERLYING (Disease or Injury Itlated events in death) LAST  II. Other significant  CASE REFERRED TO R	a. b. a. conditions	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to	O (OR AS A C	CONSEQUENCE OF CONSEQ	5; P1; P1; P3; P3; P3; P3; P3; P3; P3; P3; P3; P3	HO TRU ASC  B. PLACE OF	C C C C C C C C C C C C C C C C C C C	Part i. 2	PU(  PU(  A. WAS AN PERFOR  I UYES 2	Majorsy theory	10 pe	b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
MEDICAL	Sequel If any, cause. CAUSE that in result!	DIATE CAUSE (Finel e or condition in gin death)  Intielly list condition leading to immedia Enter UNDERLYINK (C) (Disease or Injury titlated events in death) LAST  II. Other significant	a. b. a. conditions	DUE TO DUE TO DUE TO Contributing to	O (OR AS A C	CONSEQUENCE OF CONSEQ	F):  F):  F):  The in the underline under underline unde	TRV ASC  B. PLACE OF	C C C C C C C C C C C C C C C C C C C	Part i. 2 eck only one)	PU(	AUTOPSY MED?	10 pe	b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
PHYSICIAN: MEDICAL	Sequeilf sny, cause. CAUSE that in resultin	DIATE CAUSE (Finel e or condition of property of the condition of the cond	ns, te G. d. conditions	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to	O (OR AS A C	CONSEQUENCE O	F):  F):  F):  OTHER:  4   Nursing    BE OF    28c.	HO TRU ASC  B. PLACE OF	C C C C C C C C C C C C C C C C C C C	Part i. 2 eck only one)	PU(  PU(  A. WAS AN PERFOR  I UYES 2	AUTOPSY MED?	10 pe	b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
BY PHYSICIAN: MEDICAL	Sequeilf sny, cause. CAUSE that in resulti.  PART I	CASE REFERRED TO A MINER?  YES 2 NO  NER OF DEATH  Natural 5 Pe  Accident in or condition of pending to immedia  CASE REFERRED TO A MINER?	ns, ate G. d. conditions	DUE TO DUE TO DUE TO DUE TO Contributing to	O (OR AS A CO) O (OR	CONSEQUENCE O  CONSEQ	F):  D 13 1 1  F):  D 13 1 1  F):  OTHER:  4   Nursing    BURY M 1	ASC  S. PLACE OF  Home 5    INJURY 21  INJURY 22  INSUR	C C C C C C C C C C C C C C C C C C C	Part I. 2 seck only one) 6  Other ( 28d, DESC	PU (	AUTOPSY MAED?	241	b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
ED BY PHYSICIAN: MEDICAL	Sequelif sny, cause (AUSE that in resulting PART is 25. WAS EXA 1   27. MAN   1   2   3   3	CASE REFERRED TO MINIER?  CASE REFERRED TO MINIER?  VER OF DEATH  NATURAL 5 PACCIDENT  Suicide a Co	ns, te G. d. conditions	DUE TO DUE TO DUE TO DUE TO Contributing to	O (OR AS A CO) O (OR	CONSEQUENCE O  CONSEQ	F):  D 13 1 1  F):  D 13 1 1  F):  OTHER:  4   Nursing    BURY M 1	ASC  S. PLACE OF  Home 5    INJURY 21  INJURY 22  INSUR	C C C C C C C C C C C C C C C C C C C	Part I. 2 seck only one) 6  Other ( 28d, DESC	PU(  PU(  PU(  PU(  PU(  PU(  PU(  PU(	AUTOPSY MAED?	241	b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequelif sny, cause (AUSE that in resulting PART is part of the cause	CASE REFERRED TO MINER?  VER OF DEATH  NATURE OF DEATH  N	ne, ate G. d. aconditions  MEDICAL proding westigation out to be termined	DUE TO DUE TO DUE TO DUE TO Contributing to	D (OR AS A CO) O (OR	CONSEQUENCE O  CONSEQ	F):  b 13 5 / F):  c 13 5 / F):  d 13 5 / F):  at the underly of t	ASC  B. PLACE OF Home 5   INJURY AT WORK?  VES 2	Pegiven in  DEATH (Che Residence	Part I. 2 eck only one) 6 Other ( 28d. DESC	Purious Annex Person I Ves 2	AJTOPSY AMED?	24  CCURED  or Rural	b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequelif sny, cause (AUSE that in resulting PART is part of the cause	CASE REFERRED TO BE MINER?  IN CONTROL OF DEATH  CASE REFERRED TO BE MINER?  IN CONTROL OF DEATH  Natural 5 Pe Control of	and the conditions of the cond	DUE TO DUE TO DUE TO DUE TO DUE TO Contributing to Contributin to Contributing to Contributing to Contributing to Contributing	O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO)	CONSEQUENCE O CO	F):  F):  OTHER:  4   Nursing RE OF   28c. JURY M   1  street, factory, or	ASC  B. PLACE OF  Home 5    INJURY 2  Office	PEATH (Che Residence	Part I. 2 sck only one) 6 Other ( 28d. DESC City or	PU (	AUTOPSY 1MED?  AUTOPSY 1MED?  AND  AUTOPSY 1MED?  AUTOPSY 1MED?	24  CCURED  or Rural	b. WERE AUTOPSY FINE ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequeilf sny, cause. CAUSE that in resulti.  PART I	CASE REFERRED TO MINIER?  CASE REFERRED TO MINIER?  CASE REFERRED TO MINIER?  VES 2 NO  NER OF DEATH  Natural 5 Pe  Accident Suicide a Co  Homicide CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CONTROLLED  CONTRO	s.  b. ate G c. d. conditions  MEDICAL  ponding vestigation ould not batermined  TYING PHYSIC  AL EXAMINER	DUE TO DUE TO DUE TO DUE TO DUE TO Contributing to Contributin	O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO)	CONSEQUENCE O CO	F):  F):  OTHER:  4   Nursing RE OF   28c. JURY M   1  street, factory, or	FLACE OF Home 5 INJURY AT WORK? YES 2 Office date and pla	E DEATH (Che Residence	Part I. 2  sck only one) 6 Other ( 28d. DESC  281. LOCAT City or  to the cause time, data a	PU (	AUTOPSY MED?  Sho  NJURY Oct  and Number	244  244  246  COURED  For Rural	b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequeilf sny, cause. CAUSE that in resulti.  PART I	CASE REFERRED TO BE MINER?  IN CONTROL OF DEATH  CASE REFERRED TO BE MINER?  IN CONTROL OF DEATH  Natural 5 Pe Control of	s.  b. ate G c. d. conditions  MEDICAL  ponding vestigation ould not batermined  TYING PHYSIC  AL EXAMINER	DUE TO DUE TO DUE TO DUE TO DUE TO Contributing to Contributin	O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO O (OR AS A CO)	CONSEQUENCE O CO	F):  F):  OTHER:  4   Nursing RE OF   28c. JURY M   1  street, factory, or	FLACE OF Home 5 INJURY AT WORK? YES 2 Office date and pla	PEATH (Che Residence	Part I. 2  sck only one) 6 Other ( 28d. DESC  281. LOCAT City or  to the cause time, data a	PU (	AUTOPSY MED?  Sho  NJURY Oct  and Number	244  244  246  COURED  For Rural	b. WERE AUTOPSY FINE ANALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequeilf sny, cause. CAUSE that in resulting PART is 25. WAS EXA 1 27. MAN 1. 2 3 4 2 (Chone) 29b. Sig	CASE REFERRED TO MINIER?  CASE REFERRED TO MINIER?  CASE REFERRED TO MINIER?  VES 2 NO  NER OF DEATH  Natural 5 Pe  Accident Suicide a Co  Homicide CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CONTROLLED  CONTRO	medical conditions	DUE TO DU	O (OR AS A CO) O (OR	CONSEQUENCE O  CONSEQ	F):  F):  F):  OTHER:  A   Nursing    Street, factory, or    red at the time, on, in my opinion	FLACE OF Home 5 INJURY AT WORK? YES 2 Office date and pla	E DEATH (Che Residence	Part I. 2 eck only one) 6 Other ( 28d. DESC City or to the cause time, date a	PU (	AUTOPSY IMED?  AUTOPSY IMED.  AUTOPS	244  244  246  COURED  OF Rural  OF Rural  E SIGNE	interval Bett Onset and E



68760,	
BOX	
S, P.O. I	
RECORD	
OF VITAL	
DIVISION	
	-

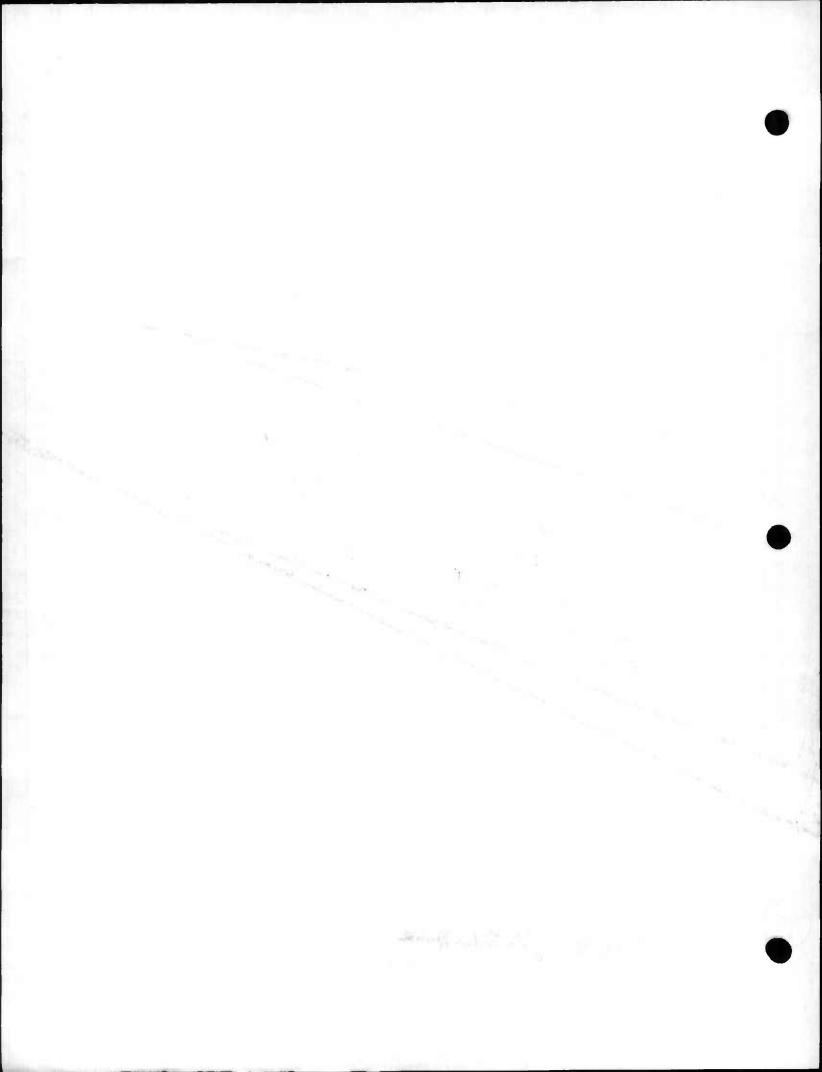
TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT		HYGIENE
CERTIFICATE	OF DEATH	REG NO

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART	TMENT OF	HEALTH AND	MENTA	L HYGIEI			
1. DECEDENT'S NAME (First, Middle, Last)		^			2. DATE	OF DEATH		1 2	. TIME OF DEATH
George fra	uklin	Pearle	+		MONTH (2	12	AY I C	YEAR	0445A M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	-	OF BIRTH	1 /	<u>, ,                                  </u>	ACE (State or Foreign
238-56-3649	1 M 2 - F	52 YRS.	MONTHS DAYS	HOURS MIN.	(Montl	, Day, Year)	.	Country)	100000000000000000000000000000000000000
9a. FACILITY NAME (# not institution, give str	reet and number)	0.2	Oh CITY TOWN	OR LOCATION OF I		6-193			CO. N.C.
							9c. COUN	TY OF DEAT	TH
ST. AGNES HO	SPITAL		BA	LTIMORE,	MARY	LAND			
10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	ATION				10	od. INSIDE CITY
MD.			7D. A	TOTMODE					LIMITS?
10a. STREET AND NUMBER				LTIMORE  Of ZIP CODE			1 40 01717		YES 2 NO
700 PP71 GF	Direction			oi. Eir CODE					AT COUNTRY?
709 DREW ST.	DURHAM, N							SA.	
1 Never Married 2 Married	FORCES? 1	YES 2 X NO	13. WAS DE	CENDENT OF HISP/ pecify Cuban, Mexic	ANIC ORIGIN can, Puerto F	? (Specify Ye	n or No—	14. RACE -	American Indian, Vhita, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		S 2 NO Spec			- 1	Specify:	
15. DECEDENT'S EDUC	ATION	Tan Decements							ACK
(Specify only highest grade of	completed)	18a. DECEDENT'S L (Give kind of willife. Do NOT use	ork done during m	ION lost of working	16b.	KIND OF BU	SINESS/INOU	ISTRY	
Elementary/Secondary (0-12) 5th GRADE	College (1-4 or 5+)	MAINTA							
17. FATHER'S NAME (First, Middle, Lest)		PAINIA	MOE						
				16. MOTHER'S N		fiddle, Maiden	Surname)		
HENRY PEARLI	EX			BER		RAINE			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numb	er, City or Tow	n, State, Zip C	Code)	
JOE PEARLEY		709 DI	REW ST.	DURHAM,	NORT	H CAR	DLINA		
29a. METHOD OF OISPOSITION 14 Burlel 2 Cremation 3 Ramon	and from Carte	20b. PLACE AND OATEO	F DISPOSITION (N	lame of	OATE	20c, LC	CATION — CI	ity or Town,	Stata
4 Donation 5 Other (Specify)		CAIN CHAPI	EL CHUR	СН	1	DIII	MAUC	MODTI	H CAROLINA
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	0	22. NAME A	NO ADDRESS OF F	ACILITY	1 00	MAPI,	NUKII	CAROLINA
+ ( Way ( la	1).	2	JOSEP	H H. BROWN	JR. F	UNERAL	HOME, 1	P.A. B	ALTO, MD. 2122
23. PART i. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final	emplications that call tall only one cause of	used the death. Do no on each line.	TRIAN	oda of dying, au	ch as card	lac or rasp	ratory arre	ORIH C.	AROLINA 2770  Approximata Interval Batwean Onset and Death
	Aden DUE TO (OR	AS A CONSEQUENCE OF)	oma	lung					Criset and Daath
	Leobar	VCLS LD AS A CONSEQUENCE OF	Theren		him				i
Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF	[000 20	acc of	TUNG	·			
cause. Entar UNDERLYING	Para	plegia.							
CAUSE (Disease or Injury that initiated events	OUE TO (OR	AS A CONSEQUENCE OF	:						
resulting in death) LAST									į l
d.									
PART II. Other significant conditions	contributing to dea	th but not reaulting in	the underlyin	g cause givan in	Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
						PERFOR		AVI	MILABLE PRIOR TO MPLETION OF CAUSE
					- 1	1   YES 2	NO	OF	DEATH?
								1[	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one	)			
1 YES 2 NO	1 Inpatient 2 - ER/			ne 5 🗆 Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH	26a. DATE OF INJU (Month, Day, Ye	IRY 28b, TIME	OF 28c. IN.	JURY AT	T		JURY OCCU	REO	
1 Natural 5 Pending 2 Accident Investigation	(			YES 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF INJ	IURY - At home, farm, str	eet, factory, offic	a	28f, LOCA	TION (Street )	nd Number or	Burnil Boute	Alumbar
4 Homicide datarmined	building, atc. (	Specify)			City o	Town, State)	Of	- naver Fronte	, rearriber,
29e. CERTIFIER									
(Check only 1 CERTIFYING PHYSICI	AN: To the beat of my k	nowledge, death occurred	at the time, date	and place, and due	n to the caus	e(s) and mer	ner as stated		
2 MEOICAL EXAMINER:	On the basis of examin	nation and/or investigation,	In my opinion, o	leath occured at the	time, data a	ind place, an	d dua to the	cause(s) en	d manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MRER		204 DATE 6	NONEO AL-	
De Dellara	· Ked.	Resident	t	100, 1100, 100					onth, Day, Year)
30. NAME AND ADORESS OF PERSON WHO		Residen	-						nth, Dey, Year) 4 — 9)
30. NAME AND A POPESS OF PERSON WHO BIKRAM JOHF 31. DATE FILED (Month, Day, Your)	COMPLETEO CAUSE OF		rint)			MD 2	<b>&gt;</b> /2	2 - 14	



1	-	STATE REGISTR	AF
,	1. D	ECEDENT'S	N
1		Antal	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CI	ERTIF	ICATE C	F DEAT	ГН	A	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH
		5Q						12-	28-	1991	YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YE			7. OATE OF E	HTRE	1 7 7 1	8. BIRTH	PLACE (State or Foreign
1 3	213-09-5205	1 □ M 2 🔀 F	73	YRS.	MONTHS DA	rs HOURS	MIN.	5/03/	18		Mai	vland
	9a. FACILITY NAME (If not institution, give s	freet and number)			9b. CITY, TO	VN OR LOCATE	ON OF DE	ATH		9c. COUR	NTY OF O	*
OR	335 S. East Ave.				Balt	imore					_	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY											
E .	Md.	•			Y, TOWN OR LO							10d. INSIDE CITY 57 LIMITS?
	10e, STREET AND NUMBER			De	ltimor							1 YES 2 NO
FUNERAL	335 S. East Ave.					10f. ZIP CODI						HAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDEN	T 51/50 W. U. O. A.			21224					J.S.	
	1 Never Married 2 Married	FORCES? 1	YES 2 X		If yes	, specify Cuba	n, Maxicar	IIC ORIGIN? (S n, Puarlo Ricar	pecify Yea 1, atc.)	or No-	14. RACE Black	- American Indian, , Whita, atc.
BY	3.X Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES		10	YES 2 NO	Specify	<i>'</i> :			Whi	•
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIN	D OF BUS	INESS/IND		LE
<u>[</u>	Elementary/Secondary (0-12)	College (1-4 or 5	line.	Do NOT U		most of working	ng		_			
MP			H	omem	aker			.   '	Own 1	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Martin Olchowsk:							ME (First, Middle		Sumame)		
BE	Marchi Orchowski	L				Anı	na Ka	avetsk.	ĺ			
9	Mrs. Margaret Mye	oxa	19	b. MAILING	ADDRESS (Str	et and Number	or Rural R	loute Number, C	ity or Town	, State, Zip	Code)	
				23 N	. Kenw	ooa Ave	e. Ba	altimo:	re, I	Md. 2	21224	
	20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rame	oval from Stata			OF DISPOSITION		7.0	DATE		CATION —	*	
1	4 Donation 5 Other (Specify)	TANCES	Sacre	а не	art of			/31/91	Ba	altin	ore,	Md.
	- UD 00 A	1				AND ADDRES			Llom	_ TN	To	
	Tully 16		200550		B000	E. Ba	ltimo	Jneral ore, S	t.	Balto	Md.	21224
	23. PART I. Enter the diseases, or of ahock, or heart failure.	complications that List only one cau	t caused tha de	ath. Do	not enter tha	moda of dyl	ing, auch	n as cardiac	or raspin	ratory arr	est,	Approximata interval Batween
	IMMEDIATE CAUSE (Final	-1										Onset and Death
	disease or condition resulting in death)	DUE TO	racoal	clor	nona	1 24	en	rysm	ru	otu	roll	1 4
		DUE TO	(OR AS A CONSE	OUENCE O	F):	•				•		0
CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSE	OUENCE O	n.							
AT	if any, leading to immediate cause. Enter UNDERLYING		(0.1.10.1.001.02.1	JOE NOE O	, ,.							j
F	CAUSE (Disease or Injury that Initiated events	c DUE TO	(DR AS A CONSE	DUENCE O	F):							
F	resulting In death) LAST	d										
S	PADT II Other cignificant condition											
DICAL	PART II. Other significant condition	s contributing to	death but not r	asulting	in the undari	ying causa g	given in I	Part I. 24a	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO
ă	Stroke							10	YES 2	NO		COMPLETION DF CAUSE DF DEATH?
X								_				1 TES 2 NO
AN	AS WAS CASS DEFENDED TO MEDICAL											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	. PLACE OF DI	-				_	
¥	1 VES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF		DOA 28b. TIM			sidence	6 Other (Sp				
P	1 Natural 5 Pending	(Month, D.	lay, Year)		URY	INJURY AT WORK?  YES 2	1 100	28d. DEŞCRIE	SE HOW IN	JURY OCC	URED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At ho	me, term.			J NO	281. LOCATIO	N /Stmat a	nd Mumbas	as Dund D	
COMPLETED	4 Homicide 8 Could not be detarmined	building,	etc. (Specify)	,	, toolog, to			City or To		nd Number	or nurer n	bute number,
4	29a. CERTIFIER	CIAN. To the house										
A P	(Check only one)  29a. CERTIFIER	R: On the best of a	my knowledge, de kamination and/or i	investigation	od at the time,	lata and placa,	and dua	to the cause(a)	and man	ner an state	ed.	444 - Tall 54 - T
	29b. SIGNATURE AND TITLE OF CERTIFIER								praca, and	due to the	e cause(s)	and manner as stated.
BE	Jan TE		13			29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALIS	SE OF DEATH (ITE	M 27) /Time	Print)	0 5	779	13		12	6	8-71
	- 1	row	2920		onne	11 6-	- 1	R. a.		A	2	
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		DAINE	11 3	1	79 m	ntr	2 17	I)	
	DEC 3 0 1991	delia Tais	Jana Band	.00								

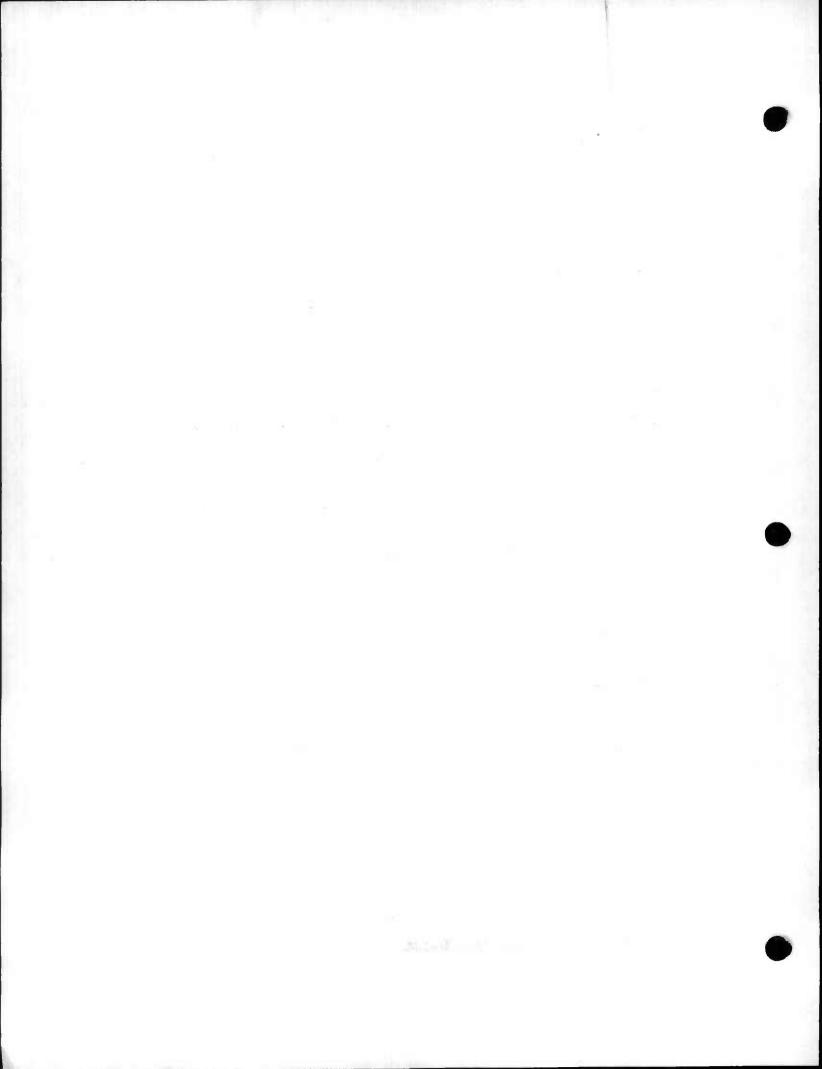
ansit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the cleant certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 2127

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



permit. Pages 1. 2, 3 should

23215-0020

BALTIMORE,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death has be Dept. the State this c DIRECTOR: After the hours after death with them 28 is mark

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) William Edward Reeves 2. DATE OF DEATH 3. TIME OF DEATH WM. EDWARD REEVES MONTH 12 1991 12:44P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 11/21/58 1 M 2 F 267-27-1432 Florida 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL FUNERAL DIRECTOR BALITMORE BALITMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Glyndon 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21071 <u> 4 Bowers Lane</u> USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 X NO Specify 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Model Fashion 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Reeves 띪 Barbara 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Katherine A. Clevenger Bowers Lane Glyndon, MD 21071 2 20e. METHOD OF DISPOSITION
1 ☐ Burial 2 IX Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other place)
Metro Crematory 4 Donation 5 D Other (Specify) 12/28 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. 299 Frederick Rd. George E MacNabb Balto., MD 21228 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory streat, abock, or heart failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disesse or condition 9 weeks resulting in death) 2 weeks CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Homa 5 Residence 8 Other (Specify) 1 YES 2 NO N☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY -- At home, farm, street, lactory, office 3 Sulcide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year) 12/26/ 71928 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOPKINS HOSPITAL JOHNS 32. REGISTRAR'S SIGNATURE



A THE STATE

BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

permit.

use as the burial-transit

filled in by

	1
6,	te be executed within 2-
7	urted
-	exe
×	2
, P.O. BOX 13146	ICIAN: The law requires that the death certificate be
0	8
σ.	death
S	the
RECORDS	that
$\aleph$	res
Ä	redu
	A.B
Z	The
=	AN.
10	2
DIVISION OF VITAL	TAL OR ATTENDING PHYSICIAN
Z	9
0	9
S	3
5	S.
ō	Ö
_	ITAL

9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF OEATH DAY 12- 23-1. OECEDENT'S NAME (First, Middle, Last, VEAR 91 PAULINE M. ROBERTSON 7. DATE DF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 230-20-0092 1 M 2 F YRS. 12-08-25 VIRGINIA 66 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR 833 S. MONTFORD AVENUE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 10b. COUNTY 1 YES 2 NO BALTIMORE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21224 USA 833 S. MONTFORD AVENUE 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) n by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5+) 7 YEARS HOMEMAKER once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BRENNAN BARKER CAMMIE ? 7 notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 R. CYLDE ROBERTSON 833 S. MONTFORD AVENUE BALTO., MARYLAND 21224 Pe 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or examiner must OAKLAWN CEMETERY 12-26 BALTO. MD. SIGNATURE OF FUNERAL SERVICE LICENSEE RACZOROWSKI FUNERAL HOME 2525 FLEET STREET BALTO. MD. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line. Interval Between 6 **Onset and Death** IMMEDIATE CAUSE (Final inding physician and completely fille Hygiene prior to buñal, cremation, other traumatic event, the DUE TO (DR AS'A CONSEQUENCE OF): disease or condition resulting in death) Spinal Cord Bone and CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 e has been signed by the attend to Dept. of Health and Mental Hy m 23 shows any Injury, or PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 ND 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem EXAMINER? DIRECTOR: After this certificate hours after death with the State Nours after 28 is marked, or item HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME DF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural
2 Accident
3 Suicide 5 Pending м 1 YES 2 ND BY Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL
TO THE FUNERAL
De filed within 72 h
IMPORTANT: If IS 29b. SIGNATURE AND TITLE OF CERTIFIER Q 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AguaharT M. D. Mayer

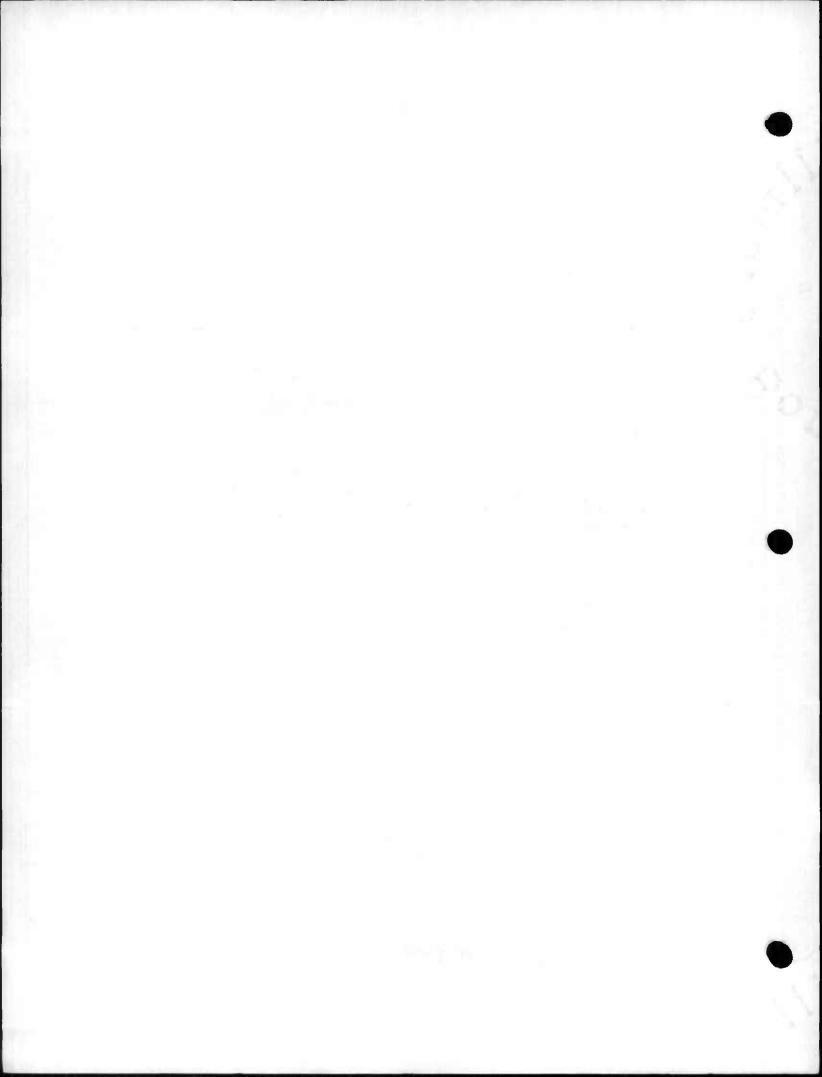
31. DATE FILES (Month, Day, Year) 6aTs

32. REGISTRAR'S SIGNATURE

Pulia Davidson

DEC 30





1	-	FOR STATE REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		<u> </u>	CHIIF	ICATI	COF	DEA	ı m	REC	3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	ATH DAY		YEAR 3	. TIME OF OEATH
	ROSALIE	M. R	ATTI						Dec.2	7,1	991	-	М
	4. SOCIAL SECURITY NUMBER 219-28-1868	5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIR	TH Year)	,	6. BIRTHPL Country)	ACE (State or Foreign
		1 M 2 XF	60	YRS.					Nov. +,	193		Mary	Land
	9e. FACILITY NAME (If not institution, give st						OR LOCATI		ATH		10.00	ITY OF DEA	
8	7209 Stratton W	lay			Ва	alti	more				Baltimore		
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,		1	Y, TOWN	00.100	7.01						
							LION						0d. INSIDE CITY LIMITS?
9		timore		Bal	time								YES 2 X NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 7209 Stratton	In ve				1	of. ZIP COD	224					AT COUNTRY?
W											-	S.A.	
2	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDED FORCES?	NT EVER IN U.S. A		13.	If yes, s	CENDENT ( pecify Cube	OF HISPAN In, Mexica	IIC ORIGIN? (Spe- n, Puerio Rican, a	offy Yea o	or No-	14. RACE - Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 🗌 YE	S 2 KNO	Specify	r:		- 1	Whit	Α
	15. DECEDENT'S EDUC	CATION	140.5	ECEDENT'S	HEHAL	CCUBAT	ION		18b. KIND	OE BIJEI	NEGG/IND		-
COMPLETED	(Specify only highest grade			Give kind of le. Do NOT u	work done	during m	nost of workli	ng	IGD. KIND	OF BUSI	NEGOTIND	OSINI	
١٣	Elementary/Secondery (0-12)	Sales					5 &	10	¢ St	ore			
Ž	17. FATHER'S NAME (First, Middle, Last)	0					10 1107	HERIO MA	ME (First, Middle,	Maidan C			
		an le					16. MOI					1	
H	Joseph Sobo	zan	T.						cilia R				
2	Monica F. Matthe	140	13						Route Number, City				nd 21224
		WS											
	20s. METHOD OF DISPOSITION 1 4 Buriel 2 Cremation 3 Rem	oval from State	other	E OF DISPO								City or Town	
	4 Donation 5 Other (Specify)		_   St.S	stani	-					Bal	timo	re, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Weller	Cseen	.)	22	HAME A	AND ADORE	SS OF FA	ober &	Son	s In	ic.	
		er & So			7	705	S. A	nn S	ber & St. Bal	to.	Md.	212	31
	23. PART I. Enter the diseases, or o				not ente	r the m	ode of dy	ing, suc	h aa cardlec o	r respir	etory err	eat,	Approximate
1	shock, or heart fellure.	List only one ca	use on each III	ne.									Interval Between Onset end Death
	IMMEDIATE CAUSE (Final disease or condition	· Pos	21/1/1 A	17	Llr	don	5,00		2.60.1	4			
	resulting in death)		O (OR AS A CONS			14 15	· GLEC	L DI	Bearing				7
_	_		(**************************************		,								· ·
CERTIFICATION	Sequentially list conditions,	b DUE TO	O (OR AS A CONS	EQUENCE C	OF):								+
AT	If any, leading to immediate cause. Enter UNDERLYING												ļ
윤	CAUSE (Disease or Injury that initiated events	CDUE TO	O (OR AS A CONS	EOUENCE C	P):								
E	resulting in death) LAST									1			1
S		d											
4	PART II. Other significent condition	e contributing t	deeth but no	reaulting	In the u	ınderiyi	ng cause	given in		WAS AN A			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL									10	YES 27	NO		COMPLETION DF CAUSE DF DEATH?
ME											•		1 TYES 2 NO
	/												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28.	PLACE OF	DEATH (C)	neck only one)				
SI	EXAMINER?  1 Tes 2 To NO	HOSPITAL: 1 Inputient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE	ER: ursing Ho	ome 5X R	lesidence	6 Other (Spec	clfv)			
¥	A7. MANNER OF OEATH	28e. DATE C		28b. Til	ME OF	28c. II	NJURY AT		28d. DESCRIBE		JURY OC	CURED	
3/	1 Natural 5 Pending	(Month,	Day, Year)	l In	JURY		VORK? YES 2	□ NO					
BY	2 Accident investigation 3 Suicide 6 Could not be		OF INJURY At	home, farm,	street, fe	ctory, of	fica		26f. LOCATION		nd Number	or Rural Ro	ute Number,
	4 Homicide determined	building	, atc. (Specify)						City or Tow	n, State)			
91	290. CERTIFIER												
<u>M</u>	TOTACK OTHY	ICIAN: To the best						4					
COMPLETED	2 MEDICAL EXAMINE		washingtion end/	n investigat	on, in my	opinion,	owith occi	HED BY THE	time, date and p	nace, and			end manner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	CENSE NU	MBER				Month, Day, Year)
O B	R. Safel.										▶De	c.27	, 1991
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (I	TEM 27) (Typ	e, Print)				_				
	Reza Sajadi, 10	O N. Br	oadway	Balt	imor	ce,	Mary	land	1				
	31. DATE FILED (Month, Day, Year)	32. REGISTE	IAR'S SIGNATURE										
	DEC 3.0 1001	L.C. K	1 1 M	nde le									

6 -. **7**.

OF

301991

IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

If JUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

HEANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											9	1	36024
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF I	HEALTH	AND I	MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			**	-					OF DEATH			3. TIME OF DEATH
1	VIOLA SAVA	AGE							12	2		YEAR 1991	7:30 a.m.m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE (	OF BIRTH			PLACE (State or Foreign
	212-26-9893	1 🗌 M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year)		Country)	N.C.
	9e. FACILITY NAME (If not institution, give :	street end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	INTY OF DE	
E C	THE JOHNS HOPE	CINS HOSP	TTAT.		RΔ.	тттмо	ORE C	TTV				TIMO	
5	RESIDENCE OF DECEDENT							,111			DAL	JI IPIOI	KE.
DIRECTOR	10a. STATE 10b. COUNT	Y				OR LOCA							10d. INSIDE CITY LIMITS?
	Md.			В	alt	imor	e,	Cit	ĽУ				YES 2 NO
FUNERAL	10e. STREET AND NUMBER	7 61				10	. ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?
W	1210 N. Boi							212	213			U.S	.A.
5	11. MARITAL STATUS  1 X Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO	13	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN	(Specify Yes	or No-	14. RACE	- American Indian, Whife, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	YES 2	X.		1 YES	Z NO	Specify	n, Puerto R	10011, 410.7		Specify	
	15. DECEDENT'S EDU	I CATION	20.00										Black
H	(Specify only highest grade	completed)	(G	ECEDENT'S Give kind of to DO NOT us	Work done	during mo	ON ost of workin	ng	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	-)	lous									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1	10 05	exe	eper		JED'S MA	45 (Simo A)	iddle, Malden			
	Wilson Savad	re								Savac	-		
BE	19e. INFORMANT'S NAME (Type/Print)	, ,	19	b. MAILING	ADDRES	SS (Street a				er, City or Tow		Code)	
5	Nell Wade									imore			1212
	20e METHOD OF DISPOSITION 1 🖾 Burlel 2 🗆 Cremetion 3 🗀 Rem		20b, PLACE	AND DATE	OF DISPO	SITION /Na	me of		DATE			City or Tow	
	1 E) Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 6 ☐ Other (Specify)	oval from State	Vosh	ematory or o	ther place	nori	al (	Gard	lang	1			, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1				ID ADDRES			1 100	11611	HOLE	/ Ma.
	Day Me	( Add											
	22 PADE Enter the discourse on	Cory	7		W	m.C.	Mai	cch	F/H	110	l E	. No	rth Ave.
	23. PART-1. Enter the diseases, or shock, or heart fellure.	List only one cau	ee on aech iins	eth. Dor a.	not ante	r the mo	de of dyi	ng, eucl	h as cerdi	ac or respi	ratory er	rest,	Approximata Intarvai Between
	iMMEDIATE CAUSE (Final disease or condition	m.	10010	D c A	,	-	01-	4.0		. /			Onset and Deeth
	resulting in death)	e. ///	OCARI	ULA	_	-4-1	UFA	+KC	21/0				LOMIN
_		A	OR AS A CONSECUTION	OUENCE OF	1):	14	100						1000
CERTIFICATION	Sequantielly list conditiona, if any, leading to immediate	b. DUE TO	(OR AS A CONSEC	OUENCE OF	7:	007	17						1101
A	cause. Enter UNDERLYING	. 00.	NAGE	577	1/8	- F	1950	10		FAI	1/11	100	ZINDAN
Ĕ	CAUSE (Diseese or Injury that initieted evente	DUE TO	OR AS A CONSE	OUENCE OF	7:	- VV	-6	100		116	LU	Ce	- Copeanie
ᇤ	reaulting in deeth) LAST	d.											
	PART II. Other eignificant condition	a contribution to	double best most										
EDICAL	TAMEN		death but not t	eeuiting i	n the u	naeriying	g ceuse g	liven in	Part I.	24a. WAS AN PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ā	- Deinery								-	1 TYES 2	500		COMPLETION OF CAUSE OF DEATH?
Σ												1	TYES 2 DICHO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
<u> </u>	EXAMINER?	HOSPITAL:		-	OTHE		ACE OF DI	EATH (Che	ck only one	)		-	
ΙΥS	17 MANNER OF PEATU	1 Inpatient 2			4 🗆 Nu	raing Hom		aldence	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF (Month, De		28b. TIM	URY	28c. INJ WO	URY AT RK?		26d. DE\$0	RIBE HOW II	NJURY OC	CURED	
ВУ	2 Accident Investigation			<u> </u>	М		ES 2	NO					
0	3 Suicide S Could not be	26e, PLACE Of building,	F INJURY — At ho etc. (Specify)	me, ferm, s	treef, fac	tory, office			28f. LOCA City of	TION (Street e Town, State)	nd Number	or Rural Ros	ute Number,
COMPLET	29e. CERTIFIER (Check only one)	CIAN: To the best of	my knowledge, de	ath occurre	d at the	time, date	end place,	end due	to the ceus	e(e) and man	ner ee etat	ed.	
00	2 MEDICAL EXAMINE		amination end/or i	Investigatio	n, in my	opinion, d	eath occur	ed at the	lime, date e	nd place, en	d due to th	e ceuse(s)	end menner es stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIES	1	13	,			29c. LICE	NSE NUM	BER	2	≥9d. DATE	E BIGNED ()	Mount, Own years
TO E	sulf m	reise	MI				D.	200	15		<b>&gt;</b>	12/0	26/4/
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS	E OF DEATH ATER	M 975 /E	Out-41							2	

. . .

DECISION SECTION SPACE

8

funeral director, page 5 should

n and completely filled in by the to burial, cremation, or removal.

the attending physician Mental Hygiene prior to

and by

been signed b

this ce

After 1

Z E

for use as the burial-transit permit. Pages 1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

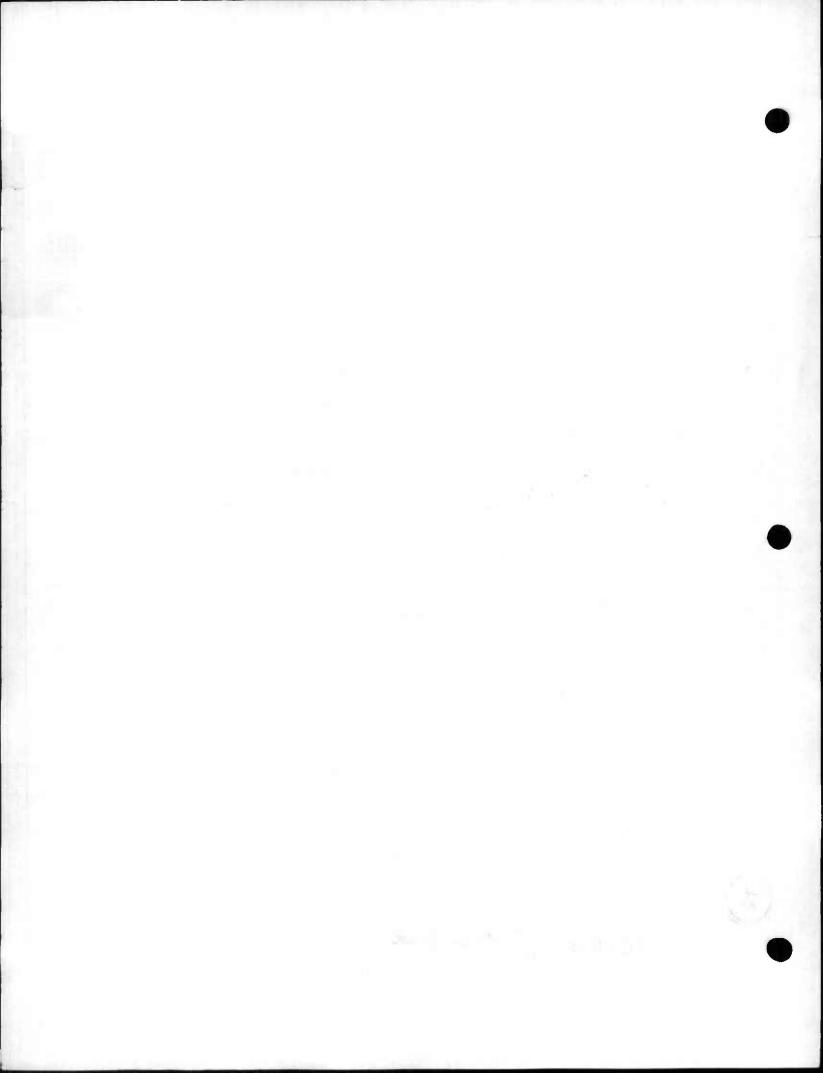
FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3 TIME OF DEATH Grover Simpson 12-26-91 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 N M 2 | F DAYS HOURS MIN 217-05-6542 S.C 09-11-1 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATI 9c. COUNTY OF DEATH DIRECTOR 1317 N. Washington Street Baltimore, Md. RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore, Md XX YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 1317 N. Washington Street 21213 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxlcan, Puerto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 2NO 14, RACE — American Indien, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

(Give kind of work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) Collega (1-4 or 5+) 6th Beth. Steet Crane Operator once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Bud BE Simpson Lillie 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Coles N Washington St. /Baltimore, pe 209 METHOD OF DISPOSITION
12 Aurial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 6 Other (Specify) Cemetery
22. NAME AND ADDRESS OF FACILITY Bal timore Baltimore, Md examiner 21. SIGNATURE OF FUNERAL MIVICE LICENSEE Wm.C. March F/H 1101 E. medicai 23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Between IMMEDIATE CAUSE (Final Onset and Deeth the disease or condition ASCUD event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) m- ltiple maelons 10 mos traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): Prostik Cancer 10 1-46 or other t DUE TO (OR AS A CONSEQUENCE OF): that initiated aventa resulting in death) LAST Anema 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1190 OF DEATH? 1 TYES 2 7 NO certificate has be the State Dept. of, or item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 Inpatient 2 ER/Outpatien 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation BY 1 YES 2 -NO 2 Accident THE FUNERAL DIRECTOR: After be file within 72 hours after deal LW-ORTANT: If Item 28 Is m 26a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER

(Chart only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Mar D 12/20/91 alle , ms 89814 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DEC 30 1991 32 RECHSTHAR'S SIGNATURE TO THE PER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Pages 1, 2, 3 should

permit.

certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

1, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely not within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremative with the temperature of the physician of the property of them 28 is marked, or temperature of the physician of the physician of the physician of the physician and completely the physician of the physician and completely physician of the physician and completely physician and complete

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 9111 530 IUTVIA 7. DATE OF BIRTH (Month, Day, Year) A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 213 07 2155 1 M 2 | F MONTHS DAYS HOURS MIN. 18 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOME BALTIMORE CITY CORP RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore, Md. YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 319 N. Luzene Avenue 21213 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried 1 TES 2 NO IF YES, GIVE WAR OR DATES Specify Specify: B Black 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 6th Beth. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Junius Smith Georgie Roberts 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 King 1319 Luzerne /Baltimore, Md. 20e. METHOD OF DISPOSITION

1 Description 5 Other (Specify)

1. Summat the Q FUNERAL SERVICE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE Baltimore Cemetery Baltimore, 22. NAME AND ADDRESS OF FACILITY 1101, E. North Ave. -AS1 aec H 23. PART I. Entar the disease, or complications that caused the desenbeck, or heart fellure. List only one cause on each line. plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete intarval Between IMMEDIATE CAUSE (Final disease or condition DUE TO (ON ASA CONSEQUENCE OF): resulting in death) Lugars CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION DF CAUSE 1 YES 2 -NO OF DEATH? 1 - YES 2 - NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 | YES 2 | NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending investige 1 YES 2 NO 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) ETED | 3 Sulcide 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as atated. COMPL 2 🔲 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. SATURE AND TITLE OF CHIRTIPI 29c. LICENSE NUMBER 034322 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32 Edistry II SIGNATURE Pandall 31. DATE FILED (Month, Day, Year) 1991

Dangs Mach Eld Ess.

RECTOR	1. DECEDENT'S NAME (First, Middle, Lost)  CLIFFORD  4. SOCIAL SECURITY NUMBER  217-06-4500				F DEATH	REG. NO	).	
ECTOR	4. SOCIAL SECURITY NUMBER						MY YE	3. TIME OF DEATH
ECTOR		5. SEX 6. AGE		OREY		12 2		7 2 2
ECIUR		1 M 2 F	E (In yrs. last birthday)  YRS.	MONTHS DAYS		Alfanth Day March	6.	BIRTHPLACE (State or Foreig Country)
	9a. FACILITY NAME (If not institution, give str		21 YRS.	9h CITY TOWN	N OR LOCATION OF	1 2-11-70	9c. COUNTY	Md.
	SHOCK TRAUMA				IMORE	DEATH	96. COUNTY	OF DEATH
J ja	RESIDENCE OF DECEDENT			<b>'</b>				
=	10a. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR LOC	CATION			10d. INSIDE CITY LIMITS?
	Md.  10e. STREET AND NUMBER		Ba	altimo				1 X YES 2 □ NO
FUNERAL	604 E. 33rd St	treat 2nd	ធា		10f. ZIP CODE			OF WHAT COUNTRY?
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WMS D	21218	PANIC ORIGIN? (Specify Ye		S.A
BY	1 Never Married 2 Married	FORCES? 1 YES	8 2 XNO	If yes,	specify Cuban, Max ES 2 NO Spe	Ican, Puerlo Rican, etc.)		RACE — American Indian, Black, Whita, atc.
- 15	3 Widowed 4 Divorced				ZO IX	iony.		Specify: Black
	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S (Give kind of	work done during :	TIÓN most of working	16b. KIND OF BU	SINESS/INDUST	RY
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	UNEMPL					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		ONLINE	OTED	to MOTHERIO	NAME (First, Middle, Maiden		
Č W	CLIFFORD SAM				IS. MOTHER S	NAME (First, Middle, Maiger)	Sumame)	
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	et and Number or Rui	al Route Number, City or Tow	vn. State. Zip Coo	fel
2	FRANCES STOREY					2nd FL./BAL		
	20e, METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Remo		b. PLACE AND DATE			DATE 20c. LC	CATION — City	or Town, State
	4 Donation 5 Other (Specify)	<i>F</i>	ARBUTUS' M				JTUS, M	D
1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE'		22. NAME	AND ADDRESS OF	FACILITY		
	23. PARTY. Enter the diseases, pr ci	Conce				H./1101 E.		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):	of c			
SAL S	PART II. Other algnificant conditions	contributing to death	but not resulting	in the underly	Ing cause given	in Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO
MEDI						1 Deves 2	P □ NO	OF DEATH?
						<del></del>		1 NYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (	Check only one)		
É	. 30	HOSPITAL: 1 ☐ Inpatient 2X ER/Out	tpetient 3 🗆 DOA	OTHER:	ome 5 🗆 Residenc	e 6 X Other (Specify) S	HOCK '	TRAIIMA CT
<b>= II</b>	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		E OF 28c. II	NJURY AT WORK?	26d. DESCRIBE HOW		
	1 Natural 5 Pending 2 Accident Investigation	12-24-	91	M 1	YES 2 NO	SUBJEC	T SHO	Γ
- 14		26a. PLACE OF INJUR building, atc. (Spi	вспу)		fica	281. LOCATION (Street City or Tougg, State)	and Number or R	A
5	3 Suicide 6 Could not be		STREE	T		loc GLK.	SBuro	NSON AVE
19 01	4 Homicide determined							
	4 Homicide datermined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	IAN: To the best of my know	wiedge, death occurs on and/or inveatigation	ed at the time, de	ite and place, and d	ua to the cause(s) and ma ha time, data and placa, ar	nner an atated. nd due to the ca	use(s) and manner as state
COMPLETED BY	4 Homicide datermined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	IAN: To the best of my know: On the besis of examination	wiedge, death occurr on and/or investigatio	ed at the time, de	ite and place, and d , death occured at t 29c, LICENSE N	ha time, data and placa, ar	nd due to the ce	use(s) and manner as state
BE COMPLETED BY	29a. CERTIFIER (Check only) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	On the beals of exemination	on and/or investigation	en, in my opinion,	, death occured at t	ha time, data and placa, ar	d due to the ca	
COMPLETED BY	29e. CERTIFIER (Check only one) 2X MEDICAL EXAMINER	On the beals of exemination	on and/or investigation	en, in my opinion,	29c, LICENSE N	ha time, data and placa, ar	29d. DATE SIG	25 1991

11 7 1 1

Total Control of the Control of the

484

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

N. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.

If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR		STATE OF I	MARYI AND	/ DEPAR	ETMENT (	NE HEALTH	AND	MENTA	L HAGIEN		J 1	36	J 6. U
_	1 - STATE REGISTRAR			(	CERTIF	ICATE	OF DEA	TH	MENTA	REG. NO				
	1. OECEOENT'S NAME (First, Mile ELIJAH					SUT	r o N		2. DATE	OF DEATH	NY.	YEAR	3. TIME OF D	EATH
	4. SOCIAL SECURITY NUMBER		5. SEX	4 AOF (1					1			91	10:3	
	218-03-9912		1 💢 M 2 🗆 F	6. AGE (In yrs. 82	VRS.		AYS HOURS		(Mon	: OF BIRTH th, Day, Year) -1-09		6. BIRTHP Country)	Va.	Foreign
Œ	9a. FACILITY NAME (If not institu UNION MEM	_	,	TTAI			OWN OR LOCAT			_	9c. COUN	TY OF OE	ATH	
5	RESIDENCE OF DECE		позт	IIAL		DAI	TIMOR	CE C	111					
)IRE	10a. STATE 10	b. COUNTY				LTIMOF							10d. INSIDE C	ITY
AL D	10e. STREET AND NUMBER					L 1 1 1 1 0 1	10f. ZIP COD	)F			100 CITIZ		1 YES 2	
ER/	807 EXETER H	HALL A	AVENUE					218			l	S.A.	TAT COONTRI	*
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1  3 Widowed 4 Divorced FYES, GIVE W			YES 2	ARMED X) NO	II. y	S DECENOENT On Specify Cub	en, Maxica	n, Puerto	N? (Specify Yes Rican, etc.)		14. RACE -	American III White, etc.	ndian,
8	15. DECEDE (Specify only hig	ENT'S EDUC	ATION omoleted)	16a.	DECEDENT'S	USUAL OCCU	JPATION		168	. KIND OF BUS	INESS/INDU	ISTRY	DLACK	
COMPLETED	Elementary/Secondary (0-12) 8th		College (1-4 or 5	•)	ite. Do NOT ut	work done duri se retired.)	ng most of work	ing	H	HARRY T	. CAN	1PBEL	L SON	S
BE COI	17. FATHER'S NAME (First, Middle HARRY SUTTO						18. MOT	ZA C	WE (First)	Middle, Maiden	Surneme)			
TO E	19a. INFORMANT'S NAME (Type) ANNA S. SUTT				196. MAILING 807	ADDRESS (S	reet and Numbe	AVE.	Poute Num /BAL	ŤÍMOŘE	, State Zio (	2121	.8	
	20a METHOD OF DISPOSITION 1 A Buriet 2 Cremetion 4 Donatton 5 Other (Spe	3 Ramon ecify)		20b. PLAC cerpetery, c	EAND OATE	ARY <sup>cel</sup> CE	METERY		OAT	20c. LO	NE AR	UNDE	L. CO,	MD
	21. SIGNATURE OF FUNERAL SE	/	NSEE JAV	mpon	Je		C.MARC			101 E.	NORT	H AV	ENUE	
	23. PART I. Inter the diasa shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	t rantie. Li	mplications that ist only one cau	ae on each III	ne.							at,		mate Between nd Death
	il .		DUE TO	(OR AS A CONS	EOUENCE OF	CARI	DIOVAS	CUL.	AR I	DISEAS	SE			
SERTIFICATION	Sequentisily list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	DUE TO	(OR AS A CONS	EOUENCE OF	F): F):	DIOVAS	CUL	AR I	DISEAS	SE			
I: MEDICAL CERTIFICATION	if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c.	DUE TO	(OR AS A CONS	EOUENCE OF	F): F):				244. WAS AN. PERFOR  1 VES & INQUI	AUTOPSY MED? {_ NO	C	VERE AUTOPSY MAILABLE PRICOMPLETION OF DEATH?  YES 2	R TO F CAUSE
-	If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant of the cause of the ca	c. d. conditiona	DUE TO	(OR AS A CONS	EOUENCE OF	r): r): n the unde	rlyling cause i	given in	Part i.	24a. WAS AN. PERFOR 1 □ YES ② I NQU	AUTOPSY MED? {_ NO	C	MAILABLE PRIC COMPLETION O OF DEATH?	R TO F CAUSE
-	if any, lesding to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. d. conditiona	DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	EOUENCE OF	n the unde	riying cause	given in	Part I.	24a. WAS AN PERFORM 1 U YES & INQUI	AUTOPSY MED? {_ NO	C	MAILABLE PRIC COMPLETION O OF DEATH?	R TO F CAUSE
-	If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the cause of the ca	c. d. d. conditiona	DUE TO  DUE TO  Contributing to	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	EOUENCE OF	n the under	riying cause of the state of th	given in	Part I.	24a. WAS AN PERFORM 1 U YES & INQUI	MUTOPSY MED? {] NO [ R Y	1	MAILABLE PRIC COMPLETION O OF DEATH?	R TO F CAUSE
BY PHYSICIAN: MEDICAL CERTIFICATION	if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the cause of the ca	c. d. d. conditiona	DUE TO  DUE TO  DUE TO  Contributing to  HOSPITAL:  I Inpetient 2 X  28e. DATE OF (Month, Di	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY (); Yeer)	EOUENCE OF TEOUENCE OF TEOUENC	The under the un	riying cause : 26. PLACE OF 0  PLACE OF 0  TWORK?  YES 2	given in	Part I.	24a. WAS AN. PERFOR  1 U YES 2  I N Q U  1 (Specify)  CRIBE HOW IN	AUTOPSY MED?  I NO R Y  UURY OCCU	A C C C C C C C C C C C C C C C C C C C	MAILABLE PRIK COMPLETION O OF DEATH?	R TO F CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the cause of the ca	c. d. d. conditiona	DUE TO  DUE TO  DUE TO  Contributing to  HOSPITAL:    Inpetient 2 X    28e. DATE OF (Month, Di	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	EOUENCE OF TEOUENCE OF TEOUENC	The under the un	riying cause : 26. PLACE OF 0  PLACE OF 0  TWORK?  YES 2	given in	Part I.	24a. WAS AN PERFORM 1 UPS V INQUI	AUTOPSY MED?  I NO R Y  UURY OCCU	A C C C C C C C C C C C C C C C C C C C	MAILABLE PRIK COMPLETION O OF DEATH?	R TO F CAUSE
BY PHYSICIAN: MEDICAL	If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the control of the cause of the	EDICAL ding entigetion lid not be rmined	DUE TO  DUE TO  DUE TO  Contributing to  HOSPITAL:  Inpatient 2 X  28e. DATE OF (Month, Did building, Did building	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not  ER/Outpatient INJURY INJURY INJURY At I (Specify)  my knowledge, o	EOUENCE OF EOUENCE OF t resulting i	OTHER: 4   Nursing E OF 280 URY M 1 Atreat, factory,	riying cause :  26. PLACE OF 0  Home 5 Re :. INJURY AT WORK? VES 2  office	given in	Part I.  Bick only on 8 Other  28d. OES  281. LOC  City	24a. WAS AN PERFORM  1  YES 2  I N Q U ]  r (Specify)  CRIBE HOW IN  ATION (Street a. or Town, State)	AUTOPSY MED?  ( ) NO  I. R. Y.  UURY Occur  nd Number of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAILABLE PRIK COMPLETION O OF DEATH?  YES 2  YES 2  Attack  At	PR TO F CAUSE
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the control of the cause of the	c. d. d. conditiona  EDICAL ding atigation id not be rmined  NG PHYSICI.  EXAMINER:	DUE TO  DUE TO  DUE TO  Contributing to  HOSPITAL:    Inpatient 2 X   28e. DATE OF (Month, Dibuilding.)	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not  ER/Outpatient INJURY INJURY INJURY At I (Specify)  my knowledge, o	EOUENCE OF EOUENCE OF t resulting i	OTHER: 4   Nursing E OF 280 URY M 1 Atreat, factory,	riying cause of the second sec	given in	Part I.  Bick only on 8 Other  28d. OES  281. LOC  City  To the cautima, date	24a. WAS AN PERFORM  1  YES 2  I N Q U ]  r (Specify)  CRIBE HOW IN  ATION (Street a. or Town, State)	AUTOPSY MED?  { NO  I R Y  UURY Occur  There a stated  I due to the	REO  Rural Rou  L.  cause(s) a	MAILABLE PRIK COMPLETION O OF DEATH?  YES 2  YES 2  Attack  At	R TO F CAUSE  ] NO
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the control of the cause of the	ding attgetton ld not be rmined EXAMINER:	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not death but not  (ER/Outpatient INJURY ny, Year)  FINJURY — At I atic. (Specify)  my knowledge, or aminstion and/o	BEOUENCE OF EOUENCE OF Tesuiting in the second seco	OTHER:  OTHER:	riying cause of the state of the state and place on, dasth occur	given in	Part I.  Bick only on 8 Other  28d. OES  28t. LOC  City  10 the cautima, date	24a. WAS AN PERFORM 1 VES 2 INQUI TO (Specify) CRIBE HOW IN ATION (Street as or Town, State)	AUTOPSY MED?    NO   R Y    UURY OCCU  There is a stated of due to the control of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WAILABLE PRIX COMPLETION O OF DEATH?  VES 2  Attachment of the Number,  when Number,	R TO F CAUSE  ] NO atted.
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the control of the cause of the	e c. d. d. conditiona  EDICAL ding entgetion lid not be rmined  EXAMINER:  CERTIFIER  RISON WHO	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to	(OR AS A CONS  (OR AS	EOUENCE OF EOUENCE OF t resulting i  2 DOA 28b. TIMI INJ DOA 4 resulting i	OTHER: 4 Nursing E OF 280 URY M 1 treat, factory, d at the time, n, in my opini	riying cause of the state of the state and place on, dasth occur	given in  EATH (Che esidence NO And due red at the service of the service)  ENSE NUM O C C	Part I.  Beck only on the cautima, date  M. E	24a. WAS AN PERFORM  1 YES 2  I NQU ]  1 NQU    1 NQU	AUTOPSY MED?  [] NO  [ R Y  JURY OCCU  There is a stated due to the control of th	T Rural Roule Cause(a) a Signeo (MB F	MAILABLE PRIX COMPLETION O OF DEATH?  VES 2  Attachment of the Number,  and menner as  fonth, Day, Yea	R TO F CAUSE  ] NO atted.

From A Shoppon To as it shall a really a state to

150 3 0 1531

BALTIMORE, MARYLAND 21215-0020

should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

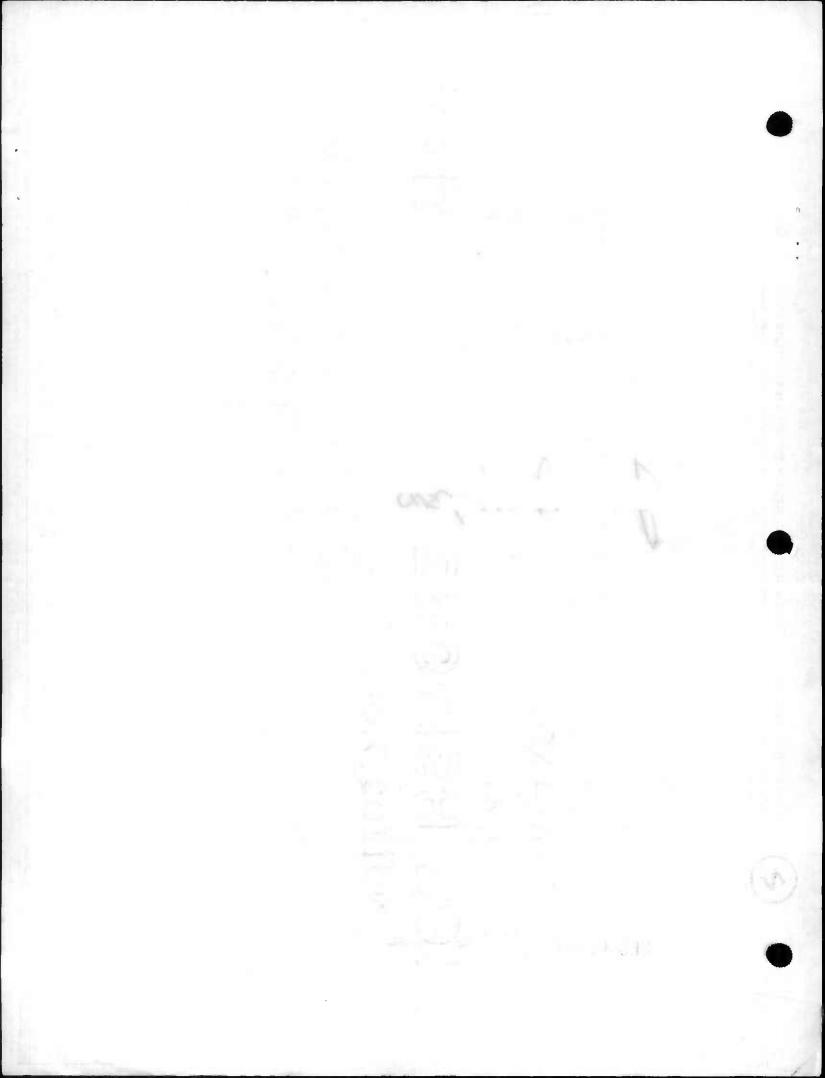
	2, 3		
	5 1, 2,		
	P30e		
	nit.		
	perm		
	Sit		
ian.	tran		
ysic	Juja		
d o	he bur		
ndin	s th		
atte	Se a		
10	D JO		
spita	pe		
pour a	tach		nce.
the	e de		1 01
fter death. Page 6 may be retained by the hi	rector, page 5 should be detached f		e p
taine	Shou		tiffe
e re	5		e notif
ay o	pag		niner must be no
E 9	ctor,		nus
age	dire		9r 11
٩.	nd completely filled in by the funeral di		nin.
deat	fun f		ехаг
fter	the	DOVA	Te:
JIS 3	in by	ren	edic
DOL .	pal	J, 0	E
n 24	ly fil	ation	Ě
WITH	plete	rem	ent,
ted	COM	al.	6
хөсг	pue.	5	atic
De ec	ian	or 10	Mine
ate	ysic.	buc	r tr
THE SE	d bi	hene	the
e ce	endir	Ě	10
deat	atte	enta	ž
the the	y the	2	를
that	d pa	n an	any
Ires	Signe	lealt	A.5
redu	Ben	0	sho
aw	as b	ept.	23
Pe	te h	ile L	E
S.	ifical	Sta	= =
SICL	II. DIRECTOR: After this certificate has been signed by the	1	It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
H	this	MI	rkec
NG	ther	eath	ma
END	. A.	ter d	- 50
AL OR ALTE	ECIC	s ar	1 28
OH	OIR.	DOL	item
d	2	ы	=

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Clarence	Ε.	Ç	Southers		2. DATE OF MONTH De Ce m	ber 26	, 1991	3. TIME OF DEATH 12:55am M		
	4. SOCIAL SECURITY NUMBER 215-52-1341	1 🖾 M 2 🗆 F	(In yrs. last birthday) 42 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SHOOTH DE	ыятн 149°)	8. BIRTI Count	HPLACE (State or Foreign ry) MD		
TOR	98. FACILITY NAME (# not institution, give street and number)  Maryland General Hospital  Baltimore City  Besidence of Decement								DEATH		
DIRECTOR	10s. STATE 10b. COUNT	Y		TY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2521 BROOKFIELD A	VENUE		10	21217	-	10	U.S.	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 V NO	If yea, s	CENDENT OF HISPA Decity Cuban, Maxico S 2 X NO Specia	en, Puerto Rica	specify Yas or h	Biac	E — American Indian, k, Whita, alc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIP	OF BUSINES				
COMP	9th 17. FATHER'S NAME (First, Middle, Lest)		DISAB	ILEU	18. MOTHER'S NA		le, Maiden Sumi	ame)			
TO BE	THOMAS SOUTHERS  198. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	ADDIE I	Route Number,	City or Town, Stu	nte, Zip Code)			
-	ADDIE SOUTHERS  20s, METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Ram	20	b. PLACE AND DATE	OF DISPOSITION /N	IELD AVE	· /BALT		MD 212			
	4 Donation 6 Other (Specify)	W	ESTERN'S		TERY	CH ITY	CATON	SVILLE	, MD		
	Kinet	te K.C	Dres	WM.C.I	MARCH F.I	H./1101			ENUE		
	23. PART 1. Entar the diseases, or complications that caused the deeth. Do not anter tha mode of dying, such se cerdiac or respiratory errest, shock, or haert fellure. List only one ceuse on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a conscourance of):										
CERTIFICATION	Sequantially list conditiona, if any, laeding to immadiate cause. Entar UNDERLYING	If any, laeding to immediate									
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
MEDICAL C	PART II. Other significant condition	is contributing to death	but not resulting	In the underlyin	g cause givan in		NAS AN AUTO	?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO		
AN:	25. WAS CASE REFERRED TO MEDICAL								1 123 2 23 110		
PHYSICIAN:	EXAMINER?	HOSPITAL:	Ipetient 3 DOA	OTHER:	LACE OF DEATH (Ch		ecify)				
ву Рн	27. MANNER OF DEATH  1 KNetural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		URY WO	FURY AT DRK? YES 2 NO	28d. DESCRI	BE HOW INJUR	Y OCCURED			
	2   Actoom 3   Suicide   6   Could not be detarmined   26s. PLACE OF INJURY — All home, farm, street, factory, office   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28s. LOCATION (Street and Numb							Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 💢 CERTIFYING PHYSI ONE)  2 🗌 MEDICAL EXAMINE	CIAN: To the best of my know	wiedge, desth occum on and/or investigation	ed at the Ilme, date	and place, and due	to the ceuse(s	) and manner a	is stated.	i) and mannar as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	R			29c. LICENSE NUI		290	. DATE SIGNED	(Month, Day, Year)		
5	CHH (EN G M	O COMPLETED CAUSE OF O	EATH (ITEM 27) (Type	Print)	n/a			15-5	6-91		
	Cheung Chhleng		c/o	Marylan	d Genera	l Hosp:	ital				
	31. DATE FILED (MOORIT, Day, 1997) 1991	32. REGISTRATS SIGN	on Handell	•							

	notii	
	2	ı
	must	
J.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notili	
OF TEILIUM	medical	
IIIOIII.	the	ı
Clellia	vent,	
DOLLA	atic	
101	traum	
with the State Dept. of Hearth and Merital rygiene prior to burial, cremation, or remova-	or other	
Merica	njury,	
LEARTH AND	vs any li	The state of the s
0	Shor	
Jept.	23	
State	llem men	
me	0	
WILL	rked.	
ath	E	

STATE REGISTRAR	STATE UP MA	ARYLAND / DEP CERT	IFICAT				REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) MAGACE AN		ITH					2. DATE OF CEATN MONTH	5 19	741ª	6 - 50 A
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthd	MONTHE	R 1 YEAR	HOURS	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)		6. BIRT Coun	NPLACE (State or Foreign try)
425-14-8715	1 M 2 KF	82 89 YR					9-09-09		M	ississipp
9a. FACILITY NAME (If not institution, give					OR LOCATION			9c. CO	UNTY OF	DEATN
Good Samara	n Hosp	ital	Ba	alti	more	e, M	ID.			
10a. STATE 10b. COUNT	Y	10c.	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
Md.			Balt	imo	re,	Cit	V			1 TYES 2 NO
10e. STREET AND NUMBER				10			1	10g. CI	TIZEN OF	WHAT COUNTRY?
2114 Harford	Road					218			U.S	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Otvorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 2 100 AR OR DATES	13	If yes, sp		ın, Mexica	IC ORIGIN? (Specify Yon, Puarto Rican, atc.)	e or No—	Ble	ck, White, etc.  city: black
15. OECEOENT'S EOU (Specify only highest grad		16a. OECEDER	NT'S USUAL (	CCUPATI	ON of world	007	16b. KIND OF BI	JSINESS/II	NOUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	Ife. Do N	OT use retired.	)	of the world					
6th		Dom	estic							
17. FATHER'S NAME (First, Middle, Last) Levi Smith					18. MOT		ME (First, Middle, Maide		)	
		- I					la Pur			
199. INFORMANT'S NAME (Type/Print)  Magnalina La	awrence						altimore			21219
		20b. PLACE AND				J./D				Z I Z I O Town, State
20a NETHOO OF DISPOSITION  1 Quriel 2 Cremation 3 Rer  4 Donation Disposition	noval from State	of cometary, crem	atory or other	piace	Pk.	Cem	etery Ra			
21. SIGNATURE OF FUNFRAL SERVICE L	ICENSEE A	A			NO ADDRE			inau	110	LOWIT/ Ha.
+ thouse	11 16	mora								
23. PART . Enter the diseases, or	$H \rightarrow H$	erysin								Approximata
IMMEDIATE CAUSE (Finel disease of condition resulting in death)	a. Refra	COR AS A CONSEQUENCE	ONG:	esti	ve	Hea	ut fa	ilu	re	Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (	(OR AS A CONSEQUENC	CE OF):							
that initiated events resulting in death) LAST	d	OR AS A CONSEQUEN	CE OF):							
PART II. Other significant condition	na contributing to	daath but not result	ting in the t	underlyir	ng ceuse	given in	Part I. 24a. WAS / PERF	ORMED?	Y 2	4b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			-0				-			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			_	26, F	PLACE OF	OEATH (Ch	eck only one)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 D	OA 4 N	ER:		1116-2	6 Other (Specify)			
27. MANNER OF DEATH	26e. DATE OF	INJURY 266	. TIME OF	28c. IN	JURY AT	a a a a a a a a a a a a a a a a a a a	28d. DESCRIBE NOV	INJURY (	OCCURED	
1 Netural 5 Pending	(Month, De	ay, Year)	M		YES 2	□ NO				
2 Accident investigation 3 Sulcide 6 Could not be 4 Nomicide determined	26e. PLACE O	F INJURY — At home, fi etc. (Specify)	arm, street, fe	octory, offi	ce		261. LOCATION (Street City or Town, Sta		ber or Rura	If Route Number,
(Check only		my knowledge, death o								e(e) and menner sa stated
29b. SIGNATURE AND TITLE OF CERTIFI		The state	14.		29c. LIC	CENSE NU	MBER	29d. D	ATE SIGN	ED (Month, Day, Year)
Depuka,	sim-		GYI	•					12/	25/9/
30. NAME AND ADDRESS OF PERSON V	HO COMPLETEO CAUS	SE OF OEATH (ITEM 27)	(Type, Print)						7	
DEC 3 0 199	32 AEGISTRA	TS SIGNATURE Pand	482							



1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

218-28-7246

RESIDENCE OF DECEDENT

WARNER

9a. FACILITY NAME (If not institution, give street and number,

Union Memorial Hospital

10b. COUNTY

416- E. 26th Street

15. DECEDENT'S EDUCATION

(Specify only highest grade comp

none

FOR STATE REGISTRAR

8. BIRTHPLACE (S Country)

9c. COUNTY OF DEATH

none

10g. CITIZEN OF WHAT COUNTRY?

United States

Negroid

14. RACE — American Indian, Black, White, etc.

Maryland

10d. INSIDE CITY

1 X YES 2 NO

BEG. NO.

16b. KIND OF BUSINESS/INDUSTRY

2. DATE OF DEATH 12-28-9]

7. DATE OF BIRTH (Month, Day, Year) 5-10-34

jo

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

LETED

10a. STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

15 2 Never Married 2 Married

Elementary/Secondary (0-12)

31. DATE FILED (Month, Day, Year)

DEC 3 0 1991

3 Widowed 4 Divorced

IMMEDIATE CAUSE (Final disease or condition resulting in death)	립	9th grade	none	Inspector		Enviornment	tal Elements
Berline Balley    196. INFORMANTS NAME (Typerfrint)   196. MAILING ADDRESS (Street and Number of Flurid Number, City or Town, State, Zep Code)	NO.	17. FATHER'S NAME (First, Middle, Las	t)				
Note   Part	ш	Berline Bai	ley		Virgini	a Starks	
20b. PLACE OF DISPOSITION  10b Burlis 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify)  21. SIGNATUSE OF PUBLICAL SETTING LICENSES  22. NAME AND ADDRESS OF FACILITY CALLYIN B. SCRUGGS FUNERAL HOME 1412. E.PRESTON STREET, BALTO, MD. 212  23. PART I. Enter the diseases, or complications that beared the death. Do not enter the mode of dying, such as cardiac or respiratory strest, interval Batween Onset and Death of the strength of t		19a. INFORMANT'S NAME (Type/Print)					
22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412. E. PRESTON STREET, BALTO, MD. 212		Mildred Star	ks	416 E. 26th	Street,	Balto, Md. 2	21218
22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412. E. PRESTON STREET, BALTO, MD. 212		20e METHOD OF DISPOSITION	Removal from State	(Mhar nana)			
23. PART I. Enter the diseases, or complications the lasted the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one case on each line.    MMEDIATE CAUSE (Final disease or condition resulting in death)				A			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DATE II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  DEATH OF THE PROPRIED PROPRIED PROPRIED OF COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		Calvin 4	Scrugo				
	MEDICAL CERTIFI	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Service to (or As oue to (o	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  Choles 4 2  S A CONSEQUENCE OF):	why the	INT I. 24a. WAS AN AUTOPSY PERFORMED?	Interval Batween Onest and Death  // 2 hv.  / 5 y RS  ZO y RS  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
O EXAMINER? HOSPITAL:	YSI	1 P rES 2 NO	1 Inpatient 2 ER/O	outpatient 3 DOA 4 Nursing Hor			
1 DES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	>	1 Natural 5 Pending	(Month, Day, Yea	r) INJURY W	ORK?	ed. DESCRIBE NOW INSURT OCCU	neo .
1 DES 2 NO 1 Inpettent 2 ENOutpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 1 Netural 5 Pending (Month, Day, Year) 1 VES 2 NO	TED	3 Suicide a Could n	ot be building, etc. (5	JRY — At home, farm, street, factory, offi specify)	28	al. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
1   Inpatient 2   Revious period   1   Inpatient 2   Revious period   3   DOA   4   Nursing Home 5   Residence a   Other (Specify)    27. MANNER OF DEATH 1   Netural 5   Pending Investigation   3   Suicide   a   Could not be determined   Cult of building, etc. (Specify)    28e. DATE OF INJURY   28b. TIME OF INJURY   28d. DESCRIBE HOW INJURY OCCUREO	OMPLE	onel only					
1   Inpetient 2   ER/Outpetient 3   DOA   6   Nursing Home 5   Residence a   Other (Specify)  27. MANNER OF DEATH 1   Natural 5   Pending Investigation 3   Suicide   Could not be determined   28e. DATE OF INJURY   At home, tarm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, tarm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, tarm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f.	TO BE C	29b. SIGNATURE AND TITLE OF CER	ON WHO COMPLETED CAUSE OF	e no	29c. LICENSE NUMB	20 4 P12	SIGNED (Month, Gay, Year)

32. REGISTRAR'S SIGNATURE

ina Davidson-Randala

STARKS,

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES ZONO IF YES, GIVE WAR OR DATES

1- M 2 - F

Collega (1-4 or 5+)

SR.

6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

DAYS

Baltimore City

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Baltimore City

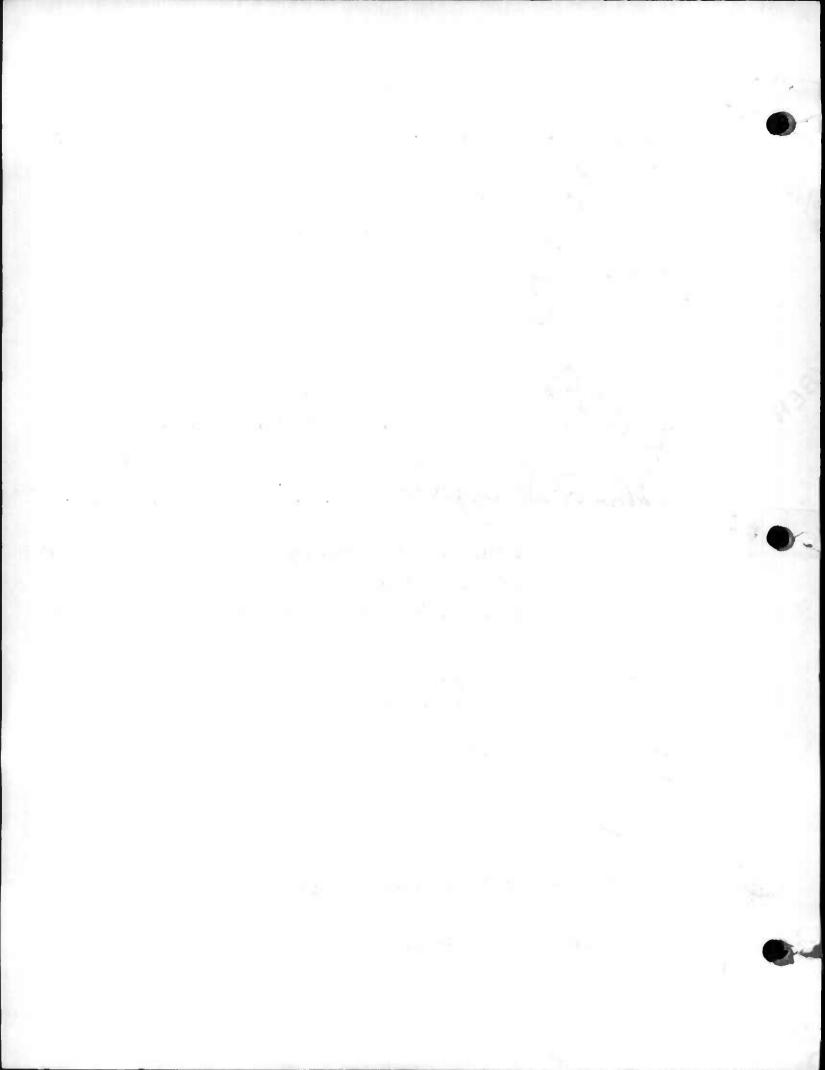
10f. ZIP CODE

21218

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify:

91 36031



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

0	
). BO	
$\dot{\circ}$	
0	
0	
_	
CD	
~	
Œ	
0	
0	
$\simeq$	
w	
Œ	
- 1	
7	
1	
	1
-	ı
-	1
LL.	1
0	1
_	i
DIVISION OF VITAL RECORDS, P.	
0	ı
$\underline{\sim}$	J
(0)	i
~	1
>	
_	1
	1
	:

12 Mary Agnes Sauers 9:45 Am 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 84 212-46-2921 1 M 2 K F DAYS HOURS YRS. 10/11/07 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1890 Jasmine Ct. Sykesville Carroll Co. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Carroll Sykesville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1890 Jasmine Ct. 2178山 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Wildowed 4 Divorced Specify: white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) 10¢ Elementery/Secondery (0-12) detached Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) funeral director, page 5 should be notified at William L. Horner Margaret E. Dean BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1890 Jasmine Ct., Sykesville, Md. Evelyn E. Weedon þe 20a, METHOD OF DISPOSITION

126, Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1240 20c. LOCATION — City or Town, State must 4 Donation 5 Other (Specify) Cemetery Cedar Hill Glen Burnie. Md. examiner 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 0 5695 Main St., Elkridge, Md. been signed by the attending physician and completely filled in by the it. of Health and Mental Hygiene prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Intarvai Batwe Onset and Death disease or condition resulting in death) certificate be executed within event, traumatic CERTIFICATION Sequentially list conditiona, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated avents reaulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: certificate has be h the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF this c 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending Investigation BY 1 YES 2 NO AHE HOSPITAL OR ATTENDING F THE FUNERAL DIRECTOR; After I filed within 72 hours after death 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28 is I 291. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide Item 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated, MPORTANT: If 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 28 9 COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) Sykesville, Maryland Carroll Medical Grp. P. REGISTRANS BIGNATHOE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

91 36032

REG. NO.

2. DATE OF DEATH

The state of the s

The second of th

CORRESPONDED TO THE CONTRACT OF THE CONTRACT O

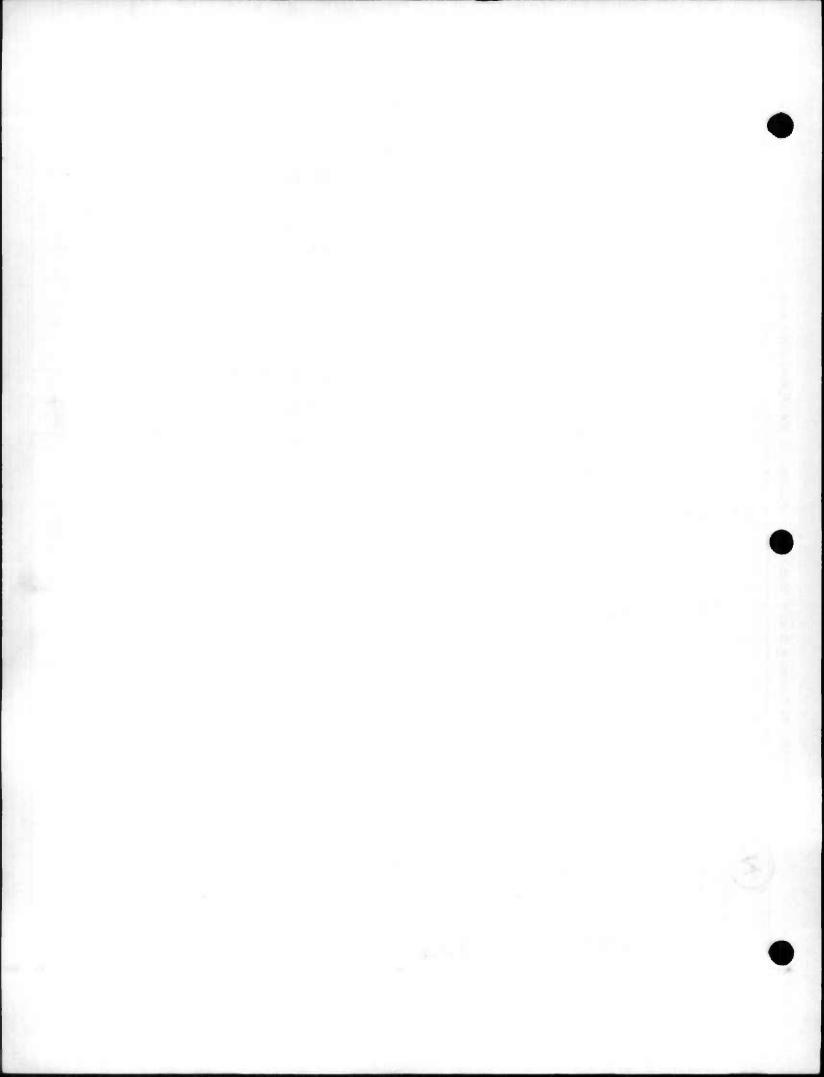
BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de the secretary filled in by the high attending physician and completely filled in by the full of the fill of th	MPUHIANT: IT item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE		STATE OF N	IARYLAND /	DEPAR	ITMENT (	)F HEALTH	I AND M	ENTAL HYGIEN	91	36	033
	REGISTRAR  1. DECEDENT'S NAME (First)	1		,	ERTIF	ICATE	OF DEA		REG. NO 2. DATE OF DEATH		3.	. TIME OF DEATH
	CRAV	EN	EA.		2	PRIL	195		MONTH D		YEAR	8 ST AM
	4. SOCIAL SECURITY NUME 246-06-	0877	5. SEX 1 M 2 D F	6. AGE (In yrs. les	YRS.	IF UNDER 1 Y	AYS HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	155	Country	ACE (State or Foreign H CARCLINA
DIRECTOR	90. FACILITY NAME (If not institution, give street and number) HOLY GROSS KOSPITAL						WER S				TY OF DEAT	TH 1ERY
ECI	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN OR	OCATION					Od. INSIDE CITY
	MARYLAND  100. STREET AND NUMBER		ce Geor	66		コナムタ	ND				1	LIMITS?
FUNERAL	3405 KC	IR DI	e.				20%	746		U.	S A	AT COUNTRY?
В	11. MARITAL STATUS  1 Never Merried 2   3 Widowed 4 Divo	Married	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W VIET	XYES 2 □ I AR OR DATES	MED 10	If y	DECENDENT No. specify Cub YES 2 NO	an, Maxican,	ORIGIN? (Specify Yea Puarto Rican, etc.)	or No — 1	Black, W	American Indian, white, etc.
LETED	15. DEC (Specify only Elamentary/Secondary (0	EDENT'S EDUCA y highest grade c	ATION completed) College (1-4 or 5 +	(G	he kind of y	USUAL OCCU	PATION ng most of work ACRATO	ing	16b. KIND OF BUS		STRY	
COMPLET	17. FATHER'S NAME (First, MI	iddle, Last)	4	1(2-)	PON		18. MOT	HER'S NAME	E (First, Middle, Maiden	Sumame)		
KOY LEG STRINGS EDNA LEG WHITTED												
2	190. INFORMANT'S NAME (Type/Print)  EDNA LEC SPRINGS  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  RT #2, P.O. BOX 483, ST. PAUL, N.C. 28384											
	20a. METHOD OF DISPOSITI  1 Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Remov	val from State	20h PLACE	MDDATE	TZST	N (Name of COND I HURCH	NEW CEM.	0ATE 200. LO	CATION - CI	ty or Town,	State 1, C
	21. SIGNATURE OF FUNERAL		Prus			22. NAI	ME AND ADDRESS OF W. A.	SS OF FACIL	PUCHUE Hole 212	IERAL	, 1401	76
	iMMEDIATE CAUSE (Fin disease or condition	cart leliole. Li	ist only one caus	ceused the de		ot enter the	mode of dy	ring, auch a	na cardiac or respi	ratory arres	st,	Approximate Interval Between Onset and Death
ĺ	resulting in death)	a.	DUE TO	OR AS A CONSEC	DUENCE OF	7:	+ 11-		> \			Shine
NO	Sequentially list condition	ons. b.	H	1005								3485
ATI	if any, leading to immed cause. Enter UNDERLY	diate NG	OUE TO (	OR AS A CONSEC	DUENCE OF	):						
ERTIFICATION	CAUSE (Disease or Injur- thet initiated eventa resulting in deeth) LAST		OUE TO (	OR AS A CONSEC	OUENCE OF	j:						
O	DATT II Oak a destile	d.										
MEDICAL	PART II. Other significan		Contributing to		esuiting i	n the under	lying ceuse	given in Pa	PERFOR	MED?	CO	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE
N: ME	C' nu	VZC	Trust	17	<u> </u>				-   -			YES 24 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:				6. PLACE OF D	EATH (Check	only one)			
IXSI	1 YES 2 NO		Inpatient 2		□ DOA	OTHER: 4 - Nursing	Home 5 🗆 R	ssidence 8	Other (Specify)			
ВУ РН	1 Natural 5 🗆 F	Pending nvestigation	28e. OATE OF I (Month, Da	NJURY (, Year)	28b. TIME INJ		INJURY AT WORK?		Bd. DESCRIBE HOW IN	JURY OCCU	RED	
		Could not be letermined	28a. PLACE OF building, e	INJURY — At hor tc. (Specify)	ne, farm, s	treet, factory,	office	28	B1. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSICI	AN: To the beat of n	ny knowledge, der	ith occurre	d at the time,	data and place	, and due to	the cause(a) and man	ner as stated.		
	200 SUREYUNE AND TITLE					7		ENSE NUMBE				
TO BE	5	DIPL.	Za.D				6	O GQ		▶ (C	) 2/(	nth, Day, Year)
	30. NAME AND ADDRESS OF EDGAR	te L	EU / X	OF OEATH (ITEM	-	Print)	ee A	Je.,	Silver	PR M	yr W	20065
	31. DATE FILED (MONTH), Day, Year) 32. BEGISTRAR'S SIGNATURE  DF ( 3 0 1991 Suria Jandson-Randelle											

7 34 85W July 1981 3 The action of the second of

BALLIMONE, MANTENN 21203-3140	Frours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13149, BALLIMONE, MANTENNO 21203-3140	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the hospital or attending physician.	A DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firm hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE 9	36034
	1. DECEDENT'S NAME (First, Middle, Leat) William Spences	r	2. DATE OF GEATH MONTH DEC 25 199	a. TIME OF DEATH 10:15 p. m
	4. SOCIAL SECURITY NUMBER  2.12-2.0-5.704  9a. FACILITY NAME (II not institution, give street and number)	6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  NRS. DAYS HOURS MIN  9b. CITY, TOWN OR LOCATION OF	. (Month, Day, Year) 4/25/22 Cs	BIRTHPLACE (State or Foreign Country)  Amden, N.C.  OF DEATH
TOR	2407 Allendale Road	Baltimore, M	D City	
DIRECTOR	10c. STATE 10b. COUNTY Maryland City	10c. CITY, TOWN OR LOCATION Baltimore		10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	101. ZIP CODE	10g. CITIZEN	Ø∑XYES 2 □ NO OF WHAT COUNTRY?
FUNERAL	2407 Allendale Road	2121	0.0.1	1.
BY FU	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARMEO 1 WAS DECENDENT OF HIS If yea, specify Cuban, Mes 45 / $10-26-45$	rican, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. SpecifyBlack
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KINO OF BUSINESS/INDUS	TRY .
MPL	master		Baltimore H	Public School
	17. FATHER'S NAME (First, Middle, Last)  Dennis Spencer		NAME (First, Middle, Melden Surneme)	
H	198. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Ru	e Perry rel Route Number, City or Town, State, Zio Co	de)
2	Joanne Wright	2407 Allendale R	oad. Baltimore.	MD 21216
	20a. METHOD OF DISPOSITION 1   □ Burlal 2 □ Cremation 3 □ Ramoval from State	20b. PLACE OF DISPOSITION (Name of cemetery, crematory other place)	or 20c. LOCATION — City	or Town, Stata
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Baltimore Nat'l Cem	EACH ITY	
	•	The state of the s	Eugene R. F th Avenue, Balt	rice Funeral
CERTIFICATION	r any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEQUENCE OF):  TO (OR AS A CONSEQUENCE OF):	CEN	Onset and Death Abyl 5 years
MEDICAL	PART II. Other significant conditions contributing	to death but not resulting in the underlying cause given	in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERBED TO MEDICAL EXAMINER?	28. PLACE OF DEATH	(Check only one)	
PHYSICIAN:	1 □ YES 2 □ NO 1 □ Inpatient  27. MANNER OF DEATH  1 ☑ Natural 8 □ Pending (Mont)	OTHER:  OF INJURY In, Day, Year)  OF INJURY M  OTHER: A   Nursing Home 5   Resident WORK?  M   1   YES 2   NO	28d. DESCRIBE HOW INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLAC build	E OF INJURY — At home, farm, street, factory, office ing, etc. (Specify)	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLET	Contain Gray	t of my knowledge, death occurred at the time, data and place, and of examination and/or investigation, in my opinion, death occured at		ause(a) and manner as stated.
TO BE C	30/NAME AND ADDRESS OF PERSON WHO COMPLETED OF	29c. LICENSE D 3 (	NUMBER 29d. DATE S	190 (Month, Day, Year)
	William S. Aronstein -	The Johns Hopais Hospi	tul-Balte	ND 21205
	DEC 3 0 1991 Mia Sau	idson-Randope		



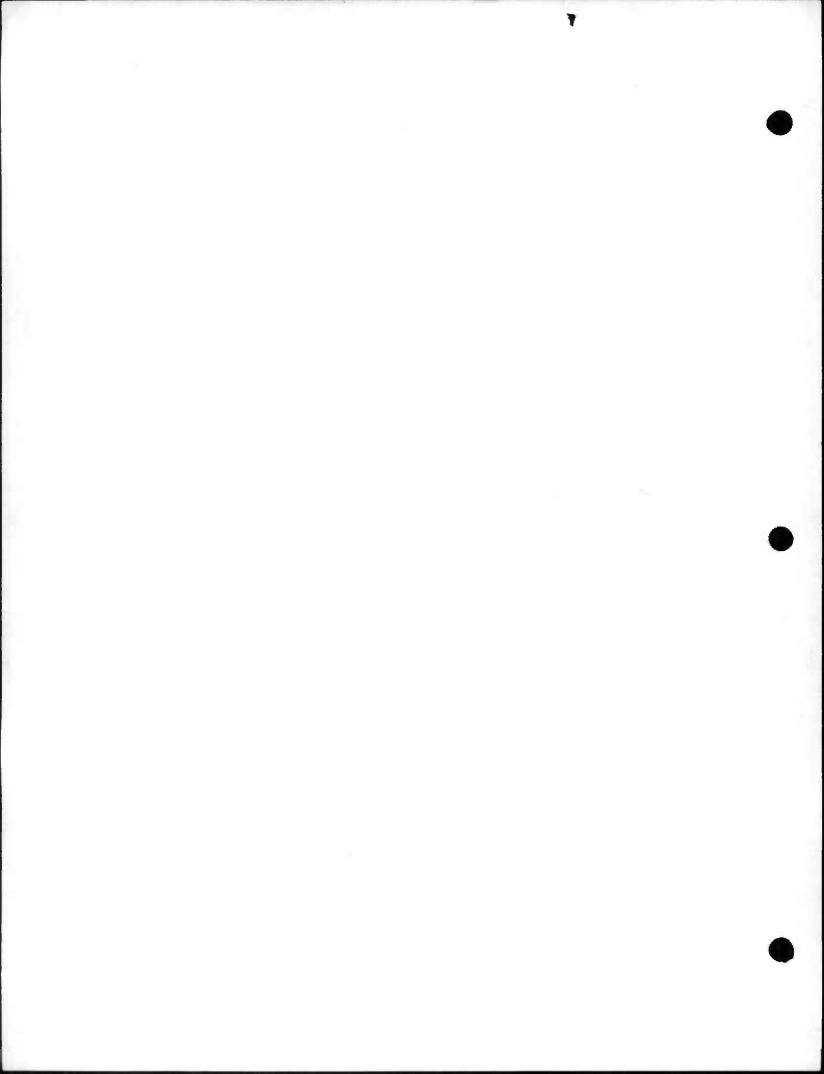
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exports after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

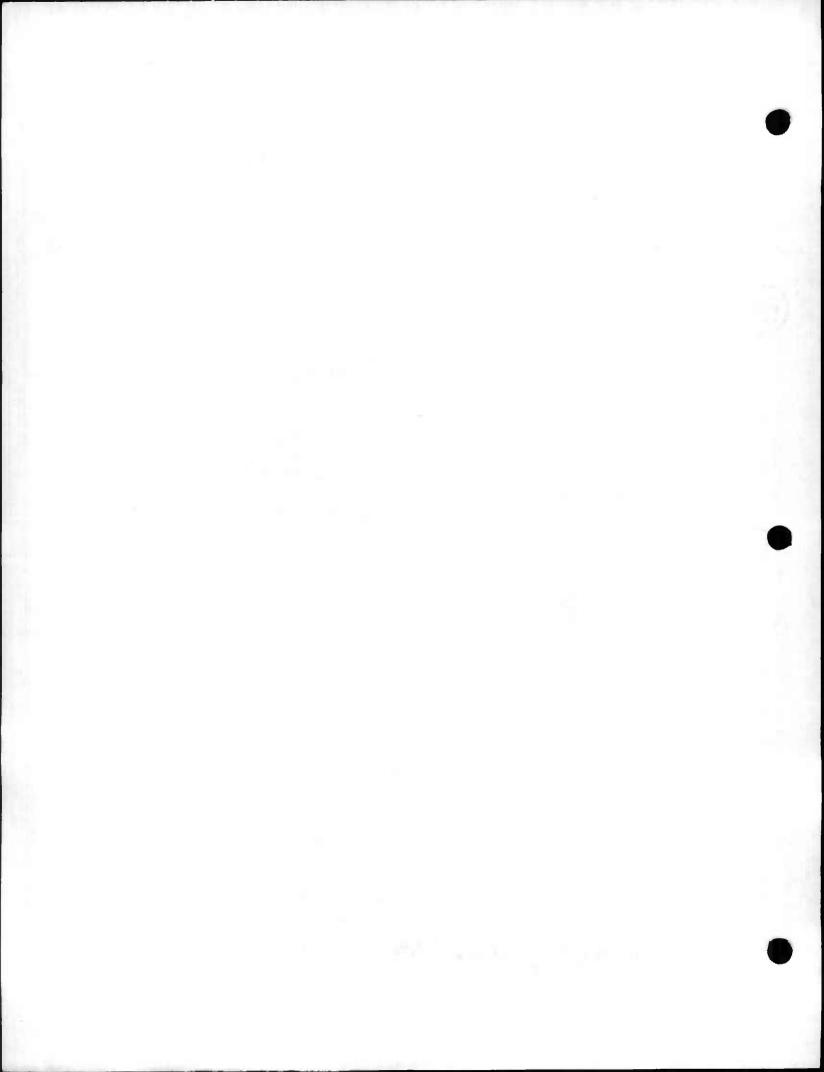
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		00033
ļ	1. DECEDENT'S NAME (First, Middle, Las	о Е•	SCAN	LAN		2. DATE OF DEATH MONTH	5 97	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215 440372	M-		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-21-19	6.	BIRTHPLACE (State or Foreign Sountry) Maryland
	9a. FACILITY NAME (If not institution, give	street and number)	91		R LOCATION OF DE		9c. COUNTY	
DIRECTOR	Good Samarit		1	Balti	more			
ត្ត	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN		10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY
	Md. Ba	altimore	В	altimo	re			LIMITS? 1 YES 2 NO
¥	10e. STREET AND NUMBER			101.	ZIP CODE			OF WHAT COUNTRY?
FUNERAL	2808 Taylor				2123			S.A.
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ☐ YES	2 X NO	If yea, apo		IC ORIGIN? (Specify Yen, Puarto Rican, atc.)	a or No 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during most	N at of working	18b. KIND OF BU		TRY
MPL	12th	2vrs.	Nurse			Hos	pital	
BE	19a. INFORMANT'S NAME (Type/Print)	714	19h MAILING AF	DRESS (Street a		loute Number, City or Tox	un Stata Zin Co	No.)
2	Mr. Ellis W, S	Scanlan				Balto.,		
	20a. METHOD OF DISPOSITION 1 Burlal ZCDCremation 3 Re	20	b. PLACE OF DISPOSITI			Y	OCATION — City	
	4 Donation 8 Other (Specify)	4	Greenmou		matory		to.,	Md.
	21. SIGNATURE OF FUNERAL SERVICE	Hartley Miller Funeral Home 7527 Harford Rd. Balto., Md.21234						
	23. PART . Enter the disesses, processes, pr	e. List only one caues on	sech ilns.		*			Interval Between Onset and Death
TION	diseese Dr CDndition s. Pragressur Neurological dysfurction (m but to (or as a consequence of):  Sequentisity list conditions, if env, leading to immediate  Due to (or as a consequence of):						6 months	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF):					7911
PHYSICIAN: MEDICAL C	PART II. Other significant condit		but not resulting in	the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ								1 Tes 2 To NO
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
XSI	1 TYES 2 NO	1 Inpatient 2 - ER/Ou	tpatient 3 DOA 4	_		8 Other (Specify)		
	27. MANNER OF DEATH  1 K Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	RK?	26d. DEŞCRIBE HOW	INJURY OCCUP	RED
TED BY	3 Suicide 8 Could not	Accident Investigation  Suicide S Could not be S						Rural Floute Number,
COMPLETED	ana)	YSICIAN: To the best of my kno						ause(a) and manner as stated.
B	296 SIGNATURE AND TITLE OF CERTIF	- PGY-	/		29c. LICENSE NUI	MBER	29d. DATE 8	IGNED (Month/Day, Year)
2		RNAL - (	9007) SAM		4N HOSI	OITAL,	BALTI	more, mo
	31. DATE FILED (Month, Day, Year)	Julia Davidson To						



lansit permit. Pages 1, 2, 3 should

ë		-
funeral		wamin
the	Za.	-
à	emo	dia
d in	10	E
file	9	4
mpletely	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	om 28 is marked or item 23 shows any injury or other traumatic event the medical eventual
90 P	urial	1
an	d of	700
ysiciar	prior	- America
d b	iene	Sh.
ngju	5	0 4
atte	ntai	2
the	Me	min
6	and	74
signed	Health	an oun
Ben	0	cho
has b	Dept.	23
ficate	State	Same
ertil	the	0
this (	with	had
After	death	E H
10H:	after	28 14
E E	DUCS	200

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME (First, Middle, La	Mary	Mary			STRICKER				2. DATE OF DEATH  MONTH  DEC 23,			3. TIME OF DEATH 7:05 A M		
	4. SOCIAL SECURITY NUMBER 212-07-3932	5. SEX	4 🗆 🖼 -		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER	B MIN. (Mc		Month, Day, Year)		6. BIRTH Countr	PLACE (State or Foreign y)		
	9e. FACILITY NAME (If not institution, give street and number)		87		9b. CITY, TOWN OR LOCATION OF DE			3/2/04 ATH 9c. COU		9c. COUN	MD JNTY OF DEATH				
DIRECTOR	Franklin Square Hospital				Baltimore								е		
REC	10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
1 8	Md			City						1 TYES 2 NO			1 YES 2 NO		
ERA	3501 Hudson Street				101. ZIP CODE 21224								HAT COUNTRY?		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER				13. WAS DECENDENT OF HISPAN			IC ORIGIN? (S	Specify Yes		SA 14. RACE — American Indian,				
ВУ	1 Never Married 2 Merried FORCES? 1 IF YES, GIVE WAR				If yes, specify Cuben, Mexicen,  1 YES 2 NO Specify:								Black, White, etc. Specify:		
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. I					16b. K#	KIND OF BUSINESS/INDUSTRY					
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use relired.)  Homemaker							and Indian				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Mide					OWN home						
BE	Sebastian Stricke		Appolonia unknown												
70	190. INFORMANT'S NAME (Type/Print) Charles Kresslei			19b. MAILING							n, State, Zip	Code)			
	20a. METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Re	CE AND DATE	7 Foster Avenue Balto 21224  DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town.						wn, State						
	4 Donation 5 Other (Specify)	ed Hea	rt of Jesus 12/30 Baltimore												
	22. NAME AND ADDRESS OF FACILITY  Moran-Ashton Funeral Home Inc.														
	23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of the part of the death Do not enter the mode of the death Do not enter the death Do not enter the death Do not enter the mode of the death Do not enter the mode of the death Do not enter the mode of the death Do not enter the mode of the death Do not enter the death Do not e														
NOI	IMMEDIATE CAUSE (Final disease or condition Demontia									Interval Between Onset and Daath					
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):													
	Sequantially list conditions, If any, leading to immediate	Dehydration  Due to (or as a consequence of):													
ICA	CAUSE (Disease or Injury	. Hypothyroidism													
CERTIFICATION	that initiated avents resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  Anemia  d.													
CAL C	PART II. Other aignificant condition	ot resulting i	aulting in the underlying cause given in P				Part I. 24a. WAS AN AUTOPSY			24b.	WERE AUTOPSY FINDINGS				
EDIC									PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ												1 - YES 2 - NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL FYAMINED? 26. PLACE OF DEATH (Check only one)														
YSIC	1 YES 2 X NO 1 DOA 1 DOA 4 Nursing Home 5 Residence 8 Other (Specify)														
ВУ РН	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28e. INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED														
ETED	3 Suicide 4 Homicide  8 Could not ba determined  28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											oute Number,			
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated.														
BE	296. SIGNATURE AND TITLE OF CERTIFIER				1			29c. LICENSE NUMBER # 3559			29d. DATE SIGNED (Month, Day, Year)				
John Ioh, MD 617A Stemmers Run Rd., Balto., MD															
	31. DATE FILED (Month, Day, Year)  DEC 3 0 1991	32 REGISTRA									_	<del></del> ;			
		0		-											



		Z.	
1	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending processing the control of the property of the prop	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the busing the busing the period with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
BALTIMORE, MARYLAND 21215-0020	6	<b>2</b>	1
0	V	3	1
005	Aud B	e bu	
15-(	endin	as th	
121	or aft	nse	
0 2	pital	of be	
N	e hos	etach	nce.
YL	Dy th	bed	at o
AB	paule	hould	Hed
Σ	e reta	5 5	not
RE	nay b	. pag	of to
9	9 9	recto	E
Ē	. Pag.	eral di	nine
M	deat	e fun	ехап
114	s after	by th	dicai
	hour	ed in	He
_	in 24	ely fill	, the
60,	1 with	crem	rvent
587	cuted	nd co	tic e
×	be ex	lan ar	Emne
B	cate	physic e pric	er tr
0	certif	ding (	5
<u>ر</u> د	death	atten mtal h	7, 0
SQ	the (	y the	1
O	s that	ned b	any
EC	equire	en sig	hows
1	J ME	as be	23 \$
TA	The	ate he tate D	Hem
>	CIAN	ertific the S	-
Ö	PHYSI	this c	ked,
Z	ING !	After	mar
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TEND	TOR:	28 18
$\leq$	JR AT	JIRECT SAUCE	еш ,
	TAL (	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi. of within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	RTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
	HOSP	UNE	ANT
	H	M P	H

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

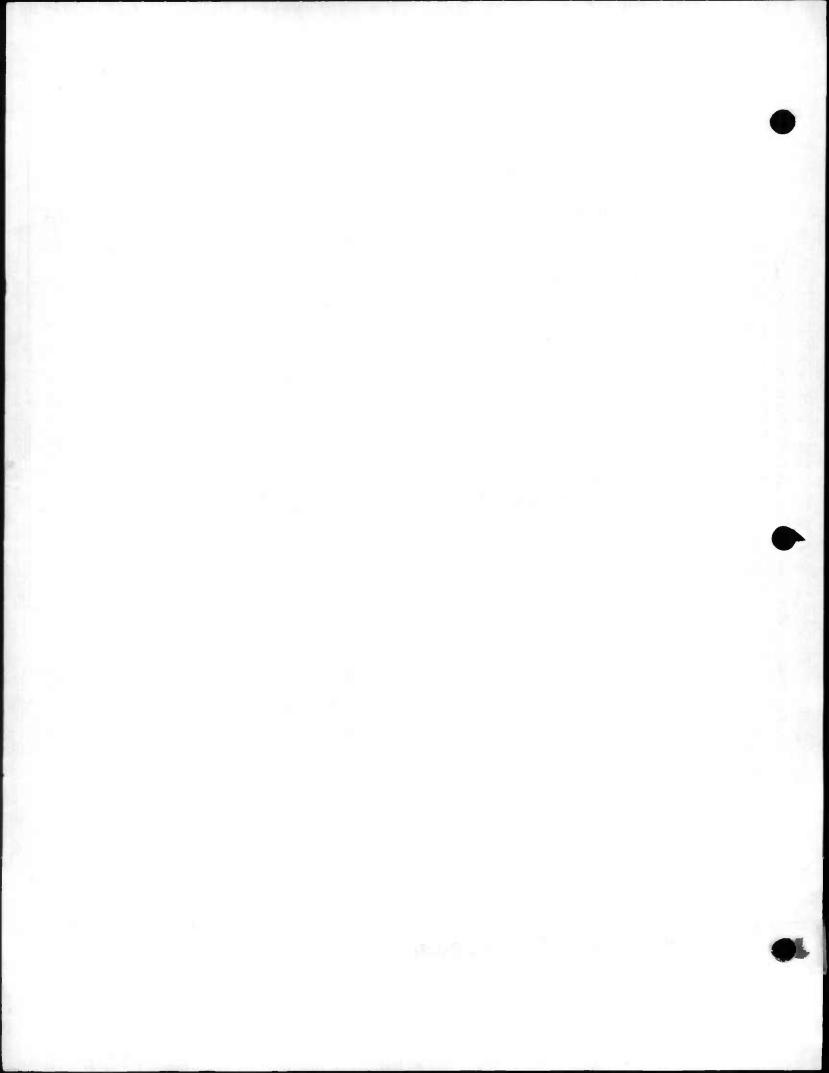
BE

2

TO THE FUNERA
be filed within 7
iMPORTANT: I

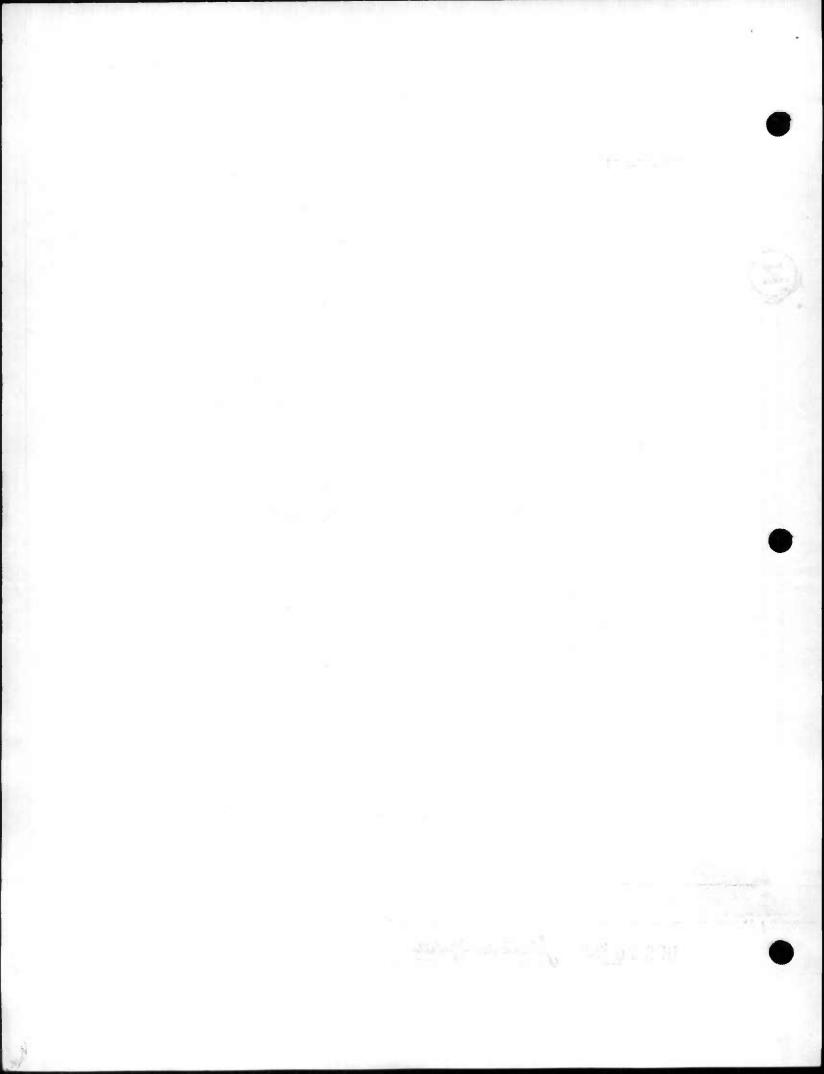
2

REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 91<sup>YEAR</sup> 3. TIME OF DEATN Leatrice Helen Schroeder 04:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign DAYS 219-52-6499 1 M 2 SF 41 9/18/50 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Baltimore Franklin Square Hospital RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md 1 YES 2 NO Baltimore FUNERAL IOo. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 146 N. Decker Avenue 21224 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES 2 XNO 1 Never Merried 2 Merried BY 1 YES 2 NO Specify 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) Clerical Baltimore Sun 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George A. Foy Margaret Foreman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) James R. Schroeder 146 N. Decker Avenue Baltimore 21224 20e, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Buriel 2 ☐ Cremelion 3 ☐ Removal from State
4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Cemetery 12/30/91 Baltimore 21. SIGNATURE OF FUNERAL SERVICE LICE! 22. NAME AND ADDRESS OF FACILITY
Moran-Ashton Funeral Home 1 3000 East Baltimore Street 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart fallura. List only one cause on each line. intarval Between IMMEDIATE CAUSE (Final **Onset and Daath** disease or condition ancer Oat Cell (a. c Mets resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS Juthac AMAILABLE PRIOR TO COMPLETION OF CAUSE I YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER: 1 TES 2 NO V□ Inpatient 2 □ ER/Outpatient 3 □ DOA 4 - Nursing N ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED Natural Accident 5 Pending Investigation M I YES 2 NO 28e. PLACE OF INJURY — Al home, lerm, street, lactory, office building, etc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and placs, and due to the cause(e) and manner as stated. 2 \_\_ MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) alIntern M 19 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Sq. Dr. Baltimore Md. 21237 SOKAL MD Joseph 32: REGISTRAR'S SIGNATURE DEC 3 0 1991



3	
5	
2	
	es.
5	2
5	0
3	T
2	0
3	=
75	=
2	2
5	0
5.	-
5	S
5	E
5	100
5	Ē
5	E
2	EX.
6	-
100	Ca
ren	5
. 5	9
	-
.0	5
Ta	-
9	E .
	2
3.12	0
2	=======================================
2	E
0	35
8	=
9	6
e.e	튀
5	2
-	0
É	3
Z	크
P	=
ea.	5
=	10
9	\$
=	2
	60
6	23
0	F
ta	3
S	$\Xi$ !
1	0
5	8
3	린
=	<u>ē</u> !
de	5
-	.00
aff	8
52	Item 28 is marked, or Item 23 sho
30	9
4	=1
1	<u>=</u> 1
E.	틸
N.	3
P	딛
filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to hour safety or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	trecl	SINS	(FRED LE	E SIMS,	JR.)	13 - >	5-95	M A 10:0 1		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. E	BIRTHPLACE (State or Foreign Country)		
13	236-62-9318	1XXM 2 □ F	49 YRS.	2 000 200		NOV.3, 194:	2 FA	YETTE CO., WV		
oc.	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
5	SUBURBAN HOSPITA	<u>L</u>		BETH	ESDA		MONTG	OMERY		
DIRECTOR	10a. STATE 10b. COUNTY	,	10c, CIT	r, TOWN OR LOCA	TION			10d. INSIDE CITY		
		NGALIA	M	ORGANTO	WN			LIMITS? XX YES 2 NO		
3AL	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	233 GREEN STREE				26505			USA		
F	11. MARITAL STATUS  1 Never Married 2XX Married	12. WAS DECEDENT EVER FORCES? 1 YE	ES XXX NO	If yes, sp	ecify Cuban, Maxican	C ORIGIN? (Specify Year, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, alc.		
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	NO Specify:	423/2/2/20		Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPOSITION	16a. DECEDENT'S			16b. KIND OF BUS	I SINESS/INDUSTI	BLACK		
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ork done during me e retired.)	ost of working					
MP	12	5+	PROFE	SSOR		EDUC	CATION			
	17. FATHER'S NAME (First, Middle, Last)	D				NE (First, Middle, Malden		342		
BE	FRED LEE SIMS, S  19a. INFORMANT'S NAME (Type/Print)	К	405 14411 1910	1000000 (0)		TTA J. ROS				
5	MRS. ALICE MAE SI	MS				RGANTOWN,				
	20e. METHOD OF DISPOSITION		ON PLACE AND DATE O	E DISPOSITION (A)	ama of	20.10	2471011 011			
	4 Donation 5 Other (Specify)	P	PLEASANT V	IEW MEM	ORY GDS.	12/30 MAT	RTINSBI	RG WV		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FAC	iuty STBI	ROWN FU	NERAL HOME BOX 82		
	Martes 1	1- Hrowa		200	of the	Clava U	0.6	BUX 821		
	23. PART i. Entar the diseases, or c shock, or heart fallure. I	omplications that caus	sed the death. Do n	ot entar tha mo	de of dying, auch	as cardiac or reapi	ratory arrest,	Approximata		
	IMMEDIATE CAUSE (Final					,		interval Batween Onset and Death		
	disease or condition resulting in death)	Car	dio Var	relies	P	Ecos	2 '			
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions,	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
CAT	cause. Entar UNDERLYING			,						
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	):						
ER	reaulting in death) LAST	l								
	PART II. Other algnificant conditions	contributing to death	but not resulting in	the underlying	cause given in P	Part i. 24a, WAS AN	NUTOPSY	24b. WERE AUTOPSY FINDINGS		
DICAL						PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE		
MED						1   YES 2	□ NO	OF DEATH?		
						_		1 1E3 2 10		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec					
IXSI	1 VES 2 NO	1 Inpatient 2 I ER/O				Specify) Us	rask .	P1600.		
BY PHYSICIAN:	1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year	Y 28b. TIME	IRY WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURE			
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, farm, st		ES 2 NO	204   0047001 (01				
	4 Homicide 6 Could not be determined	building, atc. (Sc	pecify)	reet, factory, offic		28f. LOCATION (Street as City or Town, State)	na Number or Hu	ral Houte Number,		
٦	29a. CERTIFIER 1 GERTIFYING PHYSIC	IAN: To the best of my kno	owledge death occurre	of the time date	and place, and due to					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	: On the basis of axaminat	lon and/or investigation	, in my opinion, d	and place, and due to	o the cause(a) and man me, date end place, and	ner as stated. I due 10 the cau	se(s) and menner se stated.		
	296. SIGNATURE AND TITLE OF CENTURIER				29c. LICENSE NUMB			NED (Month, Day, Year)		
			-	1	0000	17	290. DATE SIGI	NEU (Month, Day, Tear)		
) BE	Dr. 11.	Julius	hos		4007	10	1 3 "	-56-61		
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type,	Print)	2003	(0)	15.	-27-91		
	John 1	au beg	821		Scom 8	IN AC	2 7	27-9 (		
	1	COMPLETED CAUSE OF E	821		Scens	IN AC	2	STE (		

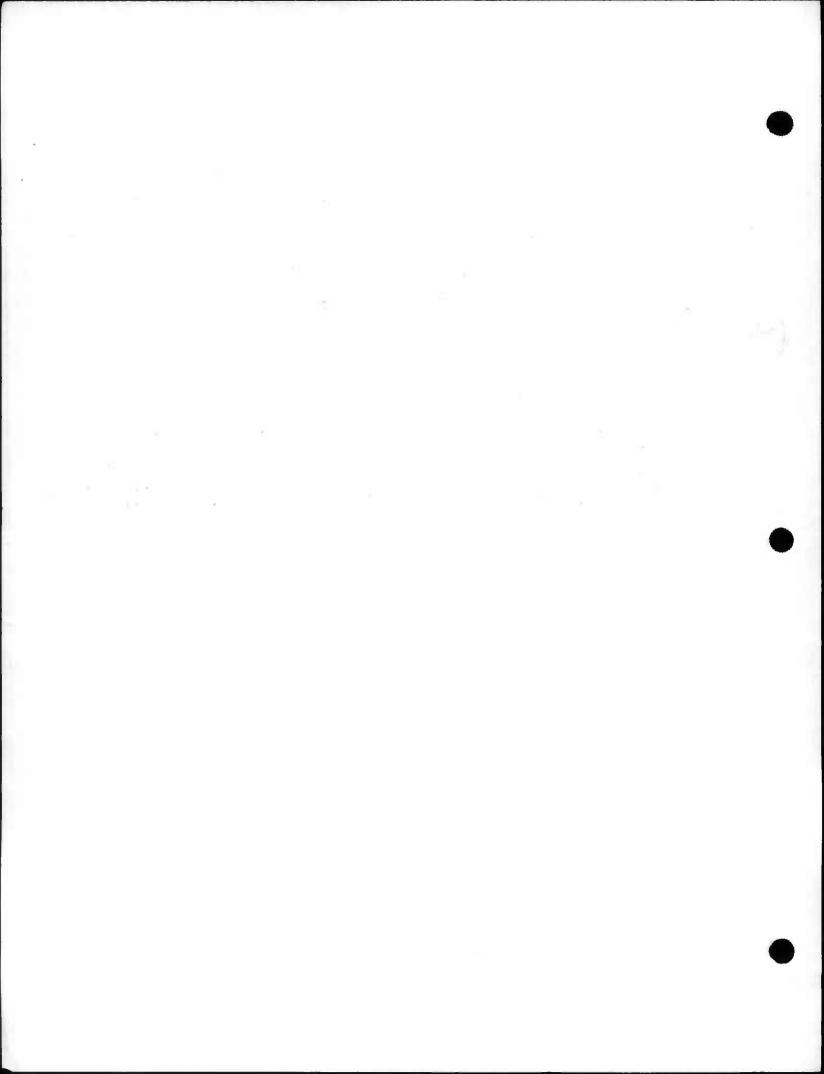


BALTIMORE, MARYLAND &

לואבווווסחר, וואווובאות	vithin 2- nours after death. Page 6 may be retained by the hospil	vietely filled in by the funeral director, page 5 should be detached remation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL PECONDS, 1.0. EOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-wours after death. Page 6 may be retained by the hospill	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MURRAY  STREIT MURRAY (NMN) Streit  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  9a. FACILITY NAME (If not Institution, give street and number)  9a. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  PESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. MD  10d. STREET AND NUMBER  9265 Crazyquilt Ct.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  FORCES?  11. YES 2 KNO  Specify:  W  12. MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- Black, White  Specify:  W	INSIDE CITY LIMITS? YES 2 X NO COUNTRY?							
4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthday)  90. YRS.  6. AGE (in yrs. last birthday)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH  90. CITY, TOWN OR LOCATION  100. STATE  100. COUNTY  100. STREET AND NUMBER  9265 Crazyquilt Ct.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  11. YES 2 IX NO  11. YES, GIVE WAR OR DATES  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White Specify: White Sp	INSIDE CITY LIMITS? YES 2 X NO COUNTRY?  marican indien, ta, stc.							
262-05-692   12 M 2   F   80 YRS.   MONTHS   DAYB   HOURS   MIN.   (Month, Day, Year)   Country)   NEW    9a. FACILITY NAME (If not institution, give street and number)   9b. CITY, TOWN OR LOCATION OF DEATH   9c. COUNTY OF DEATH    DEATH HOSPITALY MEDICAL CENTER   BALTO   10c. CITY, TOWN OR LOCATION   10d. II    RESIDENCE OF DECEDENT   10b. COUNTY   10c. CITY, TOWN OR LOCATION   10d. II    10a. STATE   10b. COUNTY   10c. CITY, TOWN OR LOCATION   10d. II    10b. STREET AND NUMBER   10f. ZIP CODE   10g. CITIZEN OF WHAT COUNTY   10d. ZIP CODE   10g. CITIZEN OF WHAT COUNTY   11. MARITAL STATUS   12. WAS DECEDENT EVER IN U.S. ARMED   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If Yes, specify Cuban, Maxican, Puarto Rican, etc.)   11. YES 2 X NO Specify: W	INSIDE CITY LIMITS? YES 2 X NO COUNTRY?  marican indien, ta, stc.							
9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Death Hospital + Medical Center  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. II  10d. II  10d. ZIP CODE  10g. CITIZEN OF WHAT C  11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  11. Never Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If Yes, specify:  11. VES 2 X NO Specify:  W	INSIDE CITY LIMITS? YES 2 X NO COUNTRY?  Imprican Indian, ta, etc.							
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. M  10d.	YES 2 X NO COUNTRY?  American Indien, ta, etc.							
10e. STREET AND NUMBER  9265 Crazyquilt Ct.  11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced  109. CITIZEN OF WHAT C  USA  101. ZIP CODE 109. CITIZEN OF WHAT C  USA  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White Specify: William Company Comp	YES 2 X NO COUNTRY?  American Indien, ta, etc.							
10e. STREET AND NUMBER  9265 Crazyquilt Ct.  11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced  109. CITIZEN OF WHAT C  USA  101. ZIP CODE 109. CITIZEN OF WHAT C  USA  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White Specify: William Company Comp	YES 2 X NO COUNTRY?  Imarican Indien, ta, stc.							
3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify:	marican Indien, ta, stc.							
3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify:	marican Indien, ta, etc.							
3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify:								
	vnite							
IN DECEDENT'S EDUCATION IND. CHARLOC OCCUPATION IND. CHARLOC OF BUSINESS/INDUSTRY								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5th Cashier  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use reliefed.)  Tr. FATHER'S NAME (First, Middle, Last)  18b. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working life. Do NOT use reliefed.)  17. FATHER'S NAME (First, Middle, Last)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use reliefed.)  18b. KIND OF BUSINESS/INDUSTRY  (She kind of work done during most of working life. Do NOT use reliefed.)  18c. MOTHER'S NAME (First, Middle, Melden Surname)								
5th Cashier Supermarket	5							
Unknown to Records  Unknown to Records	ls							
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	G1							
Scott E. Streit 19205 Crazydullt Ct. Columbia, MD 2								
20a. METHOD OF DISPOSITION 1 Burlel 2 K Cremation 3 Removal from State 4 Donation 5 Other (Specify) Metro Crematory 12/28  20c. LOCATION - City or Town, State Metro Crematory 12/28  Baltimore,								
21. SIGNATURE OF FUNERAL SEBUCE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Cremation Society of Md., In								
George E. MacNabb 299 Frederick Rd. Balto., M	ID 21228							
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,	Approximate interval Between							
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Onsat end Death							
DUE TO (OR AS A CONSEQUENCE OF):	1000							
Sequentially list conditions,  b. DUE TO OR AS A CONSEQUENCE OF								
DUE TO (OR AS A CONSEQUENCE OF):  If any, leading to immediate cause. Enter UNDERLYING								
CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?	E AUTOPSY FINDINGS LABLE PRIOR TO							
1 YES 2 NO OF DE	PLETION OF CAUSE DEATH?							
	YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
EXAMINER?  1   YES 2   NO								
2 Accident investigation 28 PLACE OF INJURY At home farm street factory office 281 OCATION (Street and Number or Buril Bodds h	Number,							
4   Homicide detarmined								
Suicide  a Could not be detarmined  building, etc. (Specify)  City or Fown, State)  City or Fown, State)  City or Fown, State)  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  One)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and due to the cause(b) and due to the cause(c) and	manner as stated.							
U 29d. LICENSE NUMBER 29d. OATE SIGNED (Month	th, Day, Year)							
30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  H. C. L. L. L. S. C. L. L. L. S. C. L. L. L. S. C. L. S. C. L. S. C. L. L. S. C.	For Med							
31. DATE FILED (Month, Day, 18ar)  DEC 3 0 1991  32. DEGISTRAB'S SIGNATURE  Fulla Davidson-Rendere	21230							





TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR
1. DECEDENT'S NAME (First, Midd
RICHARD
4. SOCIAL SECURITY NUMBER
218-07-7880
9a. FACILITY NAME (If not institution
NORTH ARINDEL
NORTH ARUNDEL
10a. STATE 10b.
MD A
10e. STREET AND NUMBER
8020 LONG HIL
11. MARITAL STATUS
1 Never Married 2 X Marri
3 Wildowed 4 Divorced
15. DECEDEN (Specify only high
Elementary/Secondary (0-12)
10
17. FATHER'S NAME (First, Middle,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	CATE	OF I	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle RICHARD	He, Last)	NRY		SI	MONDS	3		2. DATE OF 12	DEATH 24	AY	9 YEAR	3. TIME OF DEATH D8:57 PM M
4. SOCIAL SECURITY NUMBER 218-07-7880		. SEX	6. AGE (In y	rs. last birthday) YRS.	IF UNDER 1 Y	-	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	ny, Year)	010	Count	
9a. FACILITY NAME (If not institution	on, give street	t and number)	, ,		9b. CITY. TO	WN OB	LOCATION OF DE		7 1	918		YLAND
NORTH ARUNDEL	HOSE		SOCIA	TION	GLEN BURNIE  9c. COUNTY OF DEATH  A.A. COUNTY							
10a. STATE 10b.	COUNTY			10c. CfTY	TOWN OR L	OCATIO	ON					10d. INSIDE CITY
MD AT	NNE A	RUNDEL			PAS	SADI	ENA ZIP CODE					1 TYES 2 NO
8020 LONG HIL							21122			U. S	S.A.	WHAT COUNTRY?
1 Never Merried 2 X Marrie 3 Widowed 4 Divorced		P. WAS DECEDEN FORCES? 1 IF YES, GIVE VI	YES 2	S. ARMED	If ye	s, spec	NDENT OF HISPAN Ify Cuban, Maxican X NO Specify	n, Puarto Rica	pecify Yea n, atc.)	or No—	14. RACI Blac Spec	E — American Indian, k, Whita, stc.
15. DECEDENT	T'S EDUCAT	ION	194	DECEDENT'S	JSUAL OCCU	PATION		185 1/18	ID OF BUS	INESC/IN	DUCTON	WHILE
(Specify only higher Elementary/Secondary (0-12)		College (1-4 or 5 +	)	(Give kind of w life. Do NOT use	ork done durin retired.)	ng most	of working					
10 17. FATHER'S NAME (First, Middle, I	NO	NE		TRUCK D	RIVER						NEWS	AMERICAN
GEORGE SIMONDS							18. MOTHER'S NAM SARAH D			Sumame)		
19a. INFORMANT'S NAME (Type/Pri				19b. MAILING	ADDRESS (St	reet and	Number or Rural R	loute Number, (	City or Town	n, State, Zij	o Code)	
MARGARET P. S.			20h BI	8020	_		ROAD					
1 X Burial 2 Cremation 3 4 Donation 5 Other (Special	(y)		cemeter	y, cremetory or oth N HAVEN	er plecel			12-28				own, State
21. SIGNATURE OF PUNERAL SERV	VICE LICENS	Zum	Im		SIN	NGLE	ADDRESS OF FACETON FUN	ERAL I	HOME			
23. PART Enter the disease shock or heert for the shock or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	es, or comeliure. List a b c d	DUE TO	thae OR AS A CO OR AS A CO OR AS A	line.	ot enter the	mode	adyo	as cardiac	or respi	ratory an	rest,	MD 21061 Approximate Interval Between Onset and Death
PART II. Other significent con		ontributing to	death but r	ot resulting in	the under	lying c	cause given in F		PERFORI	MEO?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEO	H	OSPITAL:	/-		OTHER:	6. PLAC	E OF DEATH (Chec	ck only one)				
1 YES 2 AO  27. MANNEB OF DEATH  1 Netural 5 Pendin	9	28a. DATE OF I	NJURY		OF 28c.	. INJUR WORK		28d. DESCRIE		JURY OC	CURED	
2 Accident Investig 3 Suicide S Could 4 Homicide detarm	not be	28e. PLACE OF building, a	INJURY — A	il home, farm, sti				28f. LOCATION	N (Street ar	nd Number	or Rural F	loute Number,
29a. CERTIFIER 1 CERTIFYING (Check only one) 2 MEDICAL EX	PHYSICIAN	i: To the best of r	ny knowledge	, death occurred	at the time,	deta an	d place, and due t	o the cause(a)	and mani	ner as atat	ed. a cause(a	) and manner as stated,
29b. SIGNATURE AND TITLE OF CE	3C.	RI	41	no		21	0320			29d. OATI	E SIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS OF PERS						£303	2/GLEN B		MAI	OVI AN	JD 21	061
31. DATE FILED (Month, Day, Year)		32. REGISTRAF	'S SIGNATUR	E		1302	L/GLEN D	OKNIL	, PIAI	(ILAN	עוי עוי	.001
DEC 3	0 19	91 gre	lia Davi	lson-Reno	402							

MA-Y-series

permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the brief of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

•											9	1	36	041	
	1 - STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPAR	RTMENT	OF H	EALTH DEAT	AND	MEN1		GIENE				
	1. DECEDENT'S NAME (First, Middle, Last,									TE OF DEA	TH			3. TIME OF DEA	ATH
	JOSEPH PETER SUT	T							12	<b>n</b> тн 2	2.5		991	5:15	PM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DA	TE OF BIRT	TH		8. BIRTH	IPLACE (State or I	Foreign
	206-26-2074	1 M 2 D F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	08	01	19	32		NSYLVAN:	IA
· ·	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	rown o	R LOCATIO	ON OF DI	EATH			9c. COU	NTY OF D	EATH	
ē	ST AGNES HOSPITA	L			BALT	CIMC	ORE					N/A	Α		
DIRECTOR	10a. STATE 10b. COUN	TY	-	10c. CIT	Y, TOWN OR	LOCAT	ION							10d. INSIDE CIT	Y
	MARYLAND ANN	E ARUNDEL		GLE	EN BUF	NTF	3							LIMITS?	
AL	10e. STREET AND NUMBER		-	T O LI	201	_	. ZIP CODE					10g. CIT	ZEN OF V	WHAT COUNTRY?	110
빌	303 WELLHAM COUR	T				1 2	21061					11.	S.A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No						14. RACE	E - American Ind	fian,						
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES				2 X NO			io Mican, el	(C.)		Speci		
	15. DECEDENT'S EDI	ICATION	44 DE	CEDENTIA	1,000									WHITE	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	le completed)	(Gi	ive kind of a	USUAL OCC work done du se retired.)	ring mos	St of working	g	1	6b. KIND C	OF BUSH	NESS/INC	USTRY		
<u> </u>	12	College (1-4 or 5+)							1,	2 0 0					
S S	12 1 yr. COMPUTER SPECIALIST F.C.C.  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surneme)														
BE C	PETER PAUL SUTT LUCY H								ENRIETTA PUTTNSKT						
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
F	MARGARET SUTT		30	)3 WE	LLHAM	CO	URT	GLI	EN F	BURNI	Ε,	MD 2	1061		
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ran	novat from Stata	20b. PLACE A			ION (Ner	me of		D	ATE 20	c. LOC	TION -	City or To	wn, Stata	-
	1 Burial 2 Cremation 3 Ran 4 Donation S Other (Specify)		GLEN I	IAVEN	MEMO					-28 G	LEN	BUR	NIE,	MD	
	21. SIGNATURE OF EUNERAL SERVICE L	CENSEE /					D ADDRES			L HOM	E				
	1. De Porge	Afroku	~		1 8	ECO	ND A	VF	SI	J CT	FN	RHEN	TE	MD 2106	<b>.</b> 1
	23. PART I. Enter the diseases, pr shock, pr heart failure.	complications that car	used tha de	ath. Do r	Dt entar th	e mod	de of dyl	ng, auc	h as c	ardiac or	reapira	itory ar	est,	Approxim	nata
	IMMEDIATE CAUSE (Final	O.	1	11.										Interval E Onset an	
	disease or condition resulting in death)	. 32	UP8	2											
		DUE TO (OR	AS A CONSEC	DENCE		G	C'~A	41							
RTIFICATION	Sequentially list conditions,	b. DUE TO (OR	AS A CONSE	MIENCE OF		WV.	CINA	14	•						
AT	if any, leading to immediate cause. Enter UNDERLYING	100	< C	J'VV	Loss										
표	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQ	UENCE OF	·):										
	resulting in death) LAST	d													
CE	PART II. Other algnificant condition	ne opetribution to do	h h	101 1											
MEDICAL	Train office anguirroant condition	contributing to dea	in but not re	esulting I	n the unde	erlying	cause g	iven in	Part I.		RFORM	JTOPSY ED?	24b.	WERE AUTOPSY F AVAILABLE PRIOR	
G										1 🗆 Y	ES 2 [	NO		COMPLETION OF DF DEATH?	CAUSE
														1 🗌 YES 2 🗍	NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 81 6	ACE OF DE	ATH OF							
PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpetlent 2	□ po₄	OTHER:		ACE OF DE								
¥	II 1! Natural 5! Pending														
ВУР															
3 Sutcide 6 Could not be 28s. PLACE OF NJURY — At home, ferm, street, factory, office 28s. LOCATION (Street and Number or Bural Boute Number							loute Number,								
ETE	4 Homicide determined								Cit	ty or Town,	State)				
PLI	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my k	nowledge, des	ith occurre	d at the time	, date e	end place,	end due	to the c	ause(e) and	d manne	or an atat	d.		
COMPLET	one) 2 MEDICAL EXAMINI	ER: On the beals of examin	ation and/or in	rveatigation	n, in my opin	nion, da	ath occure	d at the	time, de	ta and plac	ca, and	due to th	a cause(a)	and manner as a	ntated.
ш	296 SIGNATURE AND TITLE OF DENTIFIE						29c. LICEI	NSE NUM	IBER					(Month, Day, Year)	
00	C N Land	// //					A 0 0	1101	100	11 11	-		_		

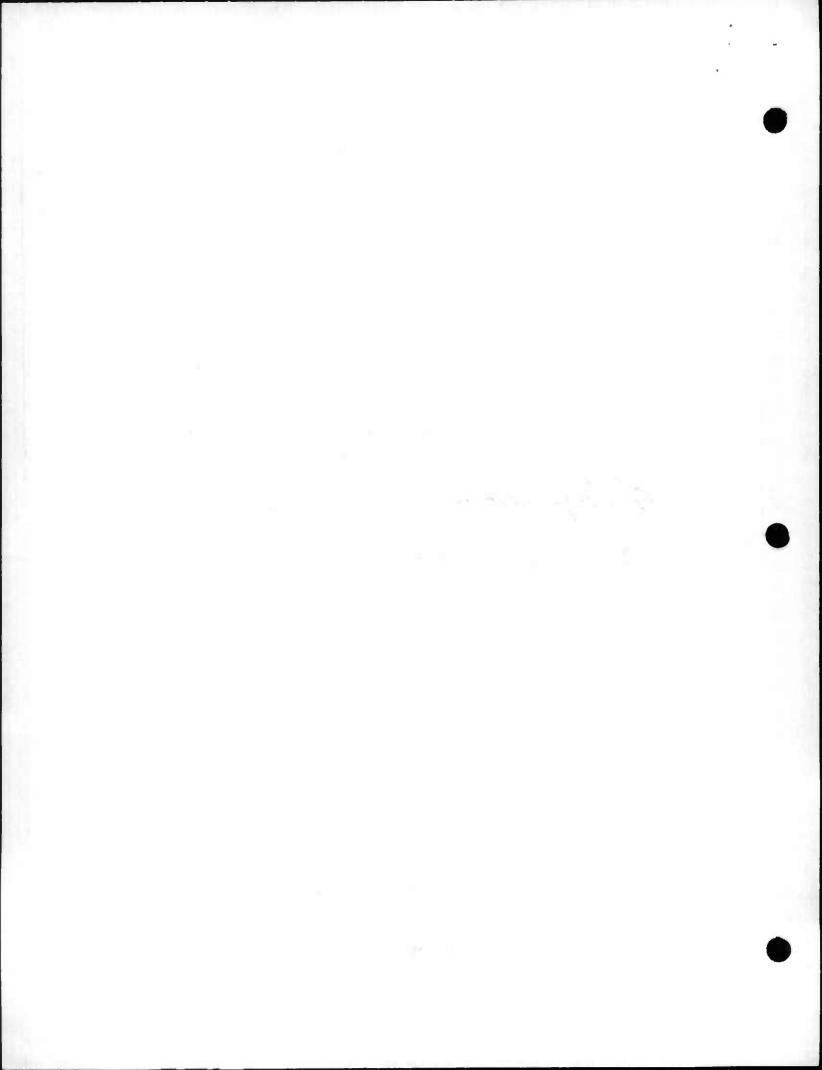
CAUSE OF DEATH (ITEM 27) (Type, Print)

RAS 6

32 BEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, 1991

757

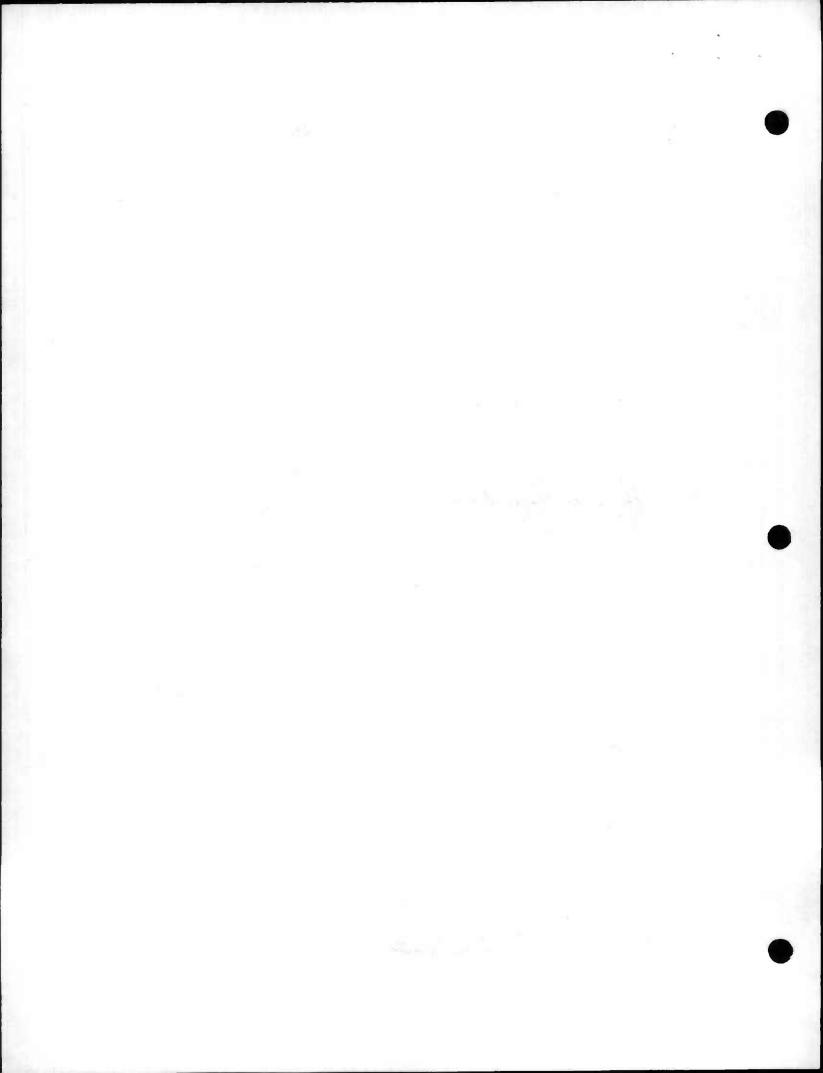
12-25-91



Digit	hed		mil.
the h	definic		OUC
5	d be		i at
ainec	Shoul		liffe
e ret	6.5		00 0
nay t	. pad		at be
e 6 r	ector		Ë
Pag.	al di		Iner
death	fune		xam
fter	/ the	levor	le c
ULS S	E P	r ren	redi
24 ho	filled	O , UC	Te at
thin 2	stely	matic	it, tt
iw be	omple	I, cre	ever
ecute	nd co	buria	atic
Se ex	ian a	or to	E I
cate 1	hysic	e pric	1 to
ertifi	d Bu	giene	othe
ath c	ttend	al H	.0
ne de	the a	Ment	jery
hat 1	100	and	N N
res t	igne	ealth	28
regui	s uea	of H	shov
AMP.	as b	Dept.	23
The	ate 1	tate	tem
CIAN	ertific	the S	0
HYS	his ce	with 1	ced,
NG P	ter ti	ath \	marl
ENDI	R: A	er de	
ATT	ECTO	rs aft	n 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the house	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deturned	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERAL	In 72	
HOS	FUN	with	TAN
出	黑	filed	20
2	2	20	≊

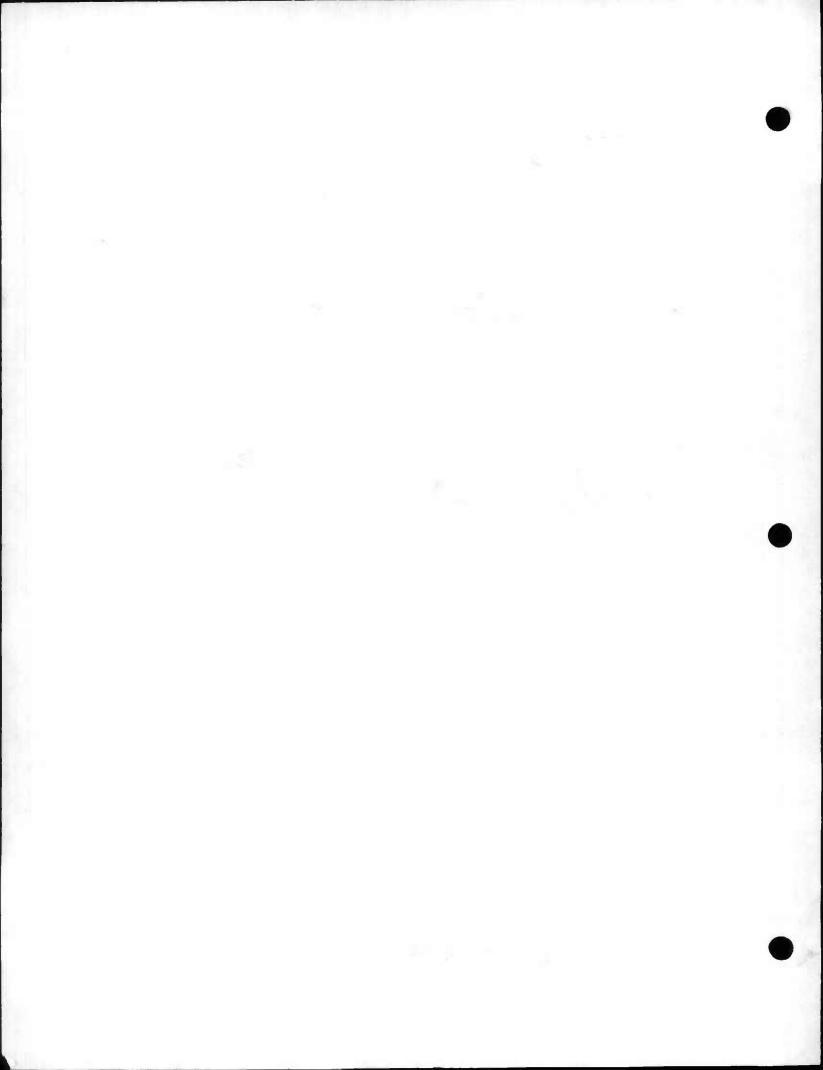
isit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLA					IEALTH DEA		MEN	ITAL HYGIEN REG. NO		9	36042
	1. DECEDENT'S NAME (First EDWARD	. Middle, Last) HENRY	7			S	IEGE	RT	, JA	20		ATE OF DEATH	ÿ	9YEAR	3. TIME OF DEATH 08:40 AM
	4. SOCIAL SECURITY NUMBER 213-26-3722		5. SEX 1 M 2 F	6. AGE (II	in yrs. last birti		IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS. MIN.	(1	ATE OF BIRTH Month, Day, Year) 4 24	1030	Count	IPLACE (State or Foreign Y)
OR	90. FACILITY NAME (II not in NORTH ARUN	DEL HO	SPITAL A	SSOC:	IATION	V			BURN			7 27		NTY OF D	
DIRECTOR	PRESIDENCE OF DEC	10b. COUNTY					TOWN C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 21 MARLEY N					2 T. 1.7.	N BU	101	. ZIP COD	-					1 YES 2 NO
ВУ	11. MARITAL STATUS 1 X Never Married 2 3 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XINO I If ye			WAS DEC	21060  DECENDENT OF HISPANIC ORIGIN? (S., specify Cuben, Mexicen, Puerto Rices YES 2 X NO Specify:			RIGIN? (Specify Yearto Ricen, atc.)	or No—	14. RACE Bleck Speci	E — American Indian, t, White, etc.
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5 - NONE	·)	16a. DECEDE (Give kil life. Do fi	nd of wo NOT use	retired.)	during mo	ON st of workin	ng		166. KIND OF BUS			***************************************
	17. FATHER'S NAME (First, M EDWARD H. S				TROOK	DI	CI VI.	IX.			ME (Fi	rst, Middle, Maiden	Surname)		D.T.MM.DD.
TO BE	190. INFORMANT'S NAME (Type/Print)  EMMA GERLACK				- 1						Route I	Number, City or Tow			RITTERER
	20g METHOD OF DISPOSITE t A Burist 2 Cremetic 4 Donetion 5 Other	ON n 3 🗆 Remo	ovet from State	ceme	PLACE AND DETERMINE COUDON	DATE OF	DISPOS	TION (Ne	me of			EN BURNI DATE   20c. LO 2-28 BALT	CATION —	City or To	wn, Stats
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	Sum	li			22. I	INGL	ETON	SS OF FA	CILITY IER	AL HOME			MD 21061
	23. PART Enar the distleck or hi iMMEDIATE CAUSE (Fin disease or condition resulting in death)		Pro	ba	the deeth. ch iina.		t anter	the mod	da of dyi	ing, auc	h es	cardiac or respi	ratory er	rest,	Approximata interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LOS able tryth the initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL C	PART II. Other significe	nt conditions	s contributing to	death bu	t not result	ting in	the un	deriying	cause g	jiven in	Part i	. 24e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  † YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER		ACE OF DI	EATH (Che	eck onl	y one)			
BY PHYS		Pending nvestigation	1 Inpatient 2 See. DATE OF (Month, De	INJURY		OA 4	OF	28c. INJU	JRY AT		_	Pither (Specify) DESCRIBE HOW IN	JURY OCC	CURED	
	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify)  28s. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)							oute Number,							
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDIC	FYING PHYSIC	NAN: To the best of	my knowled	dgs, death od	ccurred	at the tir	ne, date	and place,	and due	to the	csuse(s) and man	ner es atat	ed, e ceuse(s)	end menner ee atated.
8	29b. SIGNATURE AND TITLE	OF CERTIFIER	Man	c C	She	a 1	12		29c. LICE	NSE NUM	IBER	00	29d. DATE	SIGNED	(Month, Day, Year)
10	MARC OKUN,	M.D./2	COMPLETED CAUS 203 HOSPJ	TAL.	DRIVE	(Type, P	ÜITE	200	6/GLI	EN B	URN	IIE, MAR	YLAN	D 210	061



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

						91	36043			
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH			
	RELIBEN			gwart	Dec.24,	~1991 'E^	M			
	4. SOCIAL SECURITY NUMBER 521–16–8500	1 M 2   F	73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS KONTHS DAYS HOURS MIN.	Jun. 10,	Cou	THPLACE (State or Foreign ntry) Colorado			
œ	9a. FACILITY NAME (If not institution, give str			b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH			
DIRECTOR	3511 Erdman Ave. RESIDENCE OF DECEDENT 108. STATE 109. COUNTY			Baltimore		<u></u>				
	Md			town or Location ltimore						
FUNERAL	3511 Erdman Ave.			10f. ZIP CODE 21213		10g. CITIZEN OF V				
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Ya	a or No.— 14. RA	CE — American Indian, ick, Whita, atc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	WW II		If yes, specify Cuben, Max 1 TES 2 NO Spe			White			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of worklife. Do NOT use	ok done during most of working	16b. KIND OF BL	JSINESS/INDUSTRY				
MP			Mercha	nt Seaman						
Ö	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Malder	Surname)				
BE	Carl Sigwart				va Becker					
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Run	al Route Number, City or Tox	vn, State, Zip Code)				
	Rachel Thomas		244 I	Harvard StreeB	ush Co 80723					
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Ramon		D. PLACE AND DATE OF netery, crematory or othe	r place!	DATE 20c. LO	OCATION — City or 1	Town, State			
	4 Donation 5 Other (Specify)		Loudon	Park Cemetery		Baltimore	e, Maryland			
	David	make.		David J. We		101 S. Ch	nester St.			
CERTIFICATION	23. PART I. Entar the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such ee cerdiac or respiratory erreet, ehock, or heart saliure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions HEMO(HROM DIABETES A	HTOSIS	out not resulting in	the underlying ceuse given i	n Pert I. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? t YES 2 NO			
X	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (	Check only one)					
SIC		HOSPITAL: 1 Inpatient 2 I ER/Outp		THER:	S Other (Specify)					
됩	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,		M t YES 2 NO						
- 1	3 Suicide S Could not be datarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, atre	at, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	AN: To the best of my knowl On the basis of examination	ledga, death occurred a	at the time, date and place, and de	e time, data and place, an	nner as stated,	(a) and manner ee statad.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	JMBER	29d. DATE SIGNE	D (Month, Day, Year)			
	Alula An	e M.D.		D350	031	▶ 17-7	76-61			
2	30, NAME AND ADDRESS OF PERSON WHO	A	. F	ins Overcony	Cramo	7	1000 11 350			
	31. DATE THE PHYTONIA, Day, Year)	ie. REGISTRAR'S SIGN.	ATURE	in ancocar	CENTERC	KITUIM	10RE WW ZIZOS			
		y - wo was laton	Manage							



DHMH-16 Rev 1/89

TOTHE NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

10 7 FE FÜNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be detached for use as the burial-transit permit. MEDRTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA	RTMEN	NT OF H	EALTH AND DEATH		YGIENE	9 1	36044	
	1. DECEDENT'S NAME (First, Middle, Last) Walter	SKOC	R G. SKO Zynsk	CZYN			2. DATE OF I		9 9	3. TIME OF DEATH 2:55 P	м
	214 03 2599	1 🔀 M 2 🗆 F	AGE (In yrs. lest birthday 94 YRS.	MONTHS	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month., De	y. Year)	7 a.	BIRTHPLACE (State or Foreign Country) ARYLAND	
TOR	9a. FACILITY NAME (IF not institution, give street MERCY HOSPITAL RESIDENCE OF DECEMENT	et and number)				C, TOWN OR LOCATION OF DEATH  LTIMORE  9C, COUNTY OF DEATH					
DIRECTOR	10a. STATE 10b. COUNTY				+ mc					10d. INSIDE CITY LIMITS?  1 TYES 2 NO	
FUNERAL	100. STREET AND NUMBER 280 S. Robin	son St			101.	21224			10g. CITIZEN	OF WHAT COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13	If yes, spe	ENDENT OF HISPAI relfy Cuban, Maxica 2 NO Specifi	n, Puarlo Rican	pecify Yea (	or No- 14.	BACE — American Indian, Black, Whita, atc. Specify:	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  SYEARS  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  LITHOGRAPHER						166. KIND OF BUSINESS/INDUSTRY				
BE CO	17. FATHER'S NAME (First, Middle, Last) ADALBERT SKOCZY	NSKI				FRANCE	S RYB	ICKI			
5	199a. INFORMANT'S NAME (TyperFrint)  MRS. FRANCES SKOCZYNSKI  199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  280 S. ROBINSON STREET BALTO. MD. 21224  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION (Name of DATE)  201. DATE 201. LOCATION — City or Town, State										
	1X Burial 2 Cramation 3 Ramov 4 Donation 5 Other (Specify)		cemetery, crematory or	of bispo other place VISL	AUS		-2-92				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Hosa	moli	/ 2	2525	POWSKI FLEET	STREE	Т ВА	LTO.	, MD. 21224	+
	23. PART I. Enter the diseases, or co- ahock or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition recutting in death)	Pneu	on eech line.	Ž.	er tha mod	ie of dylng, euc	h ae cerdlec	or reapire	atory screat	Approximate Interval Between Onset and Deatl	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE (	OF):							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions Colon (ancer Cerebovascula	- Acude.	eth but not reculting	In the u	inderlying	cause givan in		WAS AN AI PERFORM YES 2	ED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	•
SICIAN		HOSPITAL:	MOutoetless 2 Dec	ОТНЕ	R:	ACE OF DEATH (Che					_
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 1NJURY 28c. I				Home 5 G Residence 8 Other (Specify)  c. INJURY AT WORK?  YES 2 NO					
Accident								Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	AN: To the best of my On the besis of exemi	knowledge, death occur	red at the	time, data a	and place, and due ath occured at the	to the cause(a)	and manne	er sa stated. due to the ca	suse(s) and manner as stated.	
2 MEGICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attached by Signature and Title OF CERTIFIER  29b. Signature and Title OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Moryth, Day, Year)  1/2/29/9/9/									GNED (Month, Day, Year)		

Baltimore

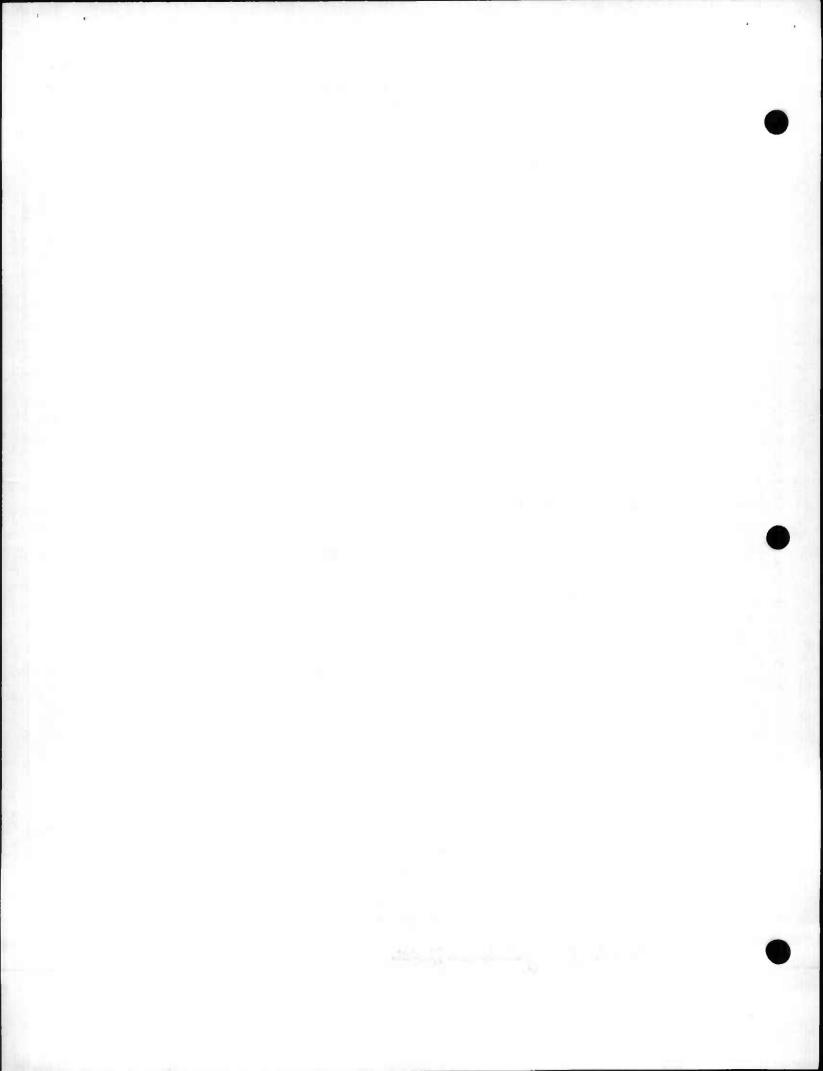


30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

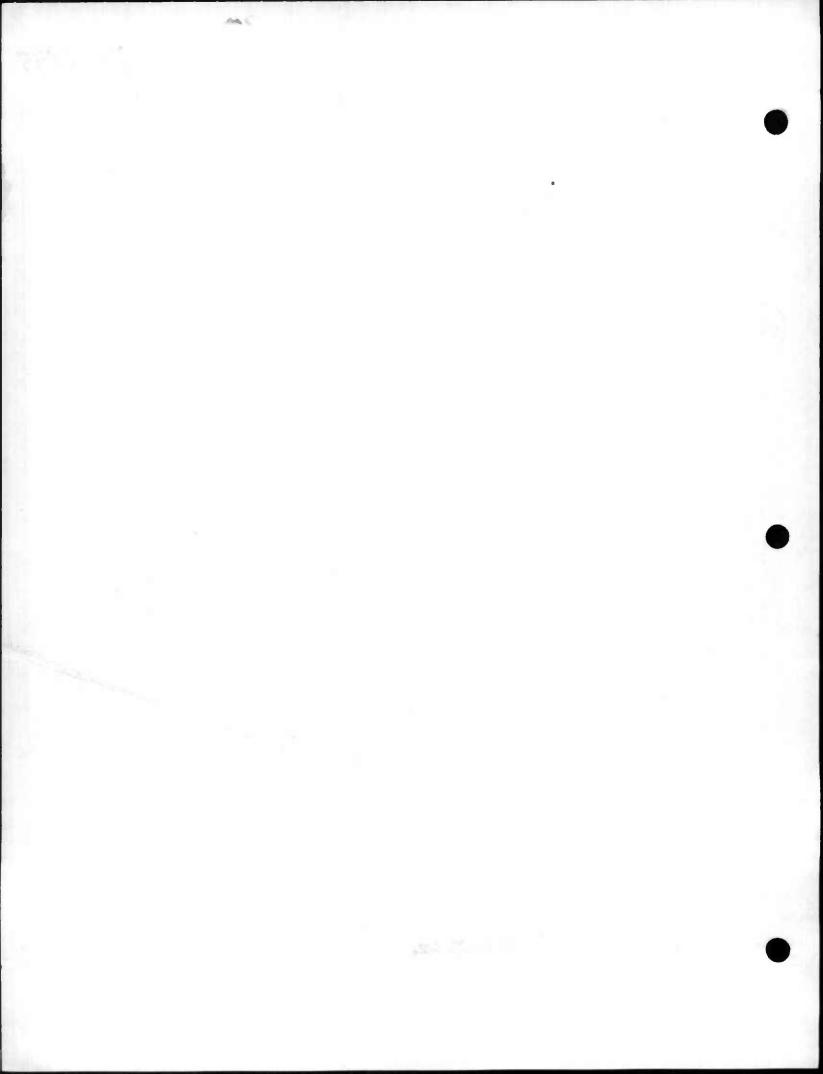
DEC 3 0

Coffe



91-36045

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	91	350	1 1-	
	1. DECEDENT'S NAME (First, Middle, Last)  A 10 C  4. SOCIAL SECURITY NUMBER	Lola B		В. Та	ylor	2. DATE OF DEATH DO	9 9	EAR 3. TIME OF E		
	216-36-0415	1 - M 2 12 F		NTHS DAYS	HOURS MIN.	(Month, Day, Year)	39	BIRTHPLACE (State Country)	or Foreign	
DIRECTOR	9a. FACILITY NAME (If not institution, give stress of the	96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH								
<u>ا</u> ش	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d, INSIDE	CITY	
	Maryland		Balt	imore	2			LIMITS?		
FUNERAL	30 S. Fulton	Avenue		101	21223		USA	N OF WHAT COUNTR	IY?	
B	11. MARITAL STATUS 1 Never Married 2 1 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	If yea, sp	ENOENT OF HISPANIC ecify Cuben, Maxican, I NO Specify:	ORIGIN? (Specify Year Puarto Rican, atc.)	or No— 14.	Black, White, etc.  Specify: Bla		
ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. OECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATION MO	ON st of working	16b. KIND OF BUS	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewi		at or morning					
S	17. FATHER'S NAME (First, Middle, Last)		nousewi	. I E	40 4407115010 11444	100000000000000000000000000000000000000				
E C	Tom Harrison				Willie	(First, Middle, Malden Mae V	Sumame) Villia	ams		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural Rou	te Number, City or Town	n, State, Zip Co	ede)		
-	JoAnne Taylor				n Avenue			, Md 21	223	
	20a. METHOD OF DISPOSITION  1 N Jurial 2 Cremation 3 Ramo 4 Denation 5 Other (Specify)	val from Stata	b. PLACE AND DATE OF D	place)	1 1	2/27/91	CATION — City	or Town, State		
1	21. SIGNATURE OF PUNERAL SERVICE LICE		t. Zion C		D ADDRESS OF FACIL	I Bal	tlmoi	re, mar	<u>yland</u>	
	Berry	Harris		Leroy	Harris	F/H Bal	S N. ( Ltimo)	Gilmor :	St. 21217	
	23. PART I. Enter the diseases, or co ahock, or heart fallure. L	inplications that cause	ed the death. Do not	anter tha mo	da of dying, such a	s cardiac or reapi	ratory arrest	t, Approx		
	IMMEDIATE CAUSE (Final	ist only one cause on	aacn iina.	0	nan alla de nan	16,			and Death	
	disease or condition reaulting in death)	M	A CONSEQUENCE OF:	PV	rewnym	upa	1			
2	-	1424	MI AND	de	only	long	Alm	_		
NO I	Sequentially list conditions, if any, leading to immediate	Que 70 (08 AS	A CONSTQUENCE OF):	1	1-0	Joe Joe	1			
2	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF:	agn	n,					
	reaulting in death) LAST		U							
3	PART/II/ Other significant conditions	contribution to death	but not regulting in th	n last sus	1 1 2					
3	Worth the	bu tens	M M	TAA (	VX 1 T	PERFOR	MED?	24b. WERE AUTOPS AMILABLE PRI COMPLETION (	OT RO	
NE D	Poziniel.	civili	982	011		_ 1 ☐ YES 2	Ø″NO	OF DEATH?		
2	N 0 - 1799							, , , , , ,	0	
		HOSBITAL:	01	26. PL	ACE OF DEATH (Check	only one)				
2	1 YES 2 NO	1 Inputiant 2 ER/Out			5 Realdence 6					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF	28c. INJI WOI M 1 7	RK?	d. DEŞCRIBE HOW IN	JURY OCCUR	ED		
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	Y — Al home, farm, stree			If. LOCATION (Street a	nd Number or F	Rural Route Number,		
	4 Homicide detarmined	building, atc. (Spe	эспу)			City or Town, State)				
		On the basis of axamination								
3	29b. SIGNATURE AND TITLE OF CENTIFIED		on and or investigation, in	my opinion, de	29c. LIÇENSE NUMBE					
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type Prin	)	D 6	263	DATE SIC	GNED (Month, Day, Ye	91	
	JUAN A.	PSEUTR 32. REGISTRAR'S SIGN	AN 19	40	W. Bt	FUT, S	1.1	SALT,	MD	
	31. DEC 3 0 1991	Julia Davidson 1	Pandette.					2	-122	



	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART CERTIFIC	MENT OF H	EALTH AND	MENTAL	HYGIEN REG. NO.		ı	300	46
	1. DECEDENT'S NAME (First, Middle, Lagt)					2. DATE O	F DEATH			3. TIME OF DEA	TH
	Jarrod .	Taylor				MONTH 12	2		91	10:36	PM
	41			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	6.	BIRTHE	LACE (State or F	oreign
		1 M 2 D F	YRS.	DAYS 25	HOURS MIN.	11	Day, Year) 2.	5-91	Country	ryland	
~	9e. FACILITY NAME (If not institution, give stre		9	b. CITY, TOWN (	OR LOCATION OF D	EATH		9c. COUNTY	OF DE	ATH	
0	Sinai Hospital of	Baltimore		Balt	imore						
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCAT	ION					10d, INSIDE CIT	,
H	Md.		Ba	ltimore						LIMITS?	
AL	10e. STREET AND NUMBER		Du		. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?					NO
FUNERAL	3402 W. Forest Pa	rk Avenue			2	21216 USA					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED	13. WAS DEC	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-				14. RACE — American Indian		
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		π yes, specify Cuben, Maxicen, Puerto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:  Specify:							
	15. DECEDENT'S EDUCA	THOM	DEGERATION	<u> </u>						Blac	<
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted)	(Give kind of wor life. Do NOT use if	SUAL OCCUPATION  k done during mo retired.)	on st of working	16b. K	IND OF BUS	INESS/INDUS	FRY		
P	0	College (1-4 or 5+)	Der	pendent							
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First Mid	die Maiden	Surnamai	_		
BE C	Joseph Taylor					John		Junamey			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural			, State, Zio Co	de)		
TO	Joann Taylor				st Park					ld. 212	16
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremetion 3 X Remove		CE AND DATE OF	DISPOSITION (Na	me of	OATE		CATION - City			
	4 🗋 Donetion 5 🗆 Other (Specify)	Fra	nklin Men	norial 12	/28/91		North	Brunsv	vick	N.J.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Milton J/Kn	night Jr	22. NAME AN	D ADDRESS OF FA	CILITY	Balti	more,	Md.	21214	
	milton	myfol L.		Leona	rd J. Ru	ick, I	nc.	5305 H	arf	ord Road	b
	23. PART I. Enter the diseases, or con	mplications that caused the st only one cause on each	deeth. Do not	enter the mo-	de of dying, suc	h as cardia	c or reapli	ratory arrest	,	Approxim	ata
	IMMEDIATE CAUSE (Final	it only one cease on eech	me.							Interval B Onset and	
	disease or condition										
	a. Perinatal Asphyxia 25  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditions, b.	Abruptia	Placen	ta (cor	nplete)						
AT	If any, leading to immediate cause. Enter UNDERLYING	DOC TO (ON AS A COM	SECUENCE OF):							i	
띮	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):						_		
F	resulting in death) LAST									1	
	PART II Other significant conditions										
SAL	PART II. Other significant conditions				cause given in	Part I. 24	PERFORI		-	VERE AUTOPSY FI	
ă	Maternar C	cocaine use in	ı pregna	ncy		1	YES 2	□.NO		OMPLETION OF ( OF DEATH?	AUSE
Σ						_			1	☐ YES 2X	VO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			24 84	ACE OF BEATH (C)						
SIC		IOSPITAL:		THER:	ACE OF DEATH (Ch						
H	27. MANNER OF OEATH	280. OATE OF INJURY	28b. TIME O	F 28c. INJL	5 Raeldence			JURY OCCUR	FD.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WOI					-0		
ED B	3 Suicide 6 Could not be	28a. PLACE OF INJURY — Al building, etc. (Specify)	t home, farm, stre	et, factory, office		28f. LOCATI	ON (Street or	nd Number or F	lural Flor	ite Number,	
1	4 Homicide determined	samany, acc (opecny)				City or 1	own, State)				
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the beat of my knowledge	, death occurred a	it the time, date	end place, end dua	to the cause	e) and man	ner as stated			
OM	one) 2 MEDICAL EXAMINER:	On the basis of examination end	or investigation, i	n my opinion, de	eath occured at the	time, date an	d place, end	due to the ce	use(a) a	and menner ee a	ated.
	296 SIGNATURE AND TITLE OF CERTIFIE			Т	29c. LICENSE NUI					fonth, Day, Yeer)	
多年	bulf sk	Co-Director	Mannak	-1				•			
5	30. WAME AND ADDRESS OF PERSON WHO C	OLD THE CAUSE OF DEATH (	Neonat ITEM 27) (Type, Pri	int)	D-1928	4		12-	-21-	-91	-
	Sinai Hospital, 24	01 W. Belvede	ere Ave.	Baltim	ore, Md	, 2121	5				
	31. DATE FILED (Mouth Cay, Your) 1991	32. REGISTRAR'S SIGNATUR	E 70. 1. 10								
	250 9 0 1991	June wandsor	-Nadorac								1

ĕ

notified

be

must

examiner

medical

the

Event.

other

injury, or

апу

item 23 shows

10

marked,

MPORTANT: If Item 28 is

53	=	-
8	=	ö
45	9	_
24	Ų.	0
9	2	at
5	50	E
	- 5	5
빞	- 5	4
æ	-0	ď.
2	3	B
м	18	動
88	-8	С
93	978	В
S.	- 2	a.
	HE	Ŧ
듣	20	je.
2	8	7
듄	8	=
eg	at a	무
D	a)	ë
ag.	5	~
	3	8
Pa	P	
60	ē	듄
9	.0	8
3	S	I,
9	9	0
2	ă	4
6	SE	e
9	2	0
F	æ	ate
=	3	St
X	E	63
2	9	長
82	S	£
天	E	₹
(7)	-	5
Z	#	ea
0	4	D
H	95	9
	K	af
AC.	E	80
8	8	20
_		Ē
A	3	2
à.	8	C
8	Z	ま
王	E,	₹
中	뿌	8
产	产	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice. The property of the fourth	2	9

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH John F. Terry December 25, 1991 12:29 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea BIRTHPLACE (State or Foreign Country) 577-36-9286 1 M 2 - F DAYS HOURS June 2, 70 YRS Washington, 1921 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital DIRECTOR Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Kensington 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10110 Summit Avenue 20895 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 K Married IF YES, GIVE WAR OR OATES ВУ 3 Widowed 4 Divorced WW II White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ost of working Elementary/Secondary (0-12) College (1-4 or 5+) President 4 Machine Tools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel F. Terry Hazel Campbell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James Terry 10110 Summit Avenue, Kensington, MD 20a. METHOD OF DISPOSITION

1 N Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 12/28/91 DATE 20c. LOCATION - City or Town, State Washington National Cemetery 4 Donation 5 Other (Specify) Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave.Bethesda.MD Funeral Home/ Chase, Inc. M00198 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — building, etc. (Specify) 3 Sulcida At home, term, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 XXCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CONTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) HARRIL mp D03073 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. - 6719457BON LANS

North frank

was of a table of an extended

Ξ	3	8	
œ	2	P	
4	Ë	ě	
5	100	S	
	. 9	6)	
ш	>	990	
Ů,	E	-	
Ö	9	용	
5	9	9	
Ξ	8	a	
5	=	Jer	
₹	dea	Ž	١.
BALTIMORE, MARYI	e e	the	Ma
	to	6	ũ
	Sin	=	1
	2	pa	0
	24	ij.	00
	-5	ely	nat
0	Nie.	Die	rer
9	P	E	0
Ø	a	8	Ina
9	9	and	ă
ĸ	45	UE.	2
Э	0	ici.	00
n	Safe	E	0
-	集	0	en
ب	9	din	2
J.,	듶	ten	౼
n	ê	at	ent
ä	2	#	2
Ī	te l	3	and
0	5	8	2
ر	Se	gi	ea
Ц	20	5	×
Ľ	7	pee	
Ļ	100	as.	e de
4	a a	d a	9
=	-	cat	Sta
>	IA	THE STATE OF	9
-	S	S	=
)	줒	this	M
Z	6	P.	E
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE PREMITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	THE FALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	the mental Mours after death with the State Dept. of Health and Mental Hydiene prior to bunal, cremation, or removal.
5	E	ä	Je.
-	F	E.	P
2	A	RE	urs
	0	<u>a</u>	2
	M	MI	2
	3	-	ş
	Æ	₽.	ä
	149	-	à
	E	V	8
	N.	er.	삪

DEC 3 0 1991

99. FACILITY NAME (II not institution, give street and number 3106 E. Federa 11. MARITAL STATUS 15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)	1  M 2  F  9 ( et and number)  HOSPITAL AS:  2  Street  12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	SOCIATI 10 N U.S. ARMED 25 NO	TO De. CITY, TOWN	TY, TOWN CO.		12 7. DATE OF BIRTH (Month, Day, Year) 10 - 23 - 18 EATH		Country	PLACE (State or Foreign Sinia ATH A COUNTY		
9e. FACILITY NAME (II not institution, give street and number 3106 E. Federa 11. Marital status   Divorced   Specify only highest grade on Elementary/Secondary (0-12)	1 M 2 MF 96 et and number)  HOSPITAL AS:  2 Street  12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	SOCIATI	TO De. CITY, TOWN	TY, TOWN CO.	HOURS MIN.  PR LOCATION OF D  EN BURNI  ION	10-23-18 EATH	395	8. BIRTHI Country Vir	PLACE (State or Foreign Sinia A. COUNTY		
IO. STATE  IO. STATE  IO. STATE  IO. STATE  IO. STATE  IO. STATE  IO. COUNTY  NOTE  IO. STATE  IO. COUNTY  NOTE  IO. STATE  IO. MARITAL STATUS  IO. Marital  IO. DECEDENT'S EDUCA  (Specify only highest grade of  Elementary/Secondary (0-12)	HOSPITAL AS:  21 Street  12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	TON DC. CITY, TOWN	GL OR LOCAT	EN BURNI	EATH		A A	A COUNTY		
IOB. STATE  IOB. COUNTY  IOB. STREET AND NUMBER  3106 E. Feders  II. MARITAL STATUS    Never Merried 2   Merried  B Widowed 4   Divorced  (Specify only highest grade co	21 Street  12. WAS DECEDENT EVER IF FORCES? 1 TES. GIVE WAR OR D	N U.S. ARMED	Dc. CITY, TOWN	on Locat	ION				A COUNTY		
IOB. STATE  IOB. COUNTY  IOB. STREET AND NUMBER  3106 E. Feders  II. MARITAL STATUS    Never Merried 2   Merried  B Widowed 4   Divorced  (Specify only highest grade co	21 Street  12. WAS DECEDENT EVER IF FORCES? 1 TES. GIVE WAR OR D	N U.S. ARMED	Dc. CITY, TOWN	on Locat	ION			A.	10d. INSIDE CITY		
In ARITAL STATUS    Marital Status   Married   Married   Microscope   Married   Marrie	21 Street  12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	N U.S. ARMED		timo		V			10d. INSIDE CITY		
10. STREET AND NUMBER  3106 E. Feders  11. MARITAL STATUS    Never Merried 2   Merried  B. Widowed 4   Divorced  15. DECEDENT'S EDUCA (Specify only highest grade co	21 Street  12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2) NO	Bal		re Cit	V			LIMITS?		
3106 E. Feders  11. MARITAL STATUS    Never Merried 2   Merried   Merried 3   Divorced  15. DECEDENT'S EDUCA (Specify only highest grade co	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2) NO		101	to expert and whitere						
II. MARITAL STATUS    Never Merried 2   Merried     Widowed 4   Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2) NO		107. ZIP CODE 109. CIT							
Never Merried 2 Merried  Divorced  Divorced  15. DECEDENT'S EDUCA (Specify only highest grade co	FORCES? 1 YES	2) NO		21213 Un					States		
(Specify only highest grade co	TION	1 Never Merried 2 Married FORCES? 1 YES 2 NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES YOUND Specify:  Negroid				
Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						SINESS/INC		1010		
unknown u	College (1-4 or 5+)	Iffe. Do I	NOT use retired.	.)	at of working						
unknown unknown Farmer											
7. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
Calbert Cosby					Harrie	iett Easley					
19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
Debra Wood									13		
Oc. METHOD OF DISPOSITION	206	PLACEAND	DATEGEDISEC	SITION (No.	mada 0 / 50	OFTET 20c. LO					
□ Donation 5 □ Other (Specify)	rom Stata	eenmo	ory or other place	Ceme	terv						
21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE											
Make R	Xu.	ofto		Cal	vin B.	Scruggs	Fune	eral	Home		
23 PART I Enter the diseases as as	mollections	445	1	412	E. Pres	ston St	Ral +	i ma	re Md. 27		
ehock, or heert fallure. List only one cause on each line.  Approximate intervel Between											
MMEDIATE CAUSE (Final	APPRIMARIEN a CARROLLANICA						1	Onset end Deeth			
resulting in death)	The state of the s										
	DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions.	. Lucion Vazario V Curio V										
f any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):										
CAUSE (Disease or Injury C.											
hat initiated evente	DUE TO (OR AS A CONSEQUENCE OF):										
d.											
PART II. Other significant conditions	contributing to death b	ut not resul	iting in the u	Inderiving	ceuse alven in	Part i. 24a was au	MITOPEV	246 1	WERE AUTOPSY FINDINGS		
110 e. Dic	7		•	,,	and an arrangement				AVAILABLE PRIOR TO COMPLETION OF CAUSE		
NO OFF						1 TYES 2	□ NO		OF DEATH?		
						_		1	1 YES 2 NO		
5. WAS CASE REFERRED TO MEDICAL I									*		
EXAMINER?			OTHE		NGE OF DEATH (Ch	eck only one)					
			OA 4 🗆 Nu	raing Home							
	(Month, Day, Year)	280	INJURY	WOF	IK?	28d. DESCRIBE HOW II	JURY OCC	URED			
2 Accident Investigation			М		ES 2 NO				1.7		
3 Suicide 8 Courtd not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, f	farm, street, tec	ctory, office		281. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,		
etermined											
Oa. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowl	ladge, death o	occurred at the	time, data a	ind place, and due	to the cause(a) and man	ner an stet	id.			
one) 2 MEDICAL EXAMINER:	On the beals of examination	n and/or invest	tigation, in my	opinion, de	ath occured at the	time, data and place. and	dua to the	e cause(s)	and manner as stated		
2 11 11 2 11 11 2	Debra Wood  De. METHOD OF DISPOSITION  Burlel 2 Coremation 3 Remov  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LICE  AND SERVICE	Debra Wood  De. METHOD OE DISPOSITION   Burlai 2 CACremation 3   Ramoval from State   Certification   Certific	Debra Wood    Debra Wood	Debra Wood    3106 E	Debra Wood    Debra Wood   3106 E. Fed.   Fed.	Debra Wood    Same   Sa	De Dra Wood    3106 E   Federal St.   St.   Salto	Debra Wood  3106 E. Federal St. Balto, Md. 20b. PLACE AND DATE OF DISPOSITION   Manual Properties   Multiple Commission   Multiple C	Debra Wood  3106 E. Federal St. Balto, Md. 212  206.PLACE AND DATE OF DISPOSITION   Balto, St. Balto, Md. 212  206.PLACE AND DATE OF DISPOSITION   Commended   2/30 / 9Th   206. LOCATION - Chy or Tow   Baltimore, commended   2/30 / 9Th   2/3		

M.D. /273\_F PENINSULA FARM ROAD/ARNOLD. MARYLAND

Citris Bolangara

and all 11.21

DHMH-18 Rev 1/89

4	deal	P.
BA	ter	the
	a	3
_	· §	5
		E E
	C	>
,	Nith.	plet
4	Da.	physician and completely
5	5	D
	8	a
X	2	clar
໘	Safe	JAS I
-	Ti.	0
0	8	É
<u>.</u>	eath	atte
Ś	e d	been signed by the attending
	11 11	3
Ĭ.	\$	99
3	res	Sign
ŭ	nbe	E
T,	M	8
Ļ	96	has
	Ė	ate
>	A	ti fi
_	Sic	8
0	F	this
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely nied in by the fun
9	S	B.
(3)	E	B
<u>&gt;</u>	JR.	J. BE
	7	100
-	PIT	ERA
	8	N

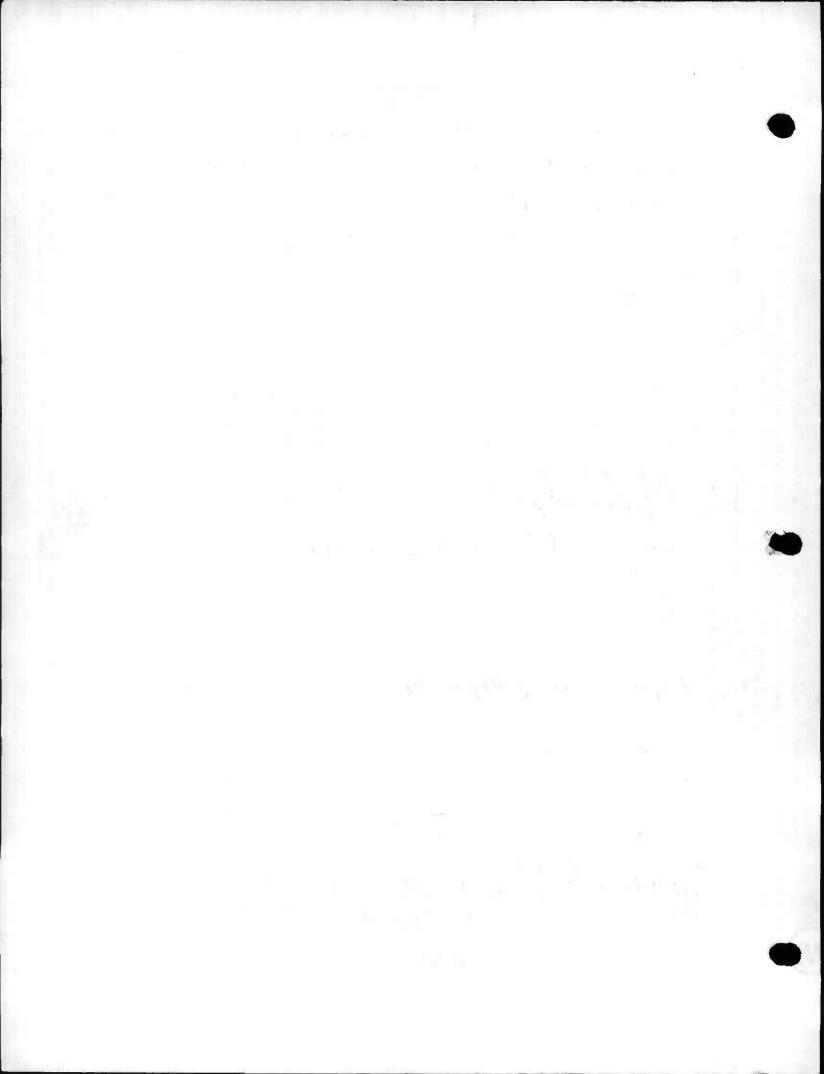
iff). Page 6 may be retained by the hospital or attending physician. neral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within aurs after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ined in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE REGISTRAR

DEC 3 0 1991

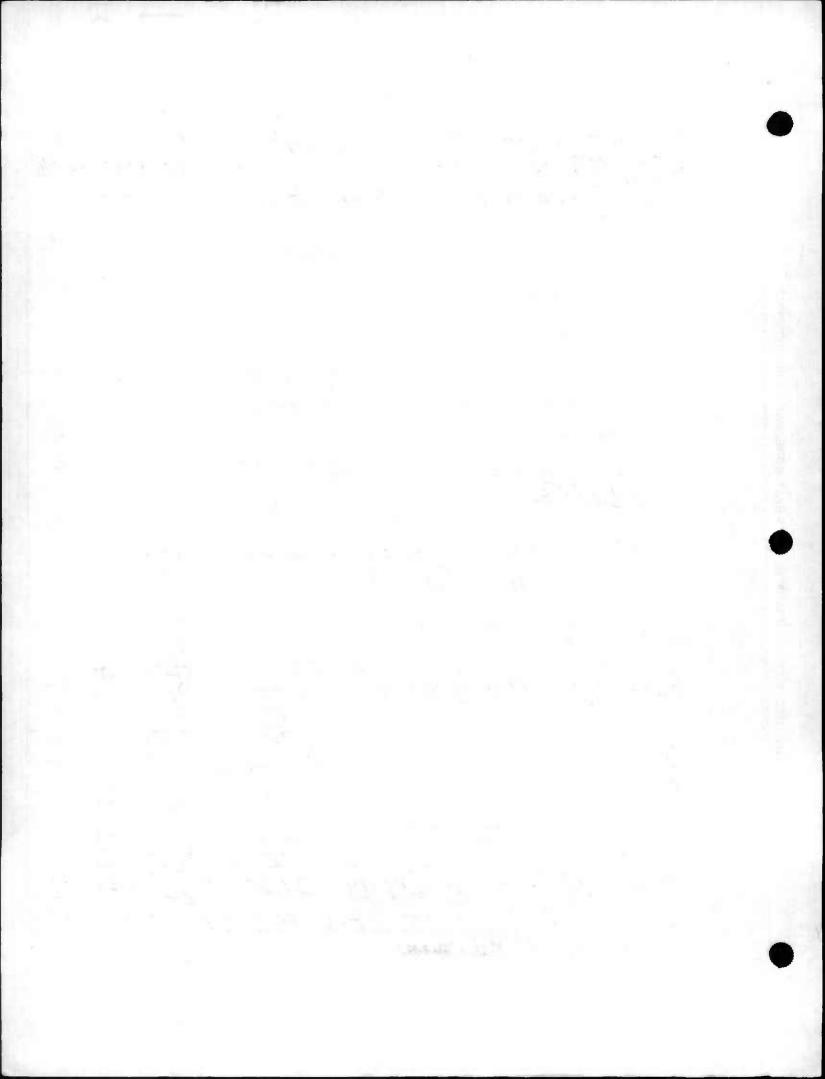
	1. DECEDENT'S NAME (First, Middle, Leat) FRANCIS FREDERIC WALRATH  2. DATE OF DEATH MONTH DAY 12 25 91 1 25 6										TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX				-	12	OF BIRTH	5	91	125pm
	216-38-4045	1 M 2 🗆 F	6. AGE (In yrs. les	YAS.	MONTHS DAYS			th, Pay, Year)		8. BIRTHPLA Country)	M D
JR.	9a. FACILITY NAME (If not Institution, give st ST - Joseph	HOSpit	al		96. CITY, TOWN OR LOCATION OF DEATH TOWSON				Baltimore		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	- +-									
DIRECTOR		Balto Ci	ty		y, town on Location Balto City				10d. INSIDE CITY LIMITS? XXXX YES 2 \( \text{NO} \)		
FUNERAL	100. STREET AND NUMBER 1449 Medfield A	venue				21211			12	S.A.	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried XXXVMarried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE V		MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 YES 2 XXO Specify:  White					American Indian, hite, etc. White	
8	15. DECEDENT'S EDUCATION 18a. DECI (Specify only highest grade completed) (Give				USUAL OCCUPA	TION	16	b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Flementery/Secondary (0.12) College (1.4 or 5.4)				ocial Worker Social Serv					rices	
S S	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)										
BE (		s Howard	Walrath			Const	ance	McDona	ald		
0	19a. INFORMANT'S NAME (Type/Print)			and Number or Rui							
	Catherine Walrat		205 BLACE			ey Ct. F		<del></del>		City or Town,	244-
	20s. METHOD OF DISPOSITION  1	oval from State	Metro	Cre	natory	cemetery, cremetory (	×	20e. 20	atons	sville	, MD
	21, SIGNATURE OF FUNERAL SERVICE LIC	arper	de			AND ADDRESS OF				SS FUN 212	VERAL HOME 211
2	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiretory errest, affock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	DART II Other elemificant condition	o operation to	death but eat				I- 0 1	T		I	
MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO								MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL					DI 405 OS DE 1711	470	1			
SICIAN	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant 3	□ 004	OTHER:	PLACE OF DEATH					
PHYS	27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. TIM	E OF 28c.	ome 5 Residen		ESCRIBE HOW I	NJURY OC	CURED	
ВУ Р	1 Natural 5 Pending Investigation	(Month, I	Day, Year)	- IN		WORK? YES 2 NO					
0	3 Suicide e Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At he, atc. (Specify)	ome, farm,	street, factory, o	fice	201. LC	CATION (Street by or Town, State)	and Number	or Rural Rout	Number,
OMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of									nd manner as stated.
BEC	SIGNATURE AND TITLE OF CERTIFIE	Ko	21	N	(I)	29c. LICENSE	780		29d. DAT	SIGNED (M	S-9/
10	90. NAME AND ADDRESS OF PERSON WH	O O O O	SE OF DEATH (ITE	M 27) (3/p)	Print)	n Rus. 1	SANN	LAND			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of attention physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIENE REG. NO.	91 36050			
1. DECEDENT'S NAME (First, Middle, L	ast)	, /	111	1 . 00	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
(500 rge	WAShingt	ON L	VIId	er,4K	12 28	91 0755 #			
4. SOCIAL SECURITY NUMBER 215/07/8951	10/M2 = 8		UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Dify, Year)	8. BIRTHPLACE (State or Foreign Spirity) / Timbre M/)			
9a. FACILITY NAME (IT not institution, of 7733 OVE	erhill Ro	/	slew	R LOCATION OF DEA	rule 90.0	COUNTY OF DEATH			
RESIDENCE OF DECEDENT		10c. CITY, TO	OWN OR LOCATI	ON	-	10d, INSIDE CITY			
RESIDENCE OF DECEDENT  10a. STATE  MD  AND	NE ARUNDEL	GI.	EN BURN	JTE		LIMITS?  1 YES 2 NO			
		1 02		ZIP CODE	10g.	CITIZEN OF WNAT COUNTRY?			
7733 OVERHILL I	ROAD		2	21060		U.S.A.			
10e. STREET AND NUMBER  7733 OVERHILL II  11. MARITAL STATUS  1  Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe	ENDENT OF HISPANI city Cuban, Maxican 2 2 NO Specify:		- 14. RACE - American Indian, Black, White, atc. Specify: WHITE			
	EDUCATION	16a. DECEDENT'S USL			16b. KIND OF BUSINESS				
(Specify only highest of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during mos tired.)	t of working					
5	NONE	CARPENTE	R		HOME IMPRO	ROVEMENT			
15. DECEDENT'S (Specify only highest to Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last				16. MOTHER'S NAM MARGARET	E (First, Middle, Maiden Suman				
GEORGE W. WILDI	GEORGE W. WILDER, SR.					(NOWN)			
O THE INFORMANT'S HAME (Type/PTITE)	19s. INFORMANT'S NAME (Type/Print)  19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zig								
VIRGINIA RICHA	IRGINIA RICHARSON 1875 Cedar Drive Severn, MD 211								
20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetary or other place) CEDAR HILL CEMETERY  20c. LOCATION - City or Town, State 12-31 BROOKLYN, MD									
21. SIGNATURE OF FLATERAL SERVICE		EDAK HILL	22. NAME AN	D ADDRESS OF FAC	ILITY	YN, MD			
· Detho	SINGLETON FUNERAL HOME GLEN BURNIE, MD 21061								
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	IOVA	seu/n	+- FAil	Onset and Death			
PART II. Other algnificent cond  Light An Court  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	V1- 1		he underlying	ceuse given in i	Part I. 24a. WAS AN AUTOR PERFORMED?	AVAILABLE PRIOR TO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	σ	26. PL THER:	ACE OF DEATH (Che	ck only one)				
1 YES 2 NO	1 - Inpetiant 2 - ER/Outp	atlant 3 DOA 4	☐ Nursing Home	8 Residence					
	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WO	RK?	28d. DEŞCRIBE HOW INJURY	OCCURED			
D Cutata	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
CONDON GINY	PHYSICIAN: To the best of my knowl					s stated. to the cause(s) and manner as stated.			
296 SIGNATURE AND TITLE OF CERT	N WAO COMPLETED CAUSE OF OE	Dep	uty	DOG	050	DATE SIGNED (Month, Dey, Year)			
31. DATE PILED (Morith, Day, Year)	P. Jones	ner	Pil	O. Bu	x 99 C	othins 20711			
DEC 3 0 199	12. REGISTRAR'S SIGN	Andere							



							9	1 3	36051	
	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART CERTIFIC	MENT OF HEALTH CATE OF DEAT	AND ME	NTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		EAR 3. T	IME OF DEATH	
	BETTY JEAN WT		12-2			91		M		
	381-32-6133	1□M270F 59	YRS.	IF UNDER 1 YEAR IF UNDER NONTHS DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year) 7-25-32		BIRTHPLAC Country)	E (State or Foreign	
œ	9a. FACILITY NAME (If not Institution, give street and number)			Bb. CITY, TOWN OR LOCATIO	ON OF DEATH		9c. COUNTY OF DEATH			
DIRECTOR	203 Armstrong T RESIDENCE OF DECEDENT					Anne			indel Co	
DIR	Mo. Anne	Arundel		TOWN OR LOCATION				1	INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Arundel	Pas	adena.			10g. CITIZEN	_	YES 2 TNO	
FUNERAL	203 Armstrong	Tane-Pasad	ena. M	d 27	122			S.A.		
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED	13. WAS DECENDENT O	F HISPANIC	ORIGIN? (Specify Yea	v Yes or No - 14. BACE - American Indian			
ВУ	1 Never Merried 2 Merried 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DATE		If yes, specify Cubar		uerio Ricen, etc.)		Black, White, etc. Specify:		
	15. DECEDENT'S EDUCA	Tion				White				
#	(Specify only highest grade of	ompleted)	(Give kind of wor life. Do NOT use if	SUAL OCCUPATION rk done during most of working metimed )	g	16b. KIND OF BUS	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) Ν / Δ		,		0	_7	TD 2 3	~	
OM	17. FATHER'S NAME (First, Middle, Last)	N/A	pringer	Worker	IER'S NAME /	First, Middle, Maiden		Bina	er Co.	
BE C	Lawrence Aker	g				cette	Surriemey			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street and Number			n, State, Zip Co	de)		
2	Wayne L. Wilcze	k		rmstrong :					1122	
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Remove	20b. PL	ACE AND DATE OF	DISPOSITION /Name of	Dolle		CATION — City	-		
	4 Donestion 5 Other (Specify) Glen Haven Cemetery 12-30-91 Glen Burnie Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  5151 Baltimore National Pike									
	G. Truman S	Schwah		Baltimo:				Plk	e	
	interval Bet								Approximata interval Between Oneat and Death	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST									
S	d.									
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in					24e. WAS AN PERFORE		AVAIL CDMF DF DI	AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO	
ž										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
IYS	1 YES 2 NO	☐ Inpatient 2 ☐ ER/Outpaties	nt 3 🗆 DOA 4	☐ Nursing Home 5 Res	eldence 8 🗆	8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	Day, Year) INJURY WORK?			28d. DESCRIBE HOW INJURY OCCURED				
B	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home			M 1 YES 2	-/-					
	3 Suicide 8 Could not be datermined	281.	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner as stated.									
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 2 29c. LICENSE NUMBER 29d. DATE SIGNED (Monti									
8 2	Mough 1	Oorbah	7	02	793	5	D (2	1/2	7 (91	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Mayer Gorbaty 795 Aquaha-T Rd Glan Burnie Maziobi									
	31. DATE FILED (Month, Day, Year) DEC 3 0 1991	32. REGISTRAR'S SIGNATUR	RE		- / -	01				
	1001									

sam to life y m to m . •

BALTIMORE, MARYLAND 21215-0020

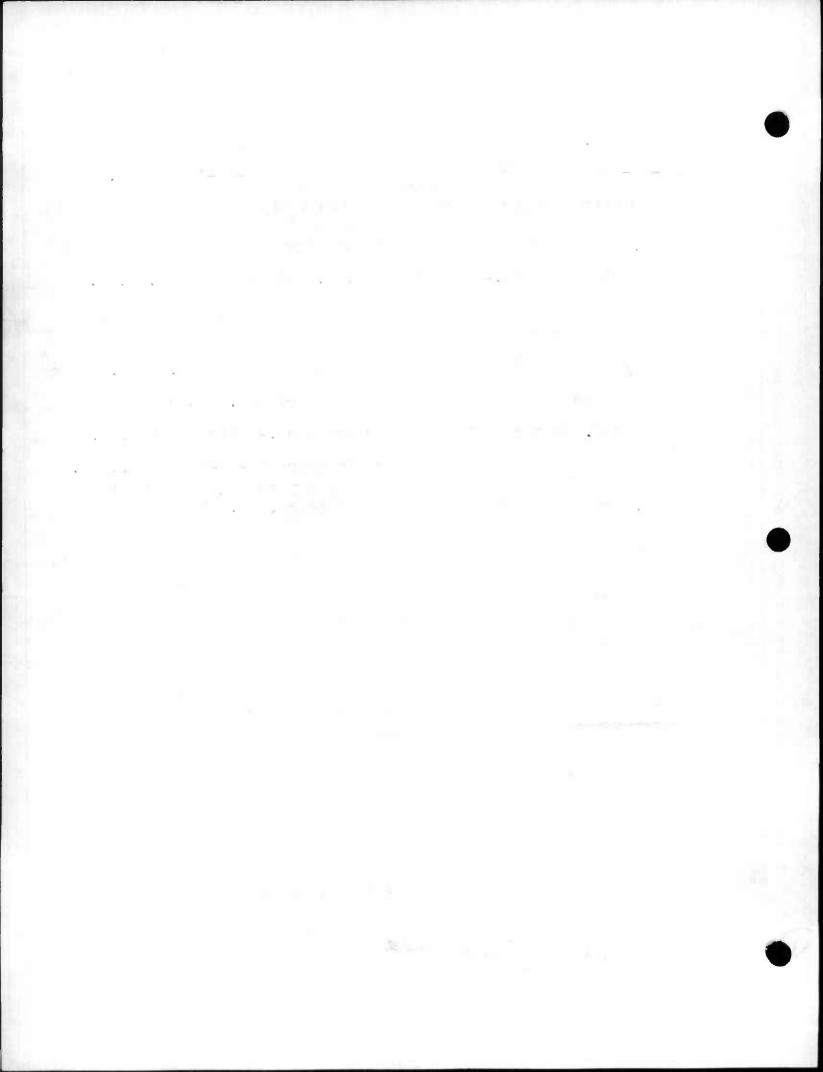
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT OF CERTIFICATE O		MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Lest)  MATT, 1) A. F. WTT	MTD C			2. DATE OF DEATH	DAY YEAR	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (Ir	YRS. MONTHS DAY	8 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-15-18	199 M	HPLACE (State or Foreign		
DIRECTOR	Bon Secours Extended Care Ellicott City Howard County								
	Md. Howa	rd	Ellicot		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	3000 North Ridg	e RdEll:				U. S			
ВУ	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DAT	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:  \[ \text{N} \sumeq \text{A} \]	Spe	E — American Indien, k, Whita, etc. ////////////////////////////////////				
COMPLETED		TION empleted) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUP. (Give kind of work done during life. Do NOT use relited.)  Retired	NTION most of working	16b. KIND OF BUSINESS/INDUSTRY				
COMP	17. FATHER'S NAME (First, Middle, Last)	N/A	May C	O. Dep	. Store				
BE	Thomas Lockar  190. INFORMANT'S NAME (Type/Print)	Thomas Lockard Berth							
10	Thomas E. But		4042 Creso	ent Rd.	-Ellicot	t City.			
	1 Suriel 2 Cremation 3 Removid 4 Donellon 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	1 Oxburiel 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) Loudon Park Cemetery 12-24-91 Balto Md							
- 1	ional I								
	G. Truman Schwab  Baltimore, Md., 21229  23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval interval.								
	All and a second a	IMMEDIATE CAUSE (Final disease or condition							
MOIT	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  C. DIABETES MELLITUS, TUPETE 15  DUE TO (OR AS A CONSEQUENCE OF):								
AL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  PERFORM  1   YES 2						AVAILABLE PRIOR TO COMPLETION OF CAUSE		
AN: MEDIC	SEIZURE DISORDIER , OF DEATH?								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 1 HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Invarieng Home 5 Residence 8 Other (Specify)								
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. I	NJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
- 1	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, tarm, atreet, fectory, office building, atc. (Specify)			28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(e) end menner as stated.								
TO BE C	29b. SIGNATURE AND TITLE OF CENTRER NUM. D 193				558 12/23/91				
	Glen E Johnson MD. Sinte 205 Catons ville medical control But med 2176								
	31. DATE FILED (Month, Day, Year)								



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. To the physician of the physician.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMEN	T OF H	HEALTH	AND	MENT	AL HYGIEN REG. NO		J [	00000
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEATH
	Frances Regina W	Frances Regina Wickes							12	TH D	-	YEAR 91	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	_	E OF BIRTH	4	/	7:30P
	223-84-9919	1 🗆 M 📈 F	OT			DAYS				ith, Day, Year)	Country)		
oc.	9e. FACILITY NAME (If not institution, give s				9b. CIT	Y, TOWN	OR LOCAT	ION OF DE	EATH		9c. COU	NTY OF DE	ATH
Ō	4613 Hornbeam Drive					Ro	ckvi	lle			Montgomery		
DIRECTOR	10e. STATE 10b. COUNTY Virginia	None			y, town	OR LOCAT	TION			-		T	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	None		<u> </u>	Coan		t. ZIP COC	1 1 YES 2 □ NO					
FUNERAL	4920 Woodmar Drive #130					100		018			10g. CITIZEN OF WHAT COUNTRY? United States		
P.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED			13.	WAS DEC	ENDENT	OF HISPAN	NIC ORIG	ORIGIN? (Specify Yea or No. 14. RACE -			- American Indian,
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto 1 YES 2 NO NO NO Specify:									orto Rican, etc.)  Black, White, etc.  Specify:  White			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	USUAL C	CCUPATIO	ON		16	b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) like	Give kind of v			ist of work	ng					
ME	1.2 17. FATHER'S NAME (First, Middle, Last)			Ног	nema	ker					wn Ho	ome	
							18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE	George H. Yeager		_			_::-		ry C					
5	Joseph Salyards W	is also a 3								nber, City or Town			
	20a. METHOO OF DISPOSITION	ickes, J		4613	Horr	bear				kville.			
	1 - Burial 2 Systemation 3 - Removal from State 200. FLACE AND DATE (Post-State Inc.) 12/26/91 200. LOCATION - City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    Will EBace   M00672   William And Address of Facility Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557   100												
	23 PART I. Enter the diseases or complications that could be death Do not at the												
	interest in the art rational. List only one causa on each line.									Approximate interval Between			
	disease or condition could be a Columna of the country of the coun								Onset and Death				
	DUE YO (OR AS A CONSEQUENCE OF):												
z													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(Off AS A CONSE	QUENCE OF	<b>)</b>								1
S	cause. Entar UNDERLYING CAUSE (Disease or injury												
E	that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
5													
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
5	Right placeral officer, chronic obstrative pulsion - PERFORMEDT									WAILABLE PRIOR TO COMPLETION OF CAUSE			
Ä	CONTRACTOR OF COLUMN STATES OF STATES												
-	elegistery forther												
¥	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
PHYSICIAN: MEDICA	HOSPITAL:  1 VES X NO  HOSPITAL:  1 Donation 2 Donate Residence  OTHER:  1 Norming Home 5 Disastence at XOther (Specify) Son's Residence									dence			
Ξ	27. MANNER OF DEATH	28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT							28d. DESCRIBE HOW INJURY OCCURED				
ВУР	1 Natural 5 Pending (Month Disc Year) INJA 2 Accident Investigation					RY WORK?  M 1 VES 2 NO							
	3 Suicide 8 Could not be	THE REACE OF IN HUMB.						281. LOCATION (Street and Number or Aural Route Number					
COMPLETED	4 Homicide determined	Dumaning.	and influence						City	or Reen, State)			
PLE	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
MO	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIED	1.	0			1		ENSE NUM					
BE	Guld E. O	ell_2	-					1385					Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF OF 1711 #77										

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2901

M. O. Olney,

32 hearstrans signature

June Daylose Andelle

Oillm,

"1991

Olney-Sandy Spring Road

Franks mit

Sanjina II. Ay san 19 199

- 50	
-	
_	
10	
w	
Day.	
68760,	
00	
w	
10	
w	
_	
BOX	
36	
~ ~	
$^{\circ}$	
~	
AA.	
ш	
_	
LJ.	
Ö	
-	
4.0	
cn	
~,	
$\sim$	
ш.	
_	
~	
-	
RECOI	
$\sim$	
$\sim$	
r 3	
$\sim$	
ш	
_	
ere.	
ш.	
_	
el -	
-	
8	
_	
-	
_	
The same of	
September 1	
F	
-	
-	
$\sim$	
_	
7	
صک	
-	
( )	
$\overline{}$	
and the last	
4.00	
C/1	
-0	

TAL DR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
SPITAL	NERAL thin 72	NT: IR

91 36054 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Clara M. Arnold Dec 29,1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 9/2071889 213-74-5800 1 M 2XX 102 DAYS HOURS Maryland YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Gardens Nursing Home Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md. Rodgers Forge 1 - YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 528 Overbrook Road 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried BY 3 Wildowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
('Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6 Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Thomas Blazek BE Mary Blazek 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Miss Mary P. Arnold 528 Overbrook Rd. Baltimore Md. 21212 20e METHOD OF DISPOSITION
1 N Buriel 2 Cremation, 3 Removal from State
4 Donation 5 Other/Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Dulaney Valley Mem. Grds1/2/92Cockeysville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home, Allerway C. Sherman Denny, Jr. M00145 6500 York Rd. Balt. 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory errest, Approximate ehock, or heert feilure. List only one ceuse on eech line. intervei Between IMMEDIATE CAUSE (Fine) Onset and Death disesse or condition www reculting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions, if eny, lesding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events rasulting in death) LAST PART ii. Other significent conditione contributing to death but not resulting in the underlying ceues given in Pert t. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER: Nursing Home 5 - Residence 8 - Other (Specily) 27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME Q 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner es ateted. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yea

296. SIGNATURE AND TITLE OF CERTIFIER

296. LICENSE NUMBER

D32929

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Richard D'Antonia 7401 Osler Dr. #210 Towson, md. 21204

31. Date Filed (Month, Day, Year)

DEC 3 1 1991

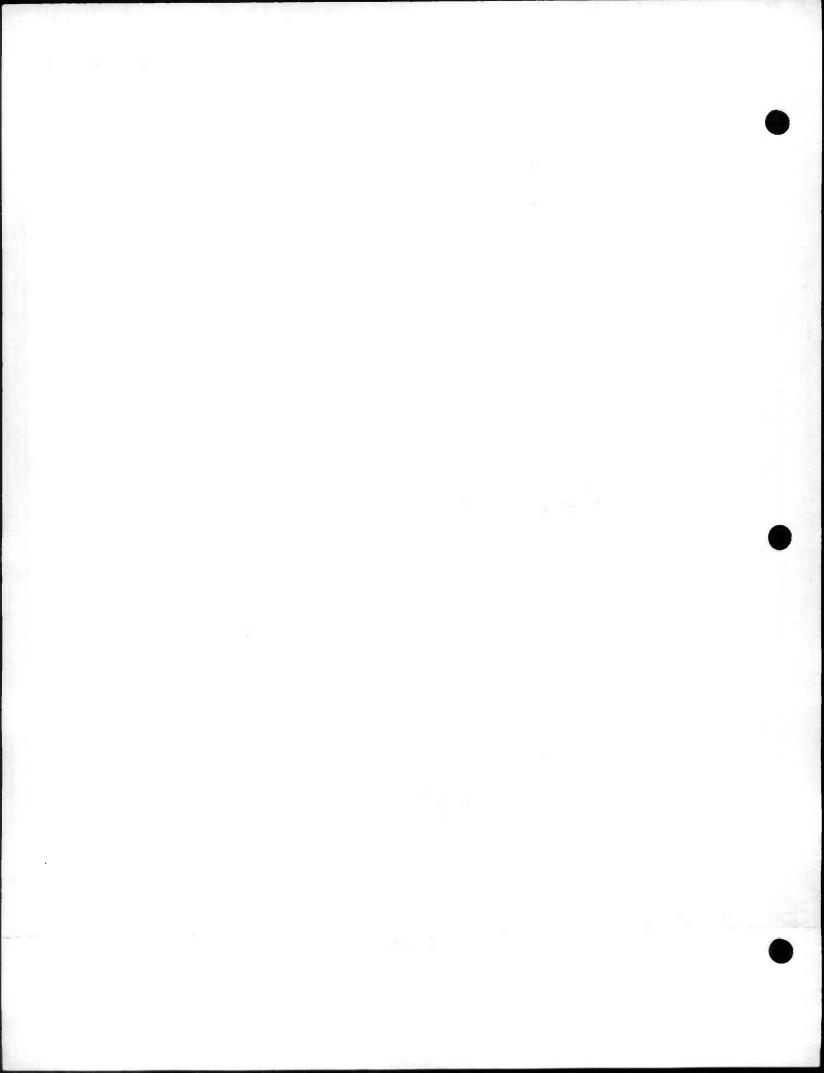
Julia Davidson—Randa

9

	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
ĺ		_	٥	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF HEALTH AND TICATE OF DEATH	MENTAL HYGIENE REG. NO.	<i>y</i> , 09000			
	1. DECEDENT'S NAME (First, Middle, Last)	CLAUDE A	LLEN AN	THONY, SR.	2. DATE OF DEATH MONTH DAY 7	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-28-0618	1 M 2 🗆 F	E (In yrs. last birthday) 59 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 21 32	8. BIRTNPLACE (State or Foreign Country) 59			
OR	90. FACILITY NAME (If not institution, give s CHURCH HOSPITA			9b. CITY, TOWN OR LOCATION OF BALTIMORE	DEATH 9c	. COUNTY OF DEATN			
ដូ	10a. STATE 10b. COUNTY	,	10- 07	Y, TOWN OR LOCATION					
DIRECTOR	MD			ALTIMORE		10d. INSIDE CITY LIMITS?  1) X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 622 N. DENISON S	ST.		101. ZIP CODE 21229	104	g. CITIZEN OF WHAT COUNTRY?			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ANIC ORIGIN? (Specify Yes or N				
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YE	S 2 NO	If yes, specify Cuben, Mexical YES 2 XXVO Special	cen, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, etc. BLACK			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT us	EM STEEL					
8	17. FATNER'S NAME (First, Middle, Last)			16. MOTHER'S N	IAME (First, Middle, Meiden Surna	sme)			
BE	ERNEST ANTHONY				SIE J. BAKE				
10	190. INFORMANT'S NAME (Type/Print) RENEE RIVERS	4		ADDRESS (Street and Number or Aura E. 33rd. St., B		ate, Zip Code) 21218			
	20e. METNOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remo	oval from Stete or	b. PLACEAND DATE	OF DISPOSITION (Name of	DATE 20c. LOCATIO	ON — City or Town, State			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		BALTIMURI	TATIONAL		IMORE, MD			
	· blad	2 1000	. >	MARCH FUNER	AL HOME-WEST AVENUE, BALT	IMORE MR			
	23. PART i. Enter the diseases, or c	Dimplications that cause	nd the death. Dp r	pt enter the mode of dving, su	ch as cerdiac or respirator	ry arrest,   Approximate			
	ahock, or heart failure. I  IMMEDIATE CAUSE (Finel  disease or condition resulting in death)	a. He	oech line.	Failu		interval Batween Onset and Death			
z	DUE TO (OR AS A CONSEQUENCE OF):								
SATIC	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	7:					
CERTIFICATION	CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	):		,			
	PART II. Other eignificent conditions	contributing to death	but not resulting i	n the underlying cause given in	Best I as ano as area				
<u>5</u>	Esoph.	1 9 Ral	Ca	S CO	PERFORMED?	? AVAILABLE PRIOR TO			
MEDICAL					1   YES 2   N	OF DEATH?			
					_	1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)				
YSI	1 PYES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4  Nursing Nome 5 Reeldence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIMI	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	26d. DESCRIBE NOW INJURY	Y OCCURED			
	3 Suicide 6 Could not be datermined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, term, a ocify)	treet, lectory, office	26t. LOCATION (Street and Nu City or Town, State)	umber or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one)	IAN: To the best of my know	viedge, desth occurre	d at the ilme, date and place, and due	e to the cause(e) end menner e	s stated.			
Ö	2 MEDICAL EXAMINER	On the besis of examination	on end/or Investigation	n, in my opinion, death occured at the	time, date end place, end due	to the ceuse(s) end manner es stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	rbates	M.D.	29c. LICENSE NU	MBER 29d. ▶	DATE SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO		7 7 5	Prim) Aquahal	TR-16	(Pa Bush com			
	31. DATE FILED (Month, Day, Year)	32. MEGISTRARY SIGN	VATURE 1.00	1	7-0	יין אין אין אין אין אין אין אין			
	DEC 3 1 1991	guna Davide	on-Nanavac						

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		BEC NO

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEP	ARTMENT	OF H	IEALTH DEAT	AND N	MENTAL HYGIEN		J 1	300	00
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEA	ТН
	VERNON LEROY ALB						DEC. 28	AY 1	991	1:15	ъм	
	4. SOCIAL SECURITY NUMBER		n yrs. last birthdi	ay) IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		-	PLACE (State or Fe	oreign
		1X M 2 □ F 75	YRS	S. MONTHS	DATS	HOURS	MIN.	JAN.22,19	16		RYLAND	
~	9e. FACILITY NAME (If not institution, give stre			9b. CITY,	TOWN C	R LOCATIO	N OF DE			INTY OF D	EATH	
OT	1305 HILTON TERRA	ACE			ATO	NSVIL	LE		B	ALTIN	10RE	
DIRECTOR	10e. STATE 10b. COUNTY		10c.	CITY, TOWN O	R LOCAT	ION					10d, INSIDE CITY	,
	MARYLAND BALT	TIMORE		CAT	ONS	/ILLE					LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER		1		$\overline{}$	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
Ä	1305 HILTON TERRAC					21	228		l t	J.S.A	١.	
F	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED	13. \	MAS DEC	ENDENT OF	F NISPANI	C ORIGIN? (Specify Yes	or No-	14. RACE	- American Indi	en,
В	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES			2 🗌 NO				Speci	ry:	
	15. DECEDENT'S EDUCA	WW II	16a. DECEDEN	T'S HAHRI O'C	CUBATIO	M .	_	16b. KIND OF BU			HITE	
E.	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	of work done of T use retired.)	luring mos	st of working	7	100. KIND OF BU	SINE SS/INI	DUSTRY		
AP.			PUME	OPER	ATOR	•		BALTIMO	SE CI	ידיע ד	ימשת שמדי	TT.
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						ER'S NAM	NE (First, Middle, Maiden			TKE DEP	
BE	MILTON EDGAR AL	BAN				MYRL	ALV	ERTA WILH	ELM			
2	190. INFORMANT'S NAME (Type/Print)				(Street ar	nd Number o	or Rural Ro	oute Number, City or Tow	n, State, Zip			
	VERNON E. ALBAN		103	323 PII	NE R	IDGE	DRI	VE-ELLICO:	CT CI	TY,	MD. 2104	42
	20a METNOD OF DISPOSITION 1 ABurlal 2 Cremation 3 Ramov	ral from State 20b. i	PLACE AND DATE OUDON P	TE OF DISPOSI	TION / Nat	me of		OATE 20c. LO	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)	NSEE A	DODON P			LEUM O ADDRESS		12/31 BA	LTIM	ORE		
	60	Af						AL HOME IN	IC.			
-	Clau C. Tim			41	L07	WILKE	ENS A	AVENUE, BAI	TIMO	RE.	MD. 2122	29
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li	mplications that caused st only one cause on ea-	the death. Do ch line.	o not enter	the mod	de of dyin	ig, such	aa cardiec or reapi	ratory an	rast,	Approxima	
	IMMEDIATE CAUSE (Final Onset and Date 1)								Death			
	resulting in death) a.	DUE TO TOR AS A	CONSEQUENCE	00/	LYC	tiu	4				DIMU	Ital
z	disease or condition resulting in death)  a. Arrhythmiu, Curdiue  DUE TO (or AS A CONSEQUENCE OF)!  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
5	If any, leeding to immediate											
S	CAUSE (Disease or injury											
	that initiated events resulting in death) LAST	OUE TO (OR AS A (	CONSEQUENCE	OF):								
CERTIFICATION	d.											
A	PART II. Other significant conditions	contributing to death bu	t not resultin	g in the und	derlying	cauae gi	ven in P			24b.	WERE AUTOPSY FI	
20								PERFOR	-		AVAILABLE PRIOR	
ME											DF DEATH?	
PHYSICIAN: MEDIC												
S.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DE	ATN (Chec	k only one)				
IYS	1 YES 2 NO 1	Inpatient 2 ER/Oulpat		4 - Nursi		5 Avs	dence 6	☐ Other (Specify)				
	Netural 5 Pending	(Month, Day, Year)		IME OF	26c. INJU WOF	RK?		26d. DESCRIBE NOW II	JURY OCC	CURED		
B	2 Accident Investigation	2 Accident Investigation Investigation Investigation					-					
	3 Suicide s Could not be determined 25e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)					1	28f. LOCATION (Street a City or Town, State)	nd Number	or Rural A	oute Number,		
9	29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) end menner ee atated.											
COMPLETED	(Check only 2 MEDICAL EXAMINER:	On the beele of examination	age, death occi end/or investiga	urred at the tin	ne, date d	end piece, a	and due to	) The ceuse(e) end men	ner ee atat	ed.		
	296. SIGNATURE AND TITLE OF CERTIFIER				1							ated.
<b>₩</b>	52/ Onine 100	15 h. 11	0.			29c, LICEN	A 7	ER 2 3	29d, DATE	SIGNED	(Month, Day, Year)	,
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TN (ITEM 27) (7)	pe, Print)	4		12		- / .	13	00/9/	<b>'</b>
		, 9501 OI	D ANNA	POLTS	ROA	D.SIII	<b>፲</b> ሞፑጋሳ	OO-FITTCO	ייי רי	TV	MD 010	, ,
9501 OLD ANNAPOLIS ROAD, SUITE 200-ELLICOTT CITY, MD								<u> </u>	+/_			

	Q	廫	d
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training promotes after death with the State Deat of Health and Mental Havinen prior to burial command or removal	f Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
RECOR	requires that	of Health an	shows any
VITAL	CIAN: The law	rtificate has it	or item 23
ON OF	DING PHYSIC	After this cel	marked, 1
DIVISIO	DR ATTENC	DIRECTOR:	item 28 is
	7	40	-

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ED

COMPLET

BE

2

HOSPITAL ( FUNERAL C within 72 h =

THE HOSPITA THE FUNERA filed within 72

223

. 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH December 23, Louis 1991 Anderson Freeman 10:15am м 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 12 3362 1 🔀 M 2 🗌 F 68 YRS. 5-2 7-23 Virginia 9a. FACILITY NAME (If not institution, give street and number)
Maryland General Hospital 96. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore na 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3112 Presstman Street 21216 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2 NO Specify: Black Specify 3 Widowed 4 K Divorced no COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT usa retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Furniture Warehouse 9 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Everette Willie Anderson Mary Valentine 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rosalie Thomas Sister 3112 Presstman Street, Balto., MD 21216 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Oct Donation 5 ☐ Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir STATE ANATOMY BOARD 12-31-91 655 W. Baltimore St., Balto, MD 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallure. List only one cause on each line. intarval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition Metastatic carinoma of the colon reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2X NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TYES 2 XNO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER

IT SECENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) House n/a 10 Mon Staff 123 10 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) [Type, Print) C. Daniel Chou, M.D. c/o Maryland General Hospital

32. HEGISTRAR'S SIGNATURE

188 48 48

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

DEC 3 1 1991

	91-7773-005 I	tems:23 part I.	27. 2	8a.h.c.d	l.e.f ne	r MFC	1/17	1000	3	6050
	1 - STATEG-683 reb	STATE OF MARYLAND	DÉPAR ERTIFI	TMENT OF H	EALTH AND	MENTA	L HYGIEN	E	U	0000
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	OF DEATH		YEAR 3.	. TIME OF DEATH
	Doretta  4. SOCIAL SECURITY NUMBER	Carmela		Alecci		12	29	199	1	9:26 A M
	220-78-7088  9e. FACILITY NAME (If not institution, give s	1 □ M 2 □ F 31	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Mar	of BIRTH (h, Day, Year) ch 26	1960	Mary	
OR	3553 Moultree	Place	]		R LOCATION OF E	DEATH			Y OF DEAT	
ECT	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		I 100 CITY	, TOWN OR LOCAT				Balt	-	
L DIRECTOR	Maryland Balti			ockeysvi				T	1	LIMITS?
ERA	13212 Beaver Dam F	Dd.								AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF	RMED	13. WAS DECI	21030 ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	U S		American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe 1 - YES	2 NO Speci	en, Puerto ify:	Rican, atc.)		Specify: Whit	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S I Give kind of w n. Do NOT use	USUAL OCCUPATIO ork done during mos retired.)	N st of working	168	. KIND OF BUS	SINESS/INDU	STRY	
MP	12	Sec	retar	ν						
	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First,	Middle, Malden	Surname)		
8	EMILIO  19e. INFORMANT'S NAME (Type/Print)	Alecc		ADDRESS (Street ar	Ameli			2.	Raya	k
5	Mrs. Amelia R. Ale		1.10		-	HOUTE NUM	iber, City or Town	n, State, Zip C	(ode)	
	Mrs. Amelia R. Alecci   same as #10a - #10f									
	4 Donation 5 NOther (Specify)	tombment Dulane	emetory or oth	llev Mem	.Gdns.	12/31				
	21. SIGNATURE OF EMPETAL SETTING LICENSEE. 22. NAME AND ADDRESS OF FACILITY									
	Ernest L. Rei	It 111		Leopa 5305a	rd J.R Harford	uck.	Inc	ore M	ld 2	1214
	23. PART I. Enter the diseases, or cashock, or heart failure.	omplications that coused the de	esth. Do no	ot enter the mod	de of dying, aud	ch as care	diec or respi	ratory scree	st,	Approximate
	IMMEDIATE CAUSE (Fine)								intervei Between Onset and Death	
	disease or condition e. Cocaine Intoxication									
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions,  If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CA	CAUSE (Disease or Injury									
TIE	that initiated eventa resulting in deeth) LAST	DUE TO (DR AS A CONSEC	QUENCE OF	:						
EH	d									
_	PART ii. Other significant conditions	s contributing to death but not r	esulting in	the underlying	cause given in	Pert i.	24a. WAS AN			RE AUTOPSY FINDINGS
DIC							PERFOR		CO	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL							$\wedge$		1	YES 2 NO
N.										
SC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL/	CE OF DEATH (Ch	neck only on	10)			
¥ l	t  YES 2 NO	1   Inpatient 2   ER/Outpatient 3	□ DOA	4 - Nursing Home						
	1 Netural Pending	28b. TIME OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT WORK?  12-29-91 9 1 3 A M 1 YES 2 X NO					lenorm	IJURY OCCUI	RED	
D BY	3 Suicide 6 Could not be				UNKNOWN 28f. LOCATION (Street and Number or Rural Route Number,				Number.	
	4 Homicide datermined building, etc. (Specify) Bedroom - Residence					City	or Town, State)	3553 N		ree Pl.
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, dans: On the bests of examination and/or in	ath occurred	I at the time, date of	and place, end due	to the cau	se(a) and men	ner ee stated.		
	296 SIGNATURE AND TITLE OF CERTIFIER		vougenon				and placa, and			
BE	11 april 18	k mo			29c. LICENSE NUI	MBER	ŀ	29d. DATE S	IGNED (Mo	nth, Day, Year)
P OC MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								12	30_1	991
	1/4TRUN COC	te MD	LL Pe	nn Str	eet, B	alti	more	Marv	land	21201
	DEC 3 1 1991	Julia Daydon-Hank	dell							

" - T(1 - "

and the second of the second o

early and the state of the stat

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hural-transit narming pages 1.2 a should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								9!	36059		
_		1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN	T OF	HEALTH AND	MENTAL HYGIEI	NE			
		DECEDENT'S NAME (First, Middle, Last)	Ashmead				2. DATE OF DEATH	27 97	3. TIME OF DEATH		
		213-74-6326	SEX 6. AGE (In yrs. let	YRS. IF UND	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day, Year)	900 B. BIR	THPLACE (State or Foreign		
OB		Se FACILITY NAME (If not institution, give street	and number) Cente	e B	TY, TOWN	OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH ILA		
DIRECTOR		10a. STATE 10b. COLINTY	APUADA	10c. CITY, TOWN PASAT					10d. INSIDE CITY LIMITS?		
FUNERAL	-	100. STREET AND NUMBER	& Road	I_ FASAU		OI. ZIP CODE	2	10g. CITIZEN OF	1 YES 2 NO		
BY FUN		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 XI IF YES, GIVE WAR OR OATES		If yes, s	CENDENT OF HISP pecify Cuban, Mexi S 2 NO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	ns or No— 14. RA	CE — American Indian, ick, White, etc.		
ETED 8		15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (G	ECEDENT'S USUAL ive kind of work don Do NOT use retired	e durina m	ION lost of working	16b. KINO OF BL	JSINESS/INDUSTRY			
. [ 로		12	Annege (1-4 or 5 +)	USEW1FE			но	USEHO LD			
		17. FATHER'S NAME (First, Middle, Last) WILLIAM TURNE	P				AME (First, Middle, Maider				
TO BE		WILLIAM TURNER  MARTHA THOMSON  19a. INFORMANT'S NAME (TyperPrint)  19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
9		HUGH HOLMES MOUNTAIN ROAD PASADENA MD 21122									
JSAE		20e. METHOD OF DISPOSITION  1 © Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION / Name of cemetery, cremetery, cremetery at other place!  MI CARMEL CEMETERY  12/30/91 PASADENA MD									
examiner		21. SIGNATURE OF FUNERAL SERVICE LICENS	().		STAL	LINGS FU	NERAL HOME	P.A.PAS	1 MOUNTAIN RI ADENA, MD 2112		
medical		23. PART i. Enter the diseases, or comehock, or hasnt fellure. List	plicetons that caused the de t only one cause on sech line	esth. Do not ente	er the mo	ode of dying, au	ch as cerdlec or resp	eiratory arrest,	Approximats Interval Between		
H, 1116		disease or condition resulting in death)		Onset and Death							
N GVERIT		DUE TO (OR AS A CONSEQUENCE OF):									
ATIO		Sequentially list conditions, if any, leading to immediats cause, Enter UNDERLYING									
ERTIFICATION		CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
S ()		d									
EDICAL (		PART II. Other significant conditions co	antributing to death but not r	esulting in the u	ınderiyin	ig ceuse given li	Part I. 24s. WAS AN PERFO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL		HYPOTHY	Rowasm				1 YES :	4NO	OF DEATH?		
AN		25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (C	hack only one)				
YSIC	İ	1 YES 2 NO 1	KAMINER? HOSPITAL:								
-	ı	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. IN.	28d. DESCRIBE HOW	INJURY OCCURED				
ED BY		2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At hol building, atc. (Specify)	me, term, street, fa		YES 2 NO	281. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,		
LETE		200 CERTIFIED	I To the best of the second								
COMPLET		(Check only one) 2 MEDICAL EXAMINER: O	t: To the best of my knowledge, de in the bests of exemination and/or i	ath occurred at the investigation, in my	opinion, o	and place, and du Seath occured at th	e to the cause(a) and ma e time, date end place, er	nner as stated. nd due to the cause	(s) and manner as ateted.		
BEC		296. SIGNATURE AND TITLE OF GERTIFIER				29c. LICENSE NU	MBER		Dr(Month, Day, Year)		
0	ļ	segles.	A			DY	2012	18	27/9/		

31. DATE FILED (MONTH).

1991

01229

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

-	
	,
	4
_6	- 1
0	
0	
1760	
~	
w	
9	
P.O. BOX 68760	
$\circ$	,
_	
œ.	
_	
-	ě
0	
-	
n	
-	۱
ഗ	
0	
_	1
$\alpha$	
=	
$\mathbf{c}$	
1	
$\circ$	
ш	
00	
RECORDS,	
_	
⋖	
_	i
	ľ
_	:
1.0	1
Life.	1
$\circ$	1
_	1
7	
	ě
$\Box$	ľ
=	1
(A)	î
	1
-	Contraction of the
	ì
DIVISION OF VITAL	
	-
	- 1

2. DATE OF DEATH 3. TIME OF DEATH Haywood Braxton YEAR 8.40 29 AM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 225-50-4248 1 M 2 F HOURS YRS. VIRGINIA 10 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BAZTIMORE mi 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 50 2/2 use as the burial-transit executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE --- American Indian, Black, While, elc. 2 Marri BY 3 Widowed 4 Divorced 16e. OECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INQUSTRY for College (1-4 or 5+) OVING + STORAGE TRuck DeNER funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle 3 BE notified 19b. MAILING ADDRESS (Street, and Number or 5 21239 must be 20s. METHOD OF DISPOSITION

1 Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (No 4 ☐ Donation 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY H.97 the medical examiner BE OF FUNERAL SERVICE OC and completely filled in by the bunal, cremation, or removal. PARTI. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory Approximate ehock, or heert feliure. List only one ceuse on sech line. Intervei Between IMMEDIATE CAUSE (Fine) Onset end Deeth disease or condition ARRHYTHMIA VENTRICULAR resulting in deeth) traumatic event, OUE TO (OR AS A CONSEQUENCE OF) certificate has been signed by the attending physician and com the State Dept. of Health and Mental Hyglene prior to burial, ( CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate couse. Enter UNDERLYING ě JSCHEMIC C CARDIOMYOPATHY certificate CAUSE (Disease or Injury injury, or other thet Initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 23 shows any AVAILABLE PRIOR TO CARDIOMYOPATHY COMPLETION OF CAUSE 1 PYES 2 NO MITRAL VALVE 1 YES 2 4 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 - NO 5 Residence 28 is marked, or 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? After this ce death with t 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 8: 40 AM 91 N 29 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY -3 Sulcide TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: AN be filed within 72 hours after de IMPORTANT: If item 28 is COMPLETED 8 Could not be 28f. LOCATION (Street and Nu City or Town, State) 4 Homicide MEMORIAI UNION PKMAY 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death red at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TATLE OF CERTIFIER BE 29c LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) MID 29 91 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEON MENAJONSKY 201 E. UNIVERSITY PKWAY BALT. ND 31. DATE FILED (Month, Day, Year)
DE 0-3 /12/99/11 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

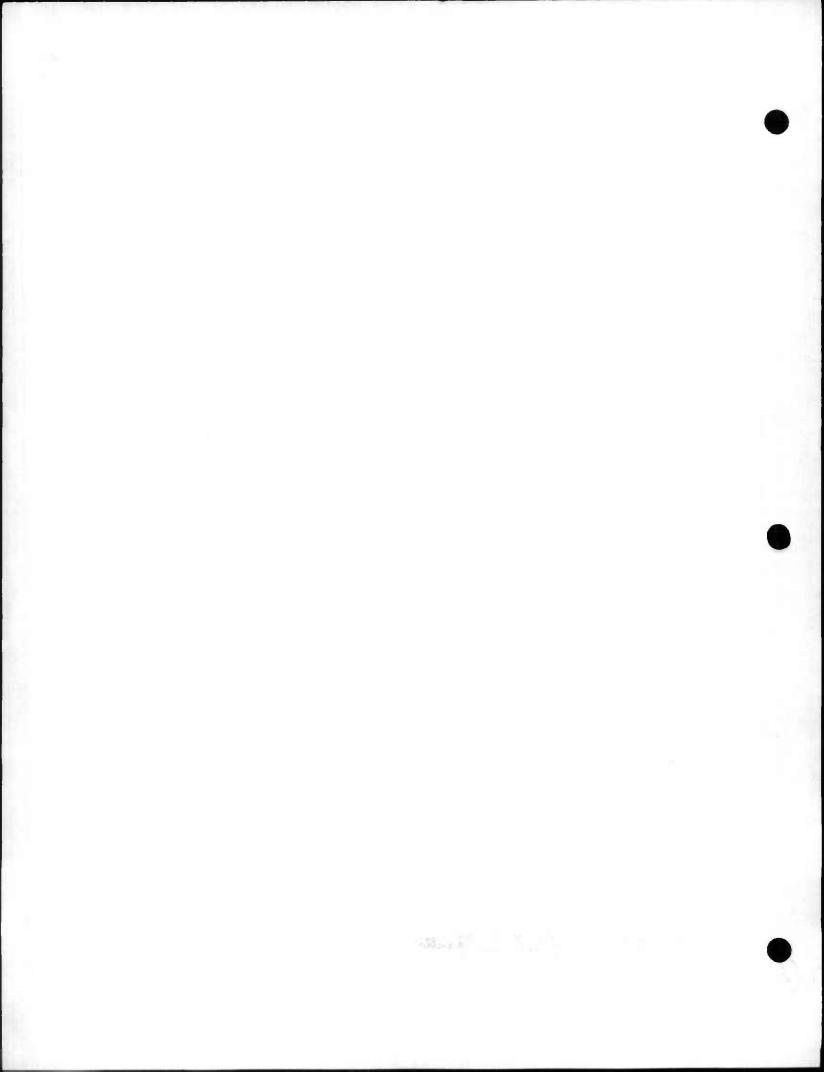


the second and the second seco 

IN THE MOSPILAL OR ALLENDING PHYSICIANS THE TAW FEQUIPES that the death certificate process and certificate by the hosp
---

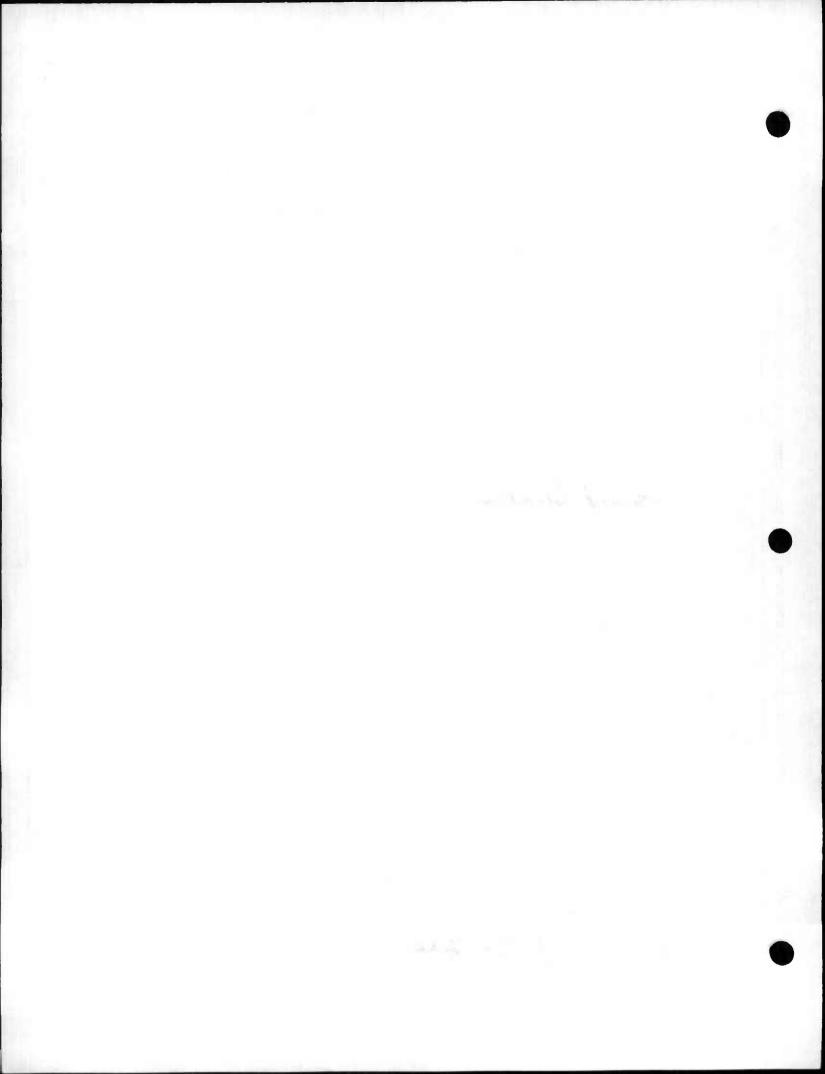
	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	ID / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH	
	DORA BROWN						29. 199		
	The state of the s	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR				7. DATE OF BIRTH	I B	RTHPLACE (State or Foreign	
- 3		M 2 🖟 79	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4/18/19	12	S.C.	
~	9e. FACILITY NAME (If not institution, give street er		9		R LOCATION OF D	EATH	9c. COUNTY O		
TOF	THE JOHNS HOPKINS	HOSPITAL		BALTI	MORE		BALTIM	ORE CITY	
DIRECTOR	100. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
DIR	Md.				Baltimo	ore		LIMITS?	
AL	10e. STREET AND NUMBER			101	ZIP COOE		10g. CITIZEN C	F WHAT COUNTRY?	
FUNERAL	820 N. Lakewoo	nd Avenue			21205		USA		
5	11. MARITAL STATUS 12. V	MAS DECEDENT EVER IN U.	S. ARMEO	13. WAS DEC	ENGENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No - 14 R	ACE — American Indian,	
ВУ		F YES, GIVE WAR OR DATE			2 NO Speci	en, Puarto Ricen, atc.)	S	leck, White, atc.	
	15. OECEOENT'S EOUCATION	y						ack	
COMPLETED	(Specify only highest grade comple	eted)	<ul> <li>OECEOENT'S US (Give kind of wor life. Do NOT use if</li> </ul>	SUAL OCCUPATION  k done during momentimed.)	nN st of working	16b. KINO OF BU	SINESS/INOUSTR	Y	
IPL	Coll	lege (1-4 or 5 +)		Domes					
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meiden	Surname)		
BE C	Cato Whitener					nie Suber			
10 B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	OORESS (Street e	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)		
۴	Toni Presbury		410	)4 Eva	ns Char	oel Rd. E	Balto.,	Md 21211	
	20e. METHOO OF DISPOSITION  [1] Burlel 2 - Cremation 3 - Removal fr		ACE ANO OATE OF		ne of	OATE 20c. LO	CATION — City of	Town, State	
	4 Donation 5 Other (Specify)	C	edar Hi	11			ltimor	e, Md.	
					O AOORESS OF FA	orton & S	Sons	21217	
_	* James a			170	1 Laure	ens Stree	t. Bal		
ATION	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat,  Approximate Interval Batween Onset and Death disease or condition resulting in death)  a. SEPSIS  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate								
CERTIFICATION	CAUSE. (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):								
CE	d								
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in P						AUTOPSY RMEO?	AND WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
Z									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			ACE OF OEATH (Ch	eck only one)			
I XSI	1 YES 2 NO 1	inpatient 2 - ER/Outpatier		THER:  Nursing Home	5 🗆 Residence	6 Other (Specify)			
ВУ РН	Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOF	RY AT RK? ES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUREO		
	2 Accident Investigation 3 Suicide S Could not be determined City or lown, State)  28e. PLACE OF INJURY — At home, ferm, etraet, fectory, office City or lown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or lown, State)								
COMPLET	290. CERTIFIER (Check only	To the beat of my knowledge	e, death occurred a	nt the time, date	and place, and due	to the cause(s) end mer	nner ee stated.		
S S	2 MEOICAL EXAMINER: On t	the basis of examination en	d/or investigation, i	In my opinion, de	ath occured at the	time, date end place, en	d due to the ceus	e(e) end menner se stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	-half M	D. Ph.D.	)_	29c. LICENSE NUI	MBER	29d. DATE SIGN	EO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COM W. H. Landsch	1 ()		1, Wo	144.	- Balt	mote.	Md 21205	
	DEC 3 1 1991	CONTRACTOR OF THE PROPERTY OF	W.						





	an.	ransit permit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21215-0020	JING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builal-transit permit. Pages 1, 2, 3 should		ed, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
8760, BAL	uted within 24 nours after deat	completely filled in by the fun	nal, cremation, or removal.	c event, the medical exar
F VITAL RECORDS, P.O. BOX 68760,	res that the death certificate be execu	igned by the attending physician and	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is any Injury, or other traumative
SION OF VITAL RE	TENDING PHYSICIAN: The law requ	OR: After this certificate has been	ter death with the State Dept. of H	Item 28 is marked, or item 23 short
INIO WITH	TO THE HOSPITAL OR ATT	THE FUNERAL DIRECT	be med within 72 hours at	IMPORTANT: If Item 2.

	500												9	-	36062
	1 - STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAF ERTIF	TMENT	OF H	HEALTH DEAT	AND I	MENT	AL HYGIEN	E		
	1. DECEDENTS NAME (First										2. DAT	E OF DEATN		WEAR	3. TIME OF DEATN
	Atla		urrough								R-0	12/30	791	YEAR	2:00A M
			5. SEX	6. AGE (		t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATI	E OF BIRTN nth, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
	214-40-53	23			86	YRS.					1	/8/05			yland
20		Maris							OR LOCATIO					NTY OF D	
DIRECTOR	RESIDENCE OF DEC	CEDENT					Low	SO	n, M	ary	lan	nd	Bal	tim	ore
2	10a. STATE	10b. COUNT				10c, CIT	Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY LIMITS?
	Md .		ltimore				Balti								1 TES 2 NO
FUNERAL								4	ZIP CODE	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
N N	2800 Willo	ougnby	12. WAS DECEDEN	T EVED IN	II S AD	MED	T 40 MM		21234				USA		
	1 Never Married 2		FORCES? 1	YES	2 V N	IO IO	111	yes, sp	ecify Cubar	n, Maxicar	n, Puerto	IN? (Specify Yea Rican, etc.)	or No-	Black	American Indian, c, White, atc.
BY	3 Widowed 4 Divo	orced	W 120, GIVE W	AN ON DA	163		11	TES	2 NO	Specify	:			Whi	te
目	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)		(Gi	ve kind of I	USUAL OCC	UPATIO	ON ast of working	a a	16	b. KIND OF BUS	INESS/INC	USTRY	
7	Elementary/Secondary (0	)-12)	College (1-4 or 5 -	)	life.	Do NOT us	te retired.)			•					
COMPLETED	17. FATNER'S NAME (First, M	licicia ( ast)	6			lead	cher			er er er er		Baltimor		V	
	John H.C. Bu	1.14										Middle, Malden	Surname)		
BE	19a. INFORMANT'S NAME (7				196	. MAJLING	ADDRESS (S	Street a	nd Number	nie i	nute Nun	eynolds Ther, City or Town	Chain Zin	Code	
2	Carolyn Mitc	hell										ore, Md.		COOH)	
	20a. METNOD OF DISPOSITE 1 □XBurlal 2 □ Crematio	ION	and from State	20b.	PLACEA	NDDATE	OF DISPOSITI			id Du	DA		CATION -	City or To	wn, Stata
	4 Donation 5 Dother	(Specify)		Ceme	ew Ca	athedr	al Jan	.2,	1992			Bal	timon	e. Md	
	21. SIGNATURE OF FUNERAL	1 /							ID ADDRES						
-	James	F. 19	ledden				Leo	narr	d J. R	auck I	inc.	5305 Har	ford 1	Road :	21214
	23. PART I. Enter the di ahock, or he	seases, or c	complications that List only one cau	caused	tha dea	ath. Do r	ot antar th	a mo	da of dyle	ng, such	aa cai	rdiac or raspin	ratory arr	est,	Approximata
	IMMEDIATE CAUSE (Fin														Interval Between Onset and Death
	resulting in death)	<b>→</b>	. Conge					il	ure						
-			DUE TO	OR AS A	CONSEQ	UENCE OF	7):								
2	Sequantially list conditi		DUE TO	OR AS A	CONSEO	UENCE OF	7):								
S	cause, Entar UNDERLYi CAUSE (Disease or inju	NG	C												
E	that initiated events resulting in death) LAS	· .	DUE TO	OR AS A	CONSEO	UENCE OF	7:								
CERTIFICATION	rooming in addity EAS		d												
	PART II. Other aignifica	nt condition	s contributing to	daath bu	t not re	suiting i	n tha unde	rlying	cause gi	iven in F	Part i.	24a. WAS AN A		24b.	WERE AUTOPSY FINDINGS
MEDICA												PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE															OF DEATH?  1 YES 2 NO
Z															
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	101	-		OTHER:	26. PL	ACE OF DE	ATN (Chec	ck only o	ne)			
448	1 YES 2 NO		1 Inpetient 2 I		tlant 1	DOA	4 X Nursing	_							
	1 Natural 5 🗌 I	Pending	(Month, Da	y, 16ar)	/ [	286. TIME		WOF	RK?		28d. DE	SCRIBE NOW IN	JURY OCC	URED	
BY	2 Sulaida	nvestigation	28a. PLACE OF	INJURY/	- At hen	ne, ferm, s	treet, factory		ES 2 🗌	1.1	281 100	CATION (Street ar	nd Mumbas	or Burni B	
COMPLETED		Could not be determined	building,	rtc. (Specif	(N						City	or Town, State)	ra mamber	or nurar n	oute Number,
2	29a. CERTIFIER (Check only	IFYING PNYSIC	CIAN: To the best of	ny know	dae Teer	th occurre	d at the time	deta	and place	and due t	- 41				
OMO	one) 2 MEDIC	CAL EXAMINE	t: On the basis of ea	minution	and/or in	hedigation	in my opin	lon, de	ath occure	d at the ti	ime, data	and place, and	due to the	icause(a)	and manner as stated.
Ü	296, SIGHATURE AND TITLE			-7	102.00.00	_	Z	Т	29c. 11C/1						(Month, Day, Year)
100					_				1		05		<b>&gt;</b>		30/91
임	30. NAME AND ADDRESS OF	-	PCOMPLETED CAUS	E OF DEAT	N (ITEM	27) (Type,	Print)							14/	20/ 21
	Eddie Nakh		M.D.				aney	۷a	lley	y Rc	i.	2120	4		
	DEC 3 1 1		Julia Days	'S SIGNA	PRE	82									-
	00001	221	1												



1		Ú
	1	١.
		4.
DIMECION		90. F31
AL DI	ľ	104

Item: 7, per F.H. G-683 1/3/92 reb

36063 01

	1 - STATE REGISTRAR	STATE OF N	/MARYLAND CE	DEPAR	ICATI	F OF H	EALTH DEAT	AND I	/ENT/	AL HYGIEN REG. NO.	E '		0000
	1. DECEDENT'S NAME (First, Middle, Heller, C. Heller, C	meiler	/						2. DAT	E OF OEATH		YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-07-3744	5. SEX 1 ☐ M 2 ∑∑€	6. AGE (In yrs. lest 86	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mor	E OF BIRTH oth, Day, Year) 3/13/91		8. BIRTHPL Country)	ACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, MERCY HOSPITA	L			9b. CITY		BALT		ATH			TY OF DEA	тн
DIRECTOR		OUNTY		10c. CIT	Y, TOWN								0d. INSIDE CITY
	MD  100. STREET AND NUMBER				В	ALTO 101.	ZIP CODE	MD :			10g, CITIZ		YES 2 NO
FUNERAL	1518 E. FORT								1230			U.S.A	٨.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARN YES XXING NO DATES	IED )		I yee, spe	ENDENT O	n, Mexicer	i, Puerto	IN? (Specify Yee Ricen, etc.)	or No	14. RACE — Black, \ Specify:	- American Indian, White, etc. WHITE
COMPLETED	15. DECEDENT: (Specify only highest Elementary/Secondery (0-12) 8th grade	S EDUCATION ( grade completed) College (1-4 or 5 +	(Giv	e kind of a Do NOT us	work done se retired.)	during mos	st of workin	g	16	b. KIND OF BUS	TAIL	JSTRY	
BE CO	17. FATHER'S NAME (First, Middle, La DOMONIC P. MC	DONNELL					M	ARY I	MAHO				
9	190. INFORMANT'S NAME (Type/Print HELEN MARIE B		19b.	MAILING 15	48 L	ATRO	BE P	or Rural R	rer	RACE, B	ALTO.	, MD,	21230
	20e. METHOD OF DISPOSITION  XX Puriel 2 Cremetion 3 C  4 Donation 5 Other (Specify,		20b. PLACE AT Semetery, crem NEW C	atory or o	ther place)			Y	1/2	TE 20c. LO	FRED		
	21. SIGNATURE OF FUNERAL SERVI	uleur	Tool	4	1 C	501 HARL	ES L	ORT I	AVEN	IUE, BA IS FUNE	RAL H	OME,	21230 INC.
NO	23. PART I. Enter the diseases ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a, Due to	twick  OR AS A CONSEOU  A CA	LUL JENCE OI	ful	lau de la constante de la cons	lus		aa ca	rdiac or reapi	ratory arre	est,	Approximata Interval Between Onast and Daeth
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a cus	OR AS A CONSEOL										
MEDICAL	PART II. Other significant con-		death but not ra	sulting I	in the un	derlying	cause g	lven in F	Part I.	24s. WAS AN PERFOR 1 TYES 2	MED?	A CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outputlent 2	DOA	OTHER	t:	ACE OF OE						
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investige	28a. DATE OF (Month, Da	INJURY	28b. TIM	-	28c. INJU	JRY AT			er (Specify) SCRIBE HOW IN	JURY OCCI	JRED	
3	3 Suicida 8 Could no 4 Homicide determin	building, i	INJURY — At hom itc. (Specify)	e, ferm, s	treat, tact	ory, office			28f. LOI City	CATION (Street a or Town, State)	nd Number o	r Rurai Roul	te Number,
COMPLE		PHYSICIAN: To the best of a											nd menner ee stated.
O BE	29b. SIGNATURE AND TITLE OF CER	a Dale	mas				29c. LICE	NSE NUMI	Z :	3	29d. DATE	SIGNED (M	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSO	ollers 7	eny.	27) (Type,	Print)	/	Ra	llo	1.	nd.	12/	231	7
	DEC 3 1 199	A. MEGISMAF	S SIGNATURE	مالا						***************************************	6		

BALTIMORE, MARYLAND 21215-0020

Transferred to Davis-Weaver Funeral Home, 329 E. Main Street, Clarksburg, W. Ma.

							Clar	ksb	urg, W	. Wa	3606	de
	1 - STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPA CERTII	RTMENT OF	HEALIH AND	MENT	AL HYGIEN	E	1 3000	) 1-3
	1. OECEDENT'S NAME (First								TE OF OEATH		3. TIME OF O	EATH
	Joan E.	Lizabe	eth Bas		yrs. last birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.		ld	" 38 ·	91 11:	00 4
	287-24-826	53	1 □ M <b>X</b> [X]F	61	YRS.	MONTHS DAYS	HOURS MIN.	(Mo	TE OF BIRTH onth, Day, Year)		8. BIRTHPLACE (SNote of Country)	
	9a. FACILITY NAME (If not in			OT		Oh CITY TOWN	OR LOCATION OF		27-30		Clarksbur	g.
2	2951 Kirk										TY OF DEATH	
15	RESIDENCE OF DEC	EDENT	COULT			Abing	don, Ma	aryl	and	Hai	ford	
DIRECTOR	10a. STATE	10b. COUNTY				TY, TOWN OR LOC	ATION				10d. INSIDE C	ITY
	Md.	Harf	ord		Ab	ingdon					1 YES 2	X NO
FUNERAL	10e. STREET AND NUMBER					1	Of. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY	7
	2951 Kir	Kwall					L009			U.S	.A.	
	11. MARITAL STATUS 1 Never Merried 2 52 3 Widowed 4 Olvo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	If yes, s	CENDENT OF HISP pecify Cuban, Maxi- S 2 K NO Spec	can, Puart	GIN? (Specify Yea to Rican, etc.)	or No-	14. RACE — American II Black, Whita, atc. Specify: Whit	
ב	15. DEC	EDENT'S EDU	CATION	-10	Se. DECEDENT	S USUAL OCCUPAT	ION	1	6b. KIND OF BUS	SINESS/INDL	ISTRY	<del></del>
ш	Elementary/Secondary (6	highest grade	College (1-4 or 5	+)	life. Do NOT	work done during n use retired.)	lost of working					
MP	8th				home	maker			home			
COMPLET	17. FATHER'S NAME (First, M						16. MOTHER'S N	AME (First	t, Middle, Maiden	Surname)		
BE	Dominic Ol		0					480	dafore			
2	19a. INFORMANT'S NAME (1						and Number or Rura					
	Samuel Ba			7							Md. 210	09
	1 Burial 2 Cremetic	n 3V Bame	oval from State	cemete	ry cremetory or	OF DISPOSITION (A		1			ity or Town, Stata	
	4 Donation 5 Other  21. SIGNATORE OF FUNERAL	L SERVICE LIC	<u>COMbmen</u> ENSEE	t I Ho	Ly Cr	OSS - I	Dec. 31	199	01  Cla	rksb	urg. W.	Ja.
	Gound	m. 2	anne	200	)	Jose	ph N.	Zanr	nino,	Jr.	Funeral 1	Home
	20 20/2 5 1	- /	)			263	S. Con	klir	ng Str	eet,	21224	
	23. PART i. Enter the di ahock, or hi	seasea, or c art failure. I	omplications that list only one cau	t caused the	ha death. Do h iina.	not enter tha m	oda of dying, au	ich aa ca	rdiac or reapi	ratory arre		mata Batween
	iMMEDIATE CAUSE (Findisease or condition	ai	00		onto	016	0.1.0					nd Daeth
	resulting in death)	<b>→</b> ,	100	SAL	ONSEQUENCE (	14 17	Men	6			Lu	
_		-	Mod	TICT	DINSEOUENCE (	(P):	mont	-CC	2.		110	0
5	Sequentially list conditi	ona,	BUE TO	(OR AS A CO	ONSEQUENCE (	)F):	الكال				44	1>
N N	cause. Enter UNDERLYI	NG										,
	CAUSE (Disease or inju that initiated events		OUE TO	(OR AS A CO	ONSEQUENCE (	IF):						
CERTIFICATION	resulting in death) LAS											
5	PART ii. Other aignifica	nt condition	Contribution to	doath hus	not reculation	In the restant						
DICAL	<u> </u>	Condition	contributing to	daath out	not rasulting	in the underlying	g cause given in	n Part i.	24e. WAS AN A PERFORE		24b. WERE AUTOPSY AVAILABLE PRICE	R TO
ב								<del></del>	1 - YES 2	□ NO	OF DEATH?	CAUSE
ME									l		1 YES 2	NO
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL				00.0						
2	EXAMINER?		HOSPITAL:	EB/Outs at		OTHER:	LACE OF DEATH (C					
	27. MANNER OF DEATH		28s. DATE OF		28b. TIR		DURY AT		er (Specify) ESCRIBE HOW IN	IIII OCCI	1050	
		Pending	(Month, Di	ny, Year)		JURY W	ORK? YES 2 NO	200. 00	ESCHIBE HOW IN	DUNT OCCU	HED	
	3 Suleide	nvestigation	28a. PLACE O	F INJURY —	Al home, farm,	street, factory, offic		281 10	CATION (Street o	nd Mumbas o	r Rural Route Number,	
		Could not be letermined	building,	atc. (Specify)		Chica Harian		City	y or Town, State)	no rember o	r nurai noute number,	
u I	29a. CERTIFIER 1 CERTI	FYING PHYSIC	IAM: To the heat of	emi koonilada						_		
OMPL	(Check only one) 2 MEDIC	CAL EXAMINER	IAN: To the best of a	my knowledg	m, daeth occuri	ed at the time, date	and place, end du	e to the co	ause(a) and man	ner ea stated	f. ceuse(a) and menner as	
۱۱ د	29b. SIGNATURE AND TITLE				rator investigation	on, in my opinion, o	peath occured at the	e lime, dat	la and place, and	dua lo tha	couse(a) and menner as	stated.
	laut	to I	Our	101	M	١	29c. LICENSE NU	MBER 50	2	29d. OATE	SIGNED (Month, Day Yee	7)
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF OEATH	(ITEM 27) (Type	, Print)	D and			111	12/20/1	1
		bar)	32. REGISTRA	R'S SIGNATU	2401	IIC	1500	M	Dec.	Ma	2120	+
	DEC 31	1991	frena Lau	id/on-	ande 92							



Principal Book of S-- 40 - 1- 5 ( ( 3 00 30 187 . . . White Diff Tills less hands for else the F Jones I was day, and an all brand, 2 3 1. Co-124 - F---- 2123 

species in money may late

a place of the color of the second of the se

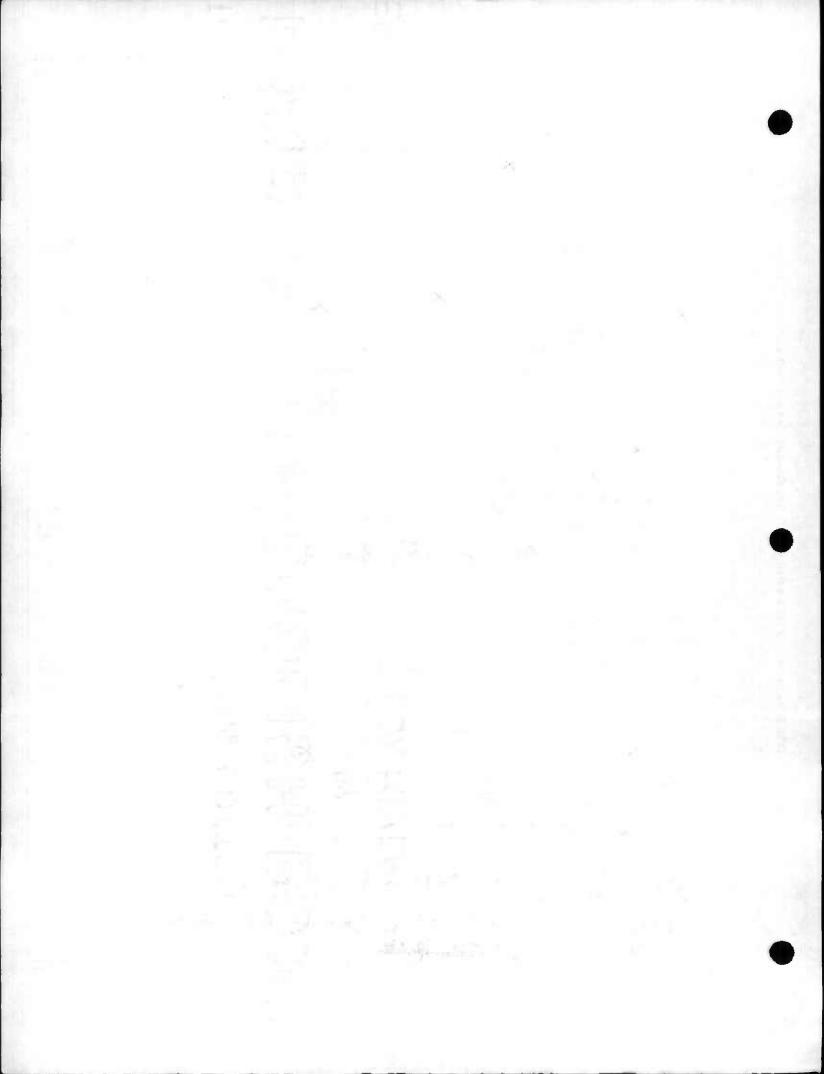
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OF	TO THE FUNERAL DIF	be filed within 72 hou	IMPORTANT: If Ite

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, EVEL)		G. BL	VE						2. DATE	OF DEATH	87 -	1 9 9 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME		5. SEX		and the factor of an all		Me to			7. DATE O		2/, .		11 pM
	047-58-7474	PER .	1 M 2 F	6. AGE (In yrs. las	YRS.	IF UNDER 1	DAYS	HOURS	MIN.	(Month,	Day, Year)	1000	Country	
	9e. FACILITY NAME (If not in	etitution alum s	1	03		Sh CITY	DOWN (	PLOCATI	ON OF DE		L 13,		NTY OF DI	ONNECTICUT
DIRECTOR	12290 GREEN	N MEAD		# 411				MBIA	ON OF DE	AIN			WARD	EATH.
딥	RESIDENCE OF DEC	10b. COUNT	γ		I too CIT	Y, TOWN OR	LOCAT	TON						10d. INSIDE CITY
E	MARYLAND	н	OWARD			COLUM								LIMITS?
	10e. STREET AND NUMBER		OWIND			JOLOM	-	. ZIP COD	E			10g, CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	12290 GREEN	MEAD	OW DRIVE					2104	4				J.S.A	
N	11. MARITAL STATUS	· IIIII	12. WAS DECEDER	NT EVER IN U.S. AS			AS DEC	ENDENT (	OF HISPAN		? (Specify Yea		14. RACE	— American Indian.
B	1 Never Merried 2 3 Wildowed 4 Divo		FORCES?	MAR OR DATES	NO			200 NO		n, Puerto R /:	lican, etc.)		Specia	White, etc.
0		EDENT'S EDU		16a. DE	CEDENT'S	USUAL OCI	CUPATIO	ON	ina	16b.	KIND OF BUS	BINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	ME MA	se retired.)	mny aro	at or work	ny		OWN I	HOME		
O	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, N	liddle, Malden	Surname)		
BEO	GEORGE		LASKY					ANI	NE		LIZ	ZDAS		
TO B	19a. INFORMANT'S NAME (I BENJAMIN BI	Type/Print) LYE JR	. (son)								VILLE			.9
	20e. METHOD OF DISPOSIT	ION		- 7		E OF DISPO	_			DATE			City or To	
	1 Donation 5 Other		noval from State	_ METRO	CREI	ATOR	Ye)		1	2/30	9 CAT	ONSV	LLE	MARYLAND
	21. SIGNATURE OF FUNERA	ERVICE LI	CENSES	11					SS OF FA					
	Kuss	elle	ewy	te							FUNERA COLUMBI			XOLUMBIA 21045
TIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Injutes Initiated events resulting in death) LAS	lons, dilate ING	b	O (OR AS A CONSE	QUENCE O	F):	sec	mil						Onset and Deeth
MEDICAL CERTIFICATION	PART II. Other significa	L	d	o deeth but not	reculting	In the und	leriyin	g ceuse	given in	Part J.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER			-	eck only on	•			
PHYSICIAN:	1 YES 2 NO			ER/Outpatient	_	4 🗆 Nursi	ng Hon		residence	8 Other				
ВУ РН		Pending investigation	28a. DATE O (Month,	Day, Year)	28b. TIR	JURY M		URY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW I	NJURY OC	CURED	
	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At h	ome, farm,	street, facto	ry, offic			281, LOC City	ATION (Street or Town, State)	and Numbe	or Rural F	Route Number,
COMPLETED	anal	200	BICIAN: To the beet of											a) and manner as stated.
	296 SIGNATURE AND TITUE			- 1		1			ENSE NU					(Month, Day, Year)
TO BE	Stooly	Weins	Al to	5 D	Prello	n Ho	un	P	-46	646		1	2->	19-91
	36. NAME AND ADDRESS D	1	HO COMPLETED CAN	USE OF DEATH (ITI	ell 27) (Type	p, Print)	de	eliza	-, u	W	211	044		
	31. DATE FILED (Month, Day, DEC		32. REGISTR	AR'S SIGNATURE	Pande	R			/					
			- 11											





**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF		DEPARTMENT				MENTAL	HYGII	ENE
	CI	ERTIFICATE	0	F DEAT	H		DEC P	NO.

1 - FOR STATE REGISTRAR		STATE OF M	ARYLAND	/ DEPAR	RTMENT	OF H	EALTH DE AT	AND I	MENT	AL HYGIE!				
1. DECEDENT'S NAME (Fit	st, Middle, Lest) NNA MA	RY CARIO	GNANO						2. DAT	E OF DEATN	DAY 2.6	YEAR Q1	3. TIME OF DEATH	P
4. SOCIAL SECURITY NUI 214-74-7308		5. SEX 1 ☐ M 2 💢 F	6. AGE (in yrs. 87	last birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	MIN.	7. DATE May	of BIRTH		8. BIRTH	PLACE (State or Fore	
99. FACILITY NAME (II not THE UNION RESIDENCE OF DE	MEMORIA CEDENT	AL HOSPIT	AL		1		ORE (		EATN			NTY OF D	EATH	
THE UNION RESIDENCE OF DE 10e. STATE Maryland 10e. STREET AND NUMBE 644 E. 35	1	I/A		1	y, town o	re (	City						10d. INSIDE CITY LIMITS? 1 YES 2	10
644 E . 35							21.2	18			U	J.S.A	VHAT COUNTRY?	
3 Widowed 4 Di		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		ARMED NO	1	If you, sp	ENDENT O Icify Cuber 2 A NO	F NISPAN n, Mexica Specify	n, Puerto	N? (Specify Ye Rican, etc.)	es or No—	14. RACE Black Speci	- American Indiar c, white, etc.  White	í,
15. DE (Specify of Specify of Spe		CATION completed) College (1-4 or 5+)		DECEDENT'S (Give kind of life, Do NOT us) Homen	work done se retired.)	during mo	ON st of working	g	16	House		DUSTRY		
17. FATHER'S NAME (First, Biago Ton										Middle, Maider	Sumame)	ata		
190. INFORMANT'S NAME Dominic J.		ano		196. MAILING 613 Ce	address	(Street a	nd Number Roa	or Rural F	Route Num	nber, City or Tow	vn. State, Zip Mary 1	code)	21212	
20a. METNOD OF DISPOSI 10. Burlel 2 Cremat 4 Donetion 5 Othe	or (Specify)		20b. PLAC Cemetery, MOST	CE AND DATE	Rede	emei	-		L2-2	Bal		e, M	laryland	
21. SIGNATURE OF JUNEA George	e J. Fe	11 1-00	ira	ne						6500 Y ld Hom		Rd. E	Balto. MD 21212	
23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	near renure.	Liet only one ceus	ceueed the e on each II	ne.	not enter	the mo	de of dyle	ng, eucl	h ae cer	diec or resp	iratory arr	rest,	Approximet Interval Bet Onset and	weer
Sequentially list cond if any, leeding to imm ceuse. Enter UNDERLY CAUSE (Disease or in that initiated evente resulting in deeth) LA	ring ury	DUE TO (0	OR AS A CONS	SEQUENCE OF	F):									
PART II. Other eignific	ent conditions	s contributing to d	leath but no	t resulting	in the un	derlying	cause g	Iven in	Pert I.	24a. WAS AN PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	USE
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF DE	ATN (Che	ock only o	ne)				_
1 YES 2 NO 27. MANNER OF DEATN		1 M Inpatient 2 -	NJURY	3 DOA	4 🗆 Nun		5 G Res	ildenca		SCRIBE NOW	IN ILIBY OCC	CUBED		
2 Accident	Pending Investigation	(Month, Day 28a. PLACE OF			M M	1 🗌 Y	RK? ES 2	NO						
4 Homicide	Could not be determined	building, #	ic. (Specify)	Tome, latin, a	mast, racti	ory, ornice			City	CATION (Street or Town, State)	and Number	or Hurai H	oute Number,	
29a. CERTIFIER (Check only one) 2 MEI	TIFYING PHYSIC	CIAN: To the best of n	ny knowledge, mination and/o	death occurre	nd at the ti	me, date pinion, de	and place, ath occure	end due	to the ce time, deta	use(a) and me a and pieca, ar	nner aa state	ed. a ceuse(a)	and manner as ater	ed.
296. SIGNATURE AND TITL	E OF CERTIFIER	MD					29c. LICE	YSE NUM	BER				(Month, Day, Year)	
HUMA SHAKIL	F PERSON WNO	n memo	OF DEATH (IT	EM 27) (Type, OSP. 2	Print) 01 E	Unit	Pku	y,	2112	218.		1		
DEC 3 1	1991	22. REGISTBAR	S SIGNATURE	dell							-			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIA		30001
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	Joseph	Harold		Comegy	S	12 2		TEAR 12:30 P. M
	30		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign
	L1/ 01 3COC	1 XM 2 🗆 F	48 YRS.				43 N	IARY LAND
œ	9e. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUNT	Y OF DEATH
6	2004 Druid Hil	1 Ave.		Balti	more			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	MD				BALTIMO	RE		1 X YES 2 NO
RAI	10e. STREET AND NUMBER	4 pm - 14 5 pm		10	1. ZIP CODE			N OF WHAT COUNTRY?
FUNERAL	2004 DRUID HILL AV	LNUL 12. WAS DECEDENT EVER IN U	IS ADMED	12 WMC DE	21217	NIC ORIGIN? (Specify	USA	
E	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	If yes, sp	ecity Cuben, Mexic	en, Puerto Ricen, etc.)	Yee or No — 1	I. RACE — American Indian, Black, White, etc.
Э ВУ	3 Widowed 4 Divorced			I U TES	2/L NO Speci	ry:		Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	iTION ampleted)	Give kind of w	USUAL OCCUPATE vork done during me e retired.)	ON ost of working	16b. KIND OF I	BUSINESS/INDUS	TRY
ا ڐ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Disab					
OM	17. FATHER'S NAME (First, Middle, Last)		DISab	reu	10 MOTHERIC N	AME (First, Middle, Maid		
	ARTHUR COMEGYS SR.				RUTH DU		en Sumeme)	
3 BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or 1	own, State, Zlp C	ode)
2	BARBARA NELSON							E, MD 21216
	20e. METNOD OF DISPOSITION.  1 Buriel 2 Cremellon 3 Remov	ral from State comet		FDISPOSITION /N			LOCATION Cit	
	4 Donellon 5 Other (Specify)	KIN	MEMOR	IAL PAR		2/30/91 R	ANDALLS	STOWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	1.0//		22. NAME A	ND ADDRESS OF F	MARC		RAL HOME
	Krowy (F)	Mari						1 AVENUE
	23. PART i. Enter the diseases, or conshock, or heart failure. Lis	mpiléations that causad t st only one cause on eac	ha death. Do n h iina.	ot enter tha mo	da of dying, aud	ch aa cardiac or res	piratory arrea	t, Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition	CHAVIC	43.11	NIN	4			Onset and Daath
	resulting in death) a.	DUE TO (OR AS A C			ran			
-		50E 10 (ON AS A C	ONSECUENCE OF	7:				
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF	):				
<u>8</u>	Cause. Enter UNDERLYING CAUSE (Disease or Injury							
발	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	):				
CERTIFICATION	d.							
4	PART ii. Other significant conditions	contributing to death but	not reaulting in	n tha underlyin	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 YES		COMPLETION OF CAUSE OF DEATN?
						_ JW	Pean	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C			
¥	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME			6 C Other (Specify) 28d. DESCRIBE NOV	I IN HIERY COCHE	
	1 Natural 5 Pending	(Month, Day, Year)	12:	JRY WO	RK?			use fire
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	Al home, ferm, st			26f. LOCATION (Street	at and Number or	
E	4 Nomicide determined	building, etc. (Specify)	home	2		City or Town, Sta	(e)	Hill Ave.
ןן ב	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAL	AN: To the beat of my knowled			end place, and due			HIII AVE.
0. [	one)	On the heads of	nd/or investigation	In my opinion d	eath occured at the	time, date end piece,	end due to the c	euse(s) end menner ee steled
OMP	2 MEDICAL EXAMINER:	On the basis of exemination s		i, iii iiiy opiinoii, u				(-) memor
E COMPLETED	2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	1		i, iii iiiy opiilioii, d	29c. LICENSE NU		-	GNED (Month, Day, Year)
BE	29b. SIGNATURE AND TITLE OF GERTIFIER	the	<del></del>		29c, LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)
	2 JMEDICAL EXAMINER:	the	<del></del>			MBER	29d. DATE S	
BE	29b. SIGNATURE AND TITLE OF GERTIFIER	the	N (ITEM 27) (Type,	Print)	O . C .	MBER	29d. DATE S	GNED (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

71 5-1

San Tide a Militar hea

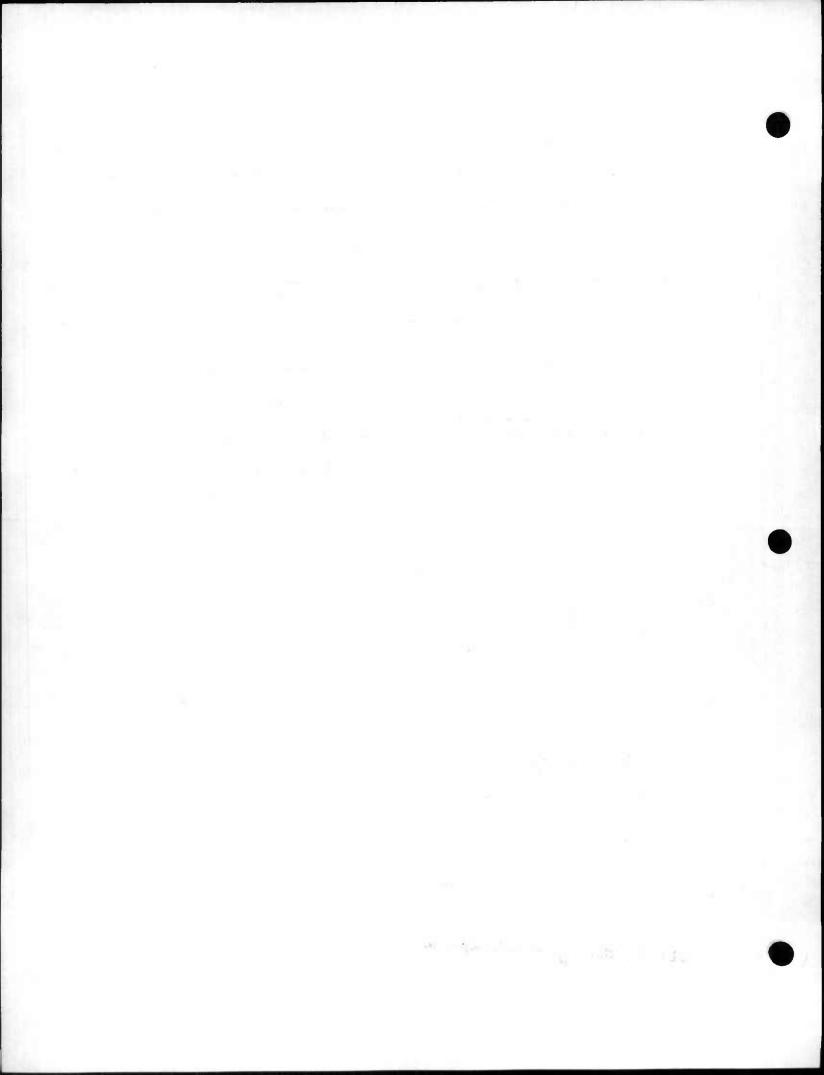
14 (MIT 1 17) (MIT) 1 (ALC-1)

All and the second of the seco

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must	
	Page	al dir		ner	ĺ
	death.	funer		эхаш	l
)	after	w the	TOVA	cal	ŀ
	DOURS	dint	or re	med	l
	24	y fille	tion,	the	ı
5	within	pletel	стета	ent,	
	uted	COM	ırial,	c ev	l
	ехес	n and	to bu	mat	l
)	ate be	ysicia	prior	trac	ŀ
	rtifica	HQ Dr	giene	other	l
	th ce	tendii	al Hy	0	l
	e des	he at	Ment	jury,	l
	hat th	100	and	ny In	
)	ires t	signe	leatth	WS 3	
	redu	реел	10.	sho	
	e law	has t	Dept	1 23	
	N: T	icate	State	ten	
	SICIA	certif	the t	0,	
	PHY	this .	h with	arked	
	DING	After	deat	E S	
	NITEN	CTOR	after	28	
	OR /	DIRE	hours	tem	
	PITAL	RAL	22	=	
	HOS	FUNE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TAN	
	THE	물	filed	2	
	2	2	2	≅	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND		GIENE G. NO.	0000
	1. DECEDENT'S NAME (First, Middle, Last	Llarence	L. Car			2. DATE OF DE	ATH	3. TIME OF DEATH
	CLARENCE I		ARTER			Decembe	r 30 199	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	тн а	BIRTHPLACE (State or Foreign
	215-32-8783		5.5 YRS.	MONTHS DAYS	HOURS MIN.		1,1936	Maryland
m	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN O	R LOCATION OF DE			Y OF DEATH
5	Franklin Squar	e Hospital		Balt:	imore		Balt	imore
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TY	10c CITY	TOWN OR LOCATI	ION			T
5	Maryland		100.011,					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			Balti	ZIP CODE		ton CITIZE	1 X YES 2 NO N OF WHAT COUNTRY?
FUNERAL	3014 Mayfield	Ave			21213	•		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECE	ENDENT OF HISPAN			S . A .  I. RACE — American Indian,
	1 Never Married 2 Married	IF YES, GIVE WAR OR	2 NO	If yea, spe	city Cuban, Maxica 2 X NO Specify	n, Puarto Rican, e	rtc.)	Black, White, atc.  Specify:
) BY	3XXWidowed 4 Divorced		cetime		- Carro opeon			White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	18e. DECEDENT'S U	ok done during moe	N at of working	16b. KIND	OF BUSINESS/INDUS	TRY
2	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	Ing. Do NOT use	retired.)				
W	17. FATHER'S NAME (First, Middle, Last)	1111	Shpg.	a Kec.			inting	
	Jake Carter				Unkno		Maiden Surname)	
B	19a. INFORMANT'S NAME (Type/Print)	(Brother	- 195 MAII INC A	DDDESS (Compt or			or Town, State, Zip Co	
2	Donald C. Whit							
3	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (Nac	rive, B		re, Md.	
	1XXX Buriel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	moval from State	pretery, crematory or other	Memori	ial Par	1		re, Md.
	21. SIGNATURE OF FUNERAL SERVICE L		Λ	22. NAME AND	D ADDRESS OF FAC	CILITY		
	* Eurone	1/01/0	- 1	Schin	nunek F	uneral	Homes,	Inc.
$\vdash$	23. PART i. Enter the diseases	complications that saves	~ n	3331	Brehms	Lane,	Balto.	. Md. 21213
	23. PART I. Enter the diseases of shock, or heart fellows	List only ons cause on	sach lins.	t entsr the mod	is or dying, auci	n as cardisc or	respiratory srresi	
	iMMEDIATE CAUSE (Final disesse or condition	Intracran	ial Bleed	/ Hamma	ala = a =			Onast and Death
	resulting in dasth)		A CONSEQUENCE OF):		rnage			
z		h.						į
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
2	CAUSE (Disesse or injury	c						
Ë	that initiated events resulting in dasth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
H		d						
AL 0	PART II. Other aignificant condition	ns contributing to death I	but not resulting in	the underlying	cause given in I	Part 1. 24s. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
	Diabetes Me	ellitis				P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	Hypertensic	n				_   '''	ES 2 NO	OF DEATH?
ž						-		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLA	CE OF DEATH (Che	ck only one)		
/SI	1 TES 2 NO	HOSPITAL:		THER:  Nursing Home	5 Realdenca	6 Other (Specif	v)	
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJUI	RY AT	26d. DESCRIBE	HOW INJURY OCCUR	ED
À	1 Natural 5 Pending 2 Accident investigation			M 1 YE	S 2 NO			
	3 Suicide a Could not be	26a. PLACE OF INJURY building, atc. (Spe	Y At home, term, stre cify)	et, factory, offica		28t. LOCATION (S City or Town,	Street and Number or I State)	Rural Route Number,
E								
ᅵ립ㅣ	29a. CERTIFIER	ICLAN: Jo the best of my know	riedge, death occurred	at the time, date a	nd place, and due	to the cause(s) an	d manner as stated.	
T .	(Check only Secretary ving PHYS	-1 1						
NOC	(Check only 1 CERTS YING PHYS	ER: On the besis of examinetic	en and/or investigation,	in my opinion, des	ith occured at the t	lime, data and pla	ce, and due to the co	suse(s) and manner as stated.
SE COMPLETED	(Check only 1 MEDICAL EXAMPLE ON) 2 MEDICAL EXAMPLE AND TUTLE AS CERTIFIE	ER: Of the basis of examination	en and/or investigation,		oth occured at the tage.			gneb (Month, Day, Year)
BE	296. SIGNATURE AND TUTLE AS CENTIFIE	ER; of the basis of animorto	to		29c. LICENSE NUM		29d. DATE SI	
	296. SIGNATURE AND TUTLE AR CENTURE 296. NAME AND ADDRESS OF PERSON WE	ER: On the basis of saminetto	ATH UTEM 27) (Type, Pr	rint)	29c. LICENSE NUM N/A	BER	29d. DATE SI ▶ 12/	GNED (Month, Day, Year) 30/ 91
BE	296. SIGNATURE AND TUTLE AS CENTIFIE	ER: On the basis of saminetto	ATH UTEN 27) (Typo, Pr klin Squar	rint)	29c. LICENSE NUM N/A	BER	29d. DATE SI ▶ 12/	GNED (Month, Day, Year) 30/ 91





BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

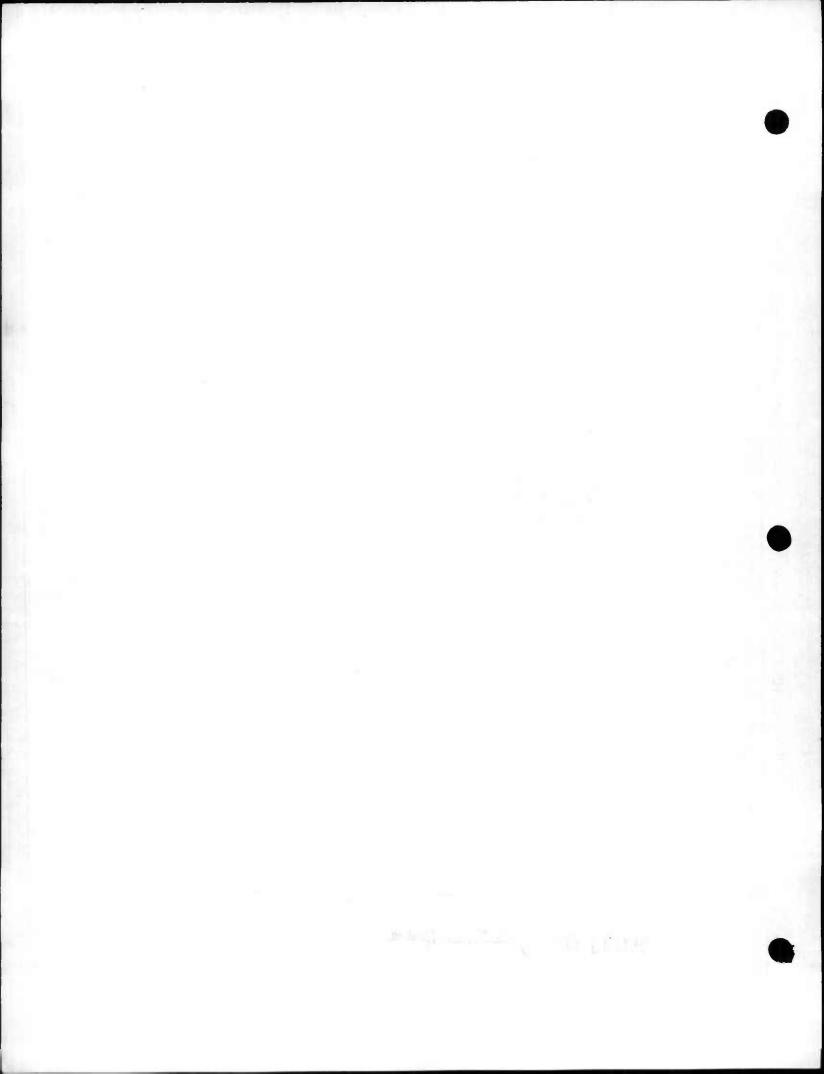
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

AR /3	3. TIME OF 0		
EIRTHPLACE (State Country) MARYLAN	(עד		
OF DEATH	DEATH		
LIMIT	10d. INSIDE CLIMITS?		
OF WHAT COUN			
RACE — Americ Black, White, at Specify: WHI	k, White, atc.		
RY			
ON 1 2 1 2	10		
1212 or Town, Stata	wn, State		
2-31 Brooklyn Park, MD HOME, INC. TE, BALTIMORE, MD 212			
inter	Approx interval Onset a		
y	gr.		
OF DEATH?	WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?		
28d. DEŞCRIBE HOW INJURY OCCURED			
ral Route Numbe	loute Number,		
se(s) and manne	) and manner as		
29d. OATE SIGNEO (Month, Dey, Yea   75   12/2€/91			
	_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

36069

91



	Pages 1		
IO THE HOSPITAL OF ALTERDING PRESIDENT I THE LAW REQUIRES THAT DEPOSITION OF A TRANSPORT OF A TR	TO THE THEN EACH DIRECTOR. After this certificate has been above the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	De life within 12 hours after deadh with the state Dept. of freath and mental Hygiene prof to Dunal, cremation, or removal.	IMPORTANT If Item 28 is marked or item 23 shows any injury or other trainmasts event the medical events to according to a contrast of any or an extension of the contrast of t

	91 360	70					
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) RUSSELL CANFIELD COREY 2. DATE OF DEATH 12-22-91 3. TIME	OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, lear)   T. DATE OF BIRTH (						
OR	90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  Frederick  90. COUNTY OF DEATH  Frederick  90. COUNTY OF DEATH  Frederick	County					
DIRECTOR	Maryland   Frederick County   Frederick   LM	SIDE CITY HTS?					
FUNERAL I	100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COU	JNTRY?					
BY FUN	11. MARITAL STATUS  1	icen Indian, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  17. OPECATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)						
BE	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Russell John Corey  Emily J. Canfield						
5	J.Emerson Finney Bro-in-law 1010 Moreau Dr, Jefferson City, Missouri 65	101					
1	20e. METHOD OF DISPOSITION 1   Burlel 2   Cremetion 3   Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State						
	22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655 W. Baltimore St, Balto., MD 2120	l 1					
	Shock, or heart railure. List only one cause on each line.	proximats arval Batween set and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL	PERFORMED?  1 YES 3 NO COMPLETE OF DEATH	TOPSY FINDINGS E PRIOR TO TON OF CAUSE 17 3 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO  28. PLACE OF DEATH (Check only one)  OTHER:  4  Nursing Home 5 Residence 6 Other (Specify)						
BY PH)	27. MANNEY OF DEATH  286. DATE OF INJURY (Month, Day, Year)  286. TIME OF INJURY WORK?  286. DATE OF INJURY (Month, Day, Year)  286. TIME OF INJURY 1 YES 2 NO						
MPLETED							
COMPL	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the base of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) end manner ee stated.  2   MEDICAL EXAMINER: On the base of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.						
O BE	296 LICENSE NUMBER 296 DATE SIGNED (Month, Da 2 2 2 2 3	n/A Ybar)					
	30/MAN AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	07/702					

AS IN JELL

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a warder after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.  IMPORTABLY: If them 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be neitfilled at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ath certificate be executed with trending physician and complet tal Hygiene prior to bunal, cren or other traumatic event	
TAL RECORDS,	i. The law requires that the de cate has been signed by the a state Dept. of Health and Men them 23 shows any Injury	
DIVISION OF VI	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 module after de TO-THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill the filled within 12 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Ham 28 is marked, or Item 23 shows any Injury, or other traumatic event. The medical ex	(
	TO THE HO. TO THE FUN. TO THE FUN.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1	-	FOR STATE REGISTRAR
Г	1. D	ECROENT'S NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	AIE OF	DEATH	R	EG. NO.		
1. DECROENT'S NAME (First, Middle, Lask)	DOPOTHYLOT		CROM	WELL	2. DATE OF D	DEATH DAY	91	3. TIME OF DEATH  12 PB PM
4. SOCIAL SECURITY NUMBER 216 14 1664	1 - M 2 12 F	7 / YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.		7, Year)	KANS	AS CITY, MO
Se. FACILITY NAME (II) not institution, give street and number?  LARE CENTED D. CITY, TOWN OR LOCATION OF DEATH  SILVER SPRING, 10, 2002, MONTGOMERY  RESIDENCE OF DECEDENT								
10a. STATE 10b. COUNTY	gomery Co		wn or Local	TION Springs				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100.STREET AND NUMBER 2700 Barker St			10	1. ZIP CODE 20910		10g. Ci	TIZEN OF W	HAT COUNTRY? A
11. MARITAL STATUS 1 Never Married 2 Marriad 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, ap	CENDENT OF HISPAN Decity Cuban, Maxica S 2 NO Specify	n, Puarto Rican		Specifi	- American Indien, White, etc. Vhite
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16s. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina mo	ON ost of working	16b. KIN	o of Business/intender/W	NDUSTRY	
17. FATHER'S NAME (First, Middle, Lest) Joshua Johnso	n			Mildre	d Frenc			
Sh eila Kearchnei	Daught			and Number or Aural View Driv				702
20a. METHOD OF DISPOSITION  1	oval Irom State	PLACE OF DISPOSITIO other place)	N (Name of ce	metery, crematory or		20c. LOCATION -	- City or Tov	wn, Stata
21. SIGNATURE OF FUNERAL SERVICE LIC	Fonald W			W. Balti	ST	ATE ANAT		
	lat only one cause on a	ach lina.		7			errest,	Approximate interval Between Onset and Desth
Sequentially list conditions, if sny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events' resulting in desth) LAST		CONSEQUENCE OF):	V					
PART II. Other significent condition	s contributing to death b	ut not resulting in ti	ne underlyin	ng ceuse given in		NAS AN AUTOPS: PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. P	LACE OF DEATH (Ch	eck only one)			
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		Nursing Hor 28c. IN.	JURY AT ORK? YES 2 NO		BE HOW INJURY O	CCURED	
2 Accident investigation 3 Suicide a Could not be 4 Homicide datarmined	28a. PLACE OF INJURY building, atc. (Spec	— At homa, farm, stree	t, factory, offic	ca		ON (Street and Numb own, State)	per or Rural A	oute Number,
100000000000000000000000000000000000000	CIAN: To the best of my know R: On the bests of exemination							and manner as stated.
250. SUBMARTURE AND VINES OF SERSHPPET	5/1	8/hm	4	290. LICENSE MUI PO 116	uben 20	29d. DA	R6 DO	Moren, Day, War) EC 199/
30. NAME AND ADDRESS OF PERSON WHI WALTEN G- G-O		2309 SH		ery Ro	WHE	TATON	MD	20902_



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should on, or removal. he medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	10. STREET AND NUM  11. MARITAL STATUS  1 Never Merried  3 Widowed 4 15. (Specific Elementary (Secondary 196. INFORMANT'S NAIN 196. INFORMANT 196.
HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transcent in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  PHINT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmly, leading to improve the cause. Enter UNDEL CAUSE (Disease or that initiated events resulting in death)  PART II. Other sign  25. WAS CASE REFERRE EXAMMER?  1
H DO	38	29b, SIGNATURE AND T

31. DATE FILEO (Month, Day, Year)
DEC 31

1991

				91 36072		
1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
1. OECEOENT'S NAME (First, Middle, Last)	zekiAh CAX	2=1	2. DATE OF DEATH DAY	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 356-28-566 H	4	F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Mary), Og. 1912	8. BIRTNPLACE (State or Foreign South Ardina)		
740 Reedbir	and number	Baltano		COUNTY OF DEATH		
10a. STATE 10b. COUNT	y 10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?		
104 STREET AND NUMBER 740 Ree	dhied Ave	101. ZIP CODE 2/2/2/5	10g.	CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPAI It yes, specify Cuben, Mexice 1 YES 2 NO Specify	n, Puerto Ricen, atc.)	- 14. RACE - American Indian, Black, White, etc.		
15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		SUAL OCCUPATION the done during most of working	16b. KIND OF BUSINESS	S/INDUSTRY		
17. FATHER'S NAME (FIS), Middle, Last	avey		ME (First, Middle, Melling Studies	iley		
199. INFORMANT'S NAME (Typo/Print)	705 19b. MAILING AT	OORESS (Street and Number or Rural I		Selfisore Mb.		
20s. METNOO OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	Western		13/2 200, LOCATION	Hemare, M.		
*////C/A	our /	William C	Boun Go	now ty the Ho		
23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the death. Do not List only one cause on each line.	enter tha mode of dying, auc	h aa cardiac or respiratory	Apperimate interval Between Onset and Dasth		
Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	ate Disol	with Chri	on Alenta 4yrs-		
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  c.  DUE TO (OR AS A CONSEQUENCE OF):  d. The costerolar Cardia varular Dr Sease.						
PART II. Other significant condition	secontributing to death but not resulting in	tha underlying cause given in	Part I. 24a. WAS AN AUTOP PERFORMED?  1 YES 2 NO	AVAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO		26. PLACE OF OEATN (Chr.  OTHER:  Nursing Nome 5 Residence	ick only one)  8 □ Other (Specify)			
27. MANNER OF OPATN  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. OATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At home, ferm, stre building, atc. (Specify)	WORK? M 1 YES 2 NO	26d. OESCRIBE NOW INJURY  26f. LOCATION (Street and Nur City or Town, State)			
	ICIAN: To the best of my knowledge, death occurred in the basic of examination end/or investigation,		to the cause(e) end menner es			
29b. SIGNATURE AND TITLE OF CERTIFIES	8	29c, LIGENSE NUM	IRED ) 204	DATE SIGNED (Month One Month		

32. BEGISTARES SIGNATURE
Daydson-Randall

The second secon 

Approximata interval Batween

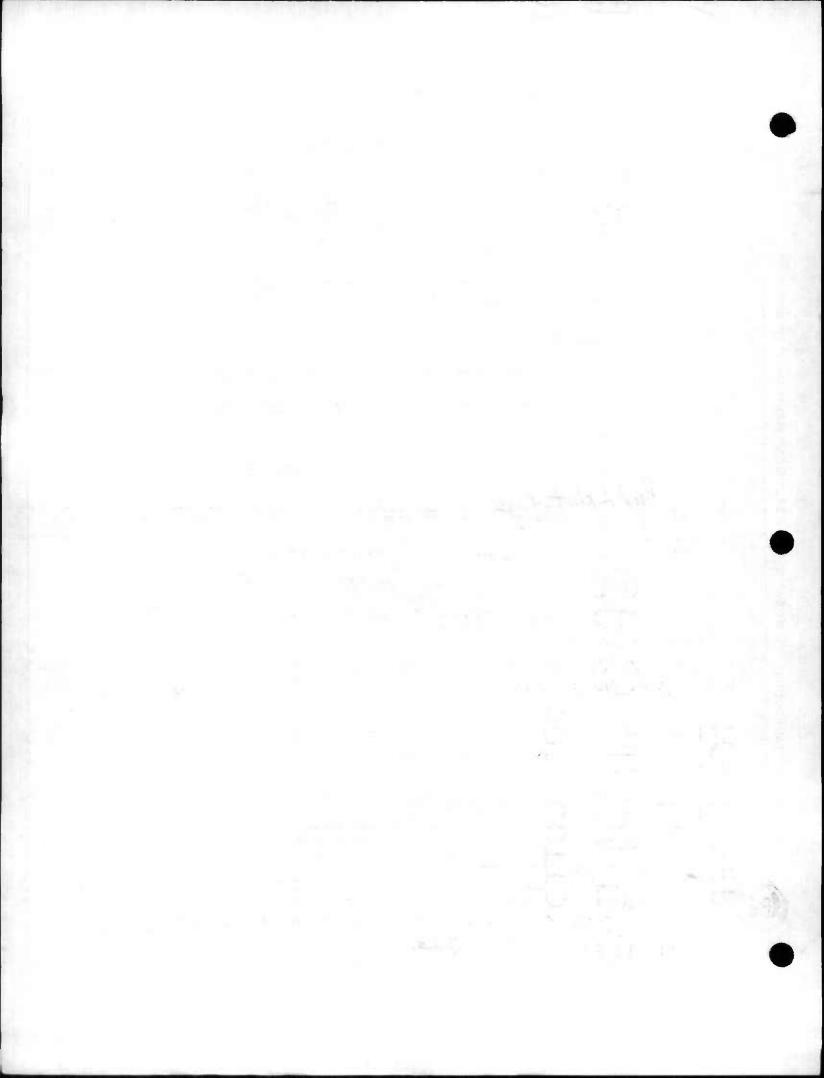
**Onset and Death** 

24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

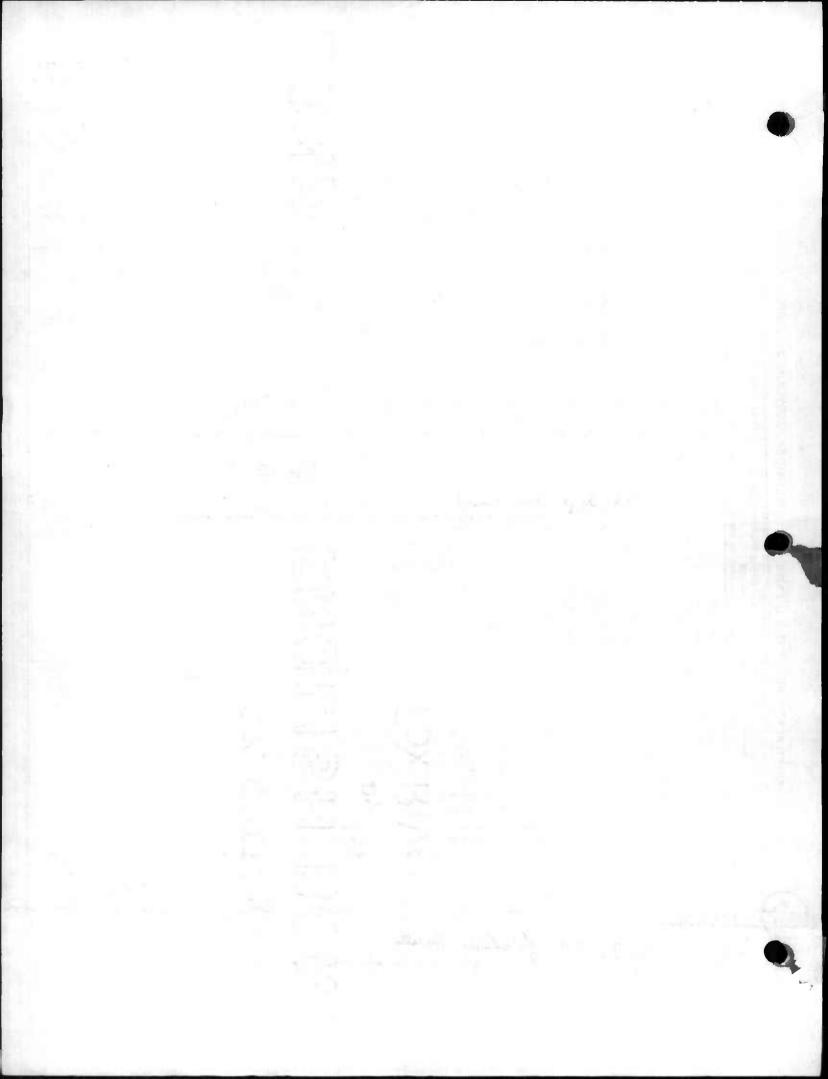
	1. DECEDENT'S NAME (Fire Charles		Me:	lvin	CC	OPER	L.		2. DATE OF MONTH DECEMB	per 2	6, 19 <b>9</b> 1	3. TIME OF DEATH 4:20 F
	4. SOCIAL SECURITY NUM 215-05-8508		5. SEX	6. AGE (In yrs. 78	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIOTH	a nu	ATHPLACE (State or Foreign any land
ECTOR	99. FACILITY NAME (If not institution, give street and number)  Franklin Square Hospital  RESIDENCE OF DECEDENT  90. COUNTY OF DEATH  Sec. COUNTY OF DEATH  Sec. COUNTY OF DEATH  Baltimore											
DIRECT	nesidence of de 100. STATE Maryland	10b, COUNT	timore		1000	iddle					7	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	Y							F WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Difference 2 Diffe			NT EVER IN U.S., 1 YES 2 WAR OR DATES			If yes, sp	CENDENT OF HISP/ pecify Cuban, Mexic 3 2 XNO Spec	an, Puerto Rica		or No- 14. R	ACE — American Indian lack, White, atc. pecify: White
COMPLETED	15. 00 (Specify of Elementary/Secondary	CEDENT'S EDU nly highest grade (0-12)	CATION completed) College (1-4 or 5	+)	DECEDENT'S (Give kind of life. Do NOT of Carpe	work done use retired.)	CCUPATI during m	ON ost of working	16b. Ki	NO OF BUSI	INESS/INOUSTR	
ш	17. FATHER'S NAME (First, George	Middle, Last)	Cooper					18. MOTHER'S N			Surname) : Intyre	e
TO B	190. INFORMANT'S NAME Mrs. Elaine		oper			ame a		and Number or Rura	l Route Number,	City or Town,	, State, Zip Code)	
	20a. METHOD OF DISPOS 1 X Burial 2 Crema 4 Donation 5 Doth	tion 3 - Rem	noval from State	of cemeta	CE AND DA	y or other	place)	ark 12/3	DATE NO / 91		timore	
	21. SIGNATURE OF FUNE	L SERVICE LI	Paul	L. Hartso	ock,Jr	22.	NAME A	ND ADDRESS OF F	ACILITY	Balti	more,MI	
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (f disease or condition resulting in death)	haart fallure.	List only one ca	use on each li	ina.	AR		ode of dying, su		c or reepir	ratory arrest,	Approximatinterval Bat Onset and
CERTIFICATION	Sequentially list conditions of the condition of the cond	nediate LYING njury	b. Oue To	CORONA	SEQUENCE OB	ARTI OFI: STRU		DISE PULI		y Di	IS EAS E	10 YFS
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERÉ AUTOPSY								24b, WERE AUTOPSY FINI			
MEDICAL	MALN									PERFORI	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 □ DOA	OTHE 4 N	A:	PLACE OF DEATH (		Snecity)		
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 [ 2 Accident	Pending Investigation	28e. DATE C		28b. Ti		28c. IN	JURY AT ORK? YES 2 NO			JURY OCCURE	0
ED	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Route City or Town, State)								rel Route Number,			
COMPLET	one)		ER: On the beals of									se(s) and manner as sta
TO BE C	29b. SIGNATURE AND TIT	RX						29c. LICENSE N	UMBER 2620			NED (Month, Day, Year) 27 - 91
F	SHAHID SH		9105 FR	ANKCIN	50.2		BAC	MHORE	HO 2	1237	7	
	31. DATE FILEO (Month, DEC 3 1		22. RECKST	AR'S SIGNATUR	Less						-	



-	è
	ı
964	ø
-	١
0	
9	
-	
00	
9	
~	
BOX 68760	
Ų	
$\mathbf{m}$	
P.0.	
1	
40	
(3)	
RECORDS, I	
$\approx$	
9	
ш	
Œ	
VITAL	
7	
-	
Ξ.	
>	
-	
0	
IVISION (	
4	
0	
=	
S	
7	

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
a),	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
ir death. Page 6 may be retained by the hospital or attending physician.	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the curs after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYLANI		IT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)  TrviNT.	Durant			2. DATE OF DEATH MONTH D.	AY - 9/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-58-17210	190420F 39	YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year)	52 00	ATHPLACE (State or Foreign untry)
TOR	90. FACILITY NAME (If not institution, give sti	reet and number)	9b. Cr RC	ty, town or location of d		Bal	timore
DIRECTOR	10a. STATE 10b. COUNTY		Bal-	FIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	5601 N. Gre-			10f. ZIP CODE 2/201	-	US	* )
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIYE WAR OR DATES	NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	В	ACE — American Indien, lack, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) 164 College (1-4 or 5+)	n. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working		SINESS/INDUSTR	Y
	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Malden	,	THIC OUT
TO BE	190. INFORMANT'S NAME (Typo/Print)	burant	19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number City or Tox	vn, State, Zip Code	21207
	2 METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	20b. PL	ACE AND DATE OF DISetary, cromatory or other		-3-92 D	a to.	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Wane	2	2. NAME AND ADDRESS OF F	enal Honey	e-Wes	to md. zizis
ICAL CERTIFICATION	23. PART I. Enter the diseases, or cachock, or heart failure. I immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition	DUE TO (OR AS A CO	NSEQUENCE OF):  Difference of):  NSEQUENCE OF):	y cardia Cardiamy	ope thy	N AUTOPSY RMED?	Approximate Interval Batween Onset and Death  / w//  5 mos  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDI		*			1 _ YES	2 2 700	OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   40	HOSPITAL:	ort 3 DOA A DA	26. PLACE OF DEATH (C	Committee of the Commit		
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Natural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b, TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Specify)	At home, farm, street, t	actory, office	261. LOCATION (Street City or Town, State		ral Route Number,
COMPLETED	one)	CIAN: To the best of my knowledge: R: On the bests of examination en					ise(e) and manner on stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED  Man S.	- MD		PZ6		29d, DATE SIG	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH  MARK B. EFFICE  31. DATE FILED (Month, Day, Year)  DEC 3 1 1991		VAI HOSPIT	-AL OF BAL	Timent	BALTION	ME MOZIZIS

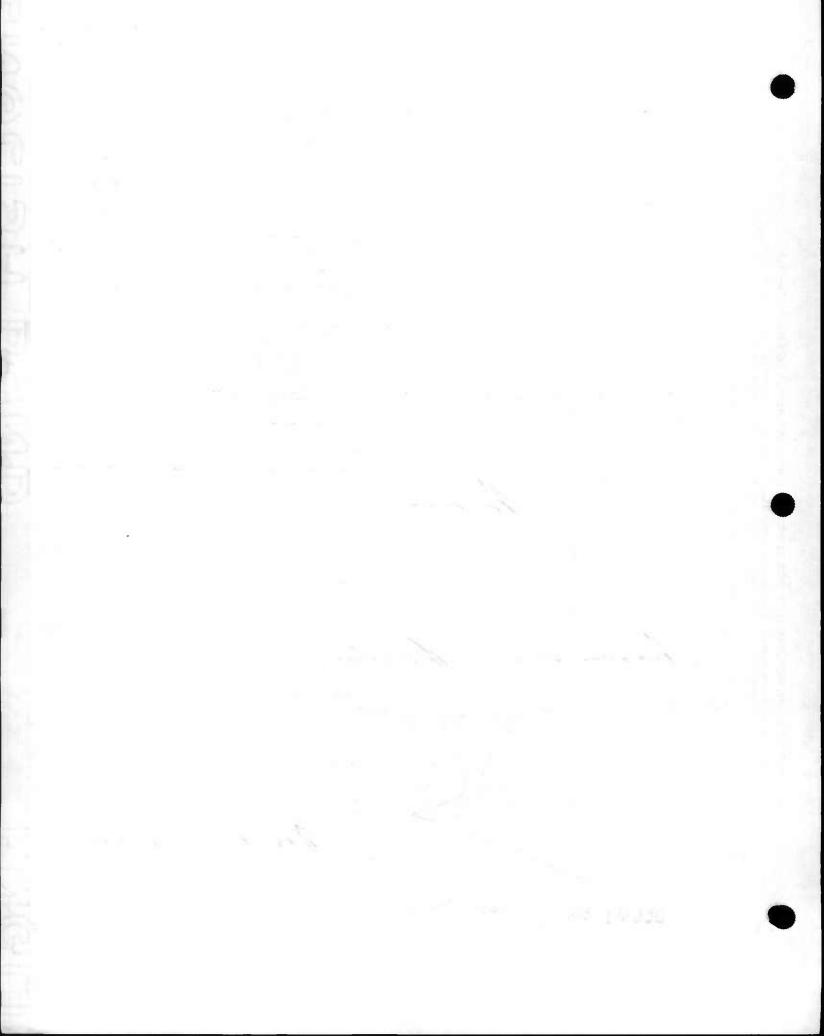


BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physici	by the funeral director page 5 should be detached for use as the burial.
	HOURS	lad la
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physici	men morrows, the state and has been sinned by the attendion sheeting and completely filled in by the funeral director page 5 should be detached for use as the burial.

STATE	OF MARYLAND	/ DEPARTMENT	0F	HEALTH	<b>AND</b>	<b>MENTAL</b>	HYGIENE
		ERTIFICATE	OF	- DEAT	ГН		REG. NO.

L	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN REG. NO.	E	00073
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	w wea	3. TIME OF DEATH
	Duhan, matild	a e.				M9N2 39	y '5'	1 10;20 "
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
- American	215_05_8578 9e. FACILITY NAME (If not institution, give	1 M 2 XF 86	YRS.	MONTHS DAYS	OR LOCATION OF DE	(Month, Day, Year) 6-24-(	9c. COUNTY O	laryland
FUNERAL DIRECTOR	Stella maris	are and multipory			son, md			timore
2	RESIDENCE OF DECEDENT  100. STATE 10b. COUNT	Υ	10c, CI	TY. TOWN OR LOCA	TION			10d, INSIDE CITY
<u>E</u>	Maryland -			Baltim	ore			1 X YES 2 NO
5	10e. STREET AND NUMBER				of, ZIP CODE		10g, CITIZEN C	OF WHAT COUNTRY?
RA	3213 Ramona A	We.			2121	3	II.	S. A.
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13, WAS DE		NIC ORIGIN? (Specify Yes		ACE — American Indien, Black, White, etc.
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	if yes, a		in, Puerto Rican, etc.)		Specify: White
8	15. DECEDENT'S EDU	JCATION	16a. DECEDENT	S USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTR	
E	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	work done during n	lost or working			
릴	NA	NA	Cler	ical Wo	rker	U.	S. Gov	ernment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	John H. Duhan				Anna	Nisky		
TO B	190. INFORMANT'S NAME (Type/Print)  Mary M. Duhan	(Sister)	12.00			Route Number, City or Tow Baltimo		
	20e. METHOD OF DISPOSITION	20h		E OF OISPOSITIO		OATE 20c. LO		
	fx□xBuriel 2 □ Cremetion 3 □ Ren 4 □ Donation 5 □ Other (Specify)	novel from State	Ty Red	reemer	Cemeter	у Ва	ltimor	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			AND ADDRESS OF FA			_
	Joh-7	bell				uneral H Lane, B		Inc. Md. 21213
	23. PART I Entar the diseases, or	complications that caused. List only one cause on ea		not anter tha m	oda of dying, suc	ch as cardiac or rasp	iratory arreat,	Approximata interval Between
	iMMEDIATE CAUSE (Finei disease or condition recuiting in death)	Prizen						Onset and Death
		DUE TO (OR AS A	CONSEQUENCE	OF):				
Z	Sequentielly list conditions,	b						
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):				i
일	CAUSE (Disease or injury	C DUE TO (OR AS A	CONSFOUENCE	OF):				1
Ē	that initiated events resulting in death) LAST			,-				
		d						
AL	PART ii. Other significent condition	ons contributing to death bu	t not resulting	in tha underlyi	ng ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
2	full some	el 15 1 5 E	11			1 _ YES :	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
E I		21/31/2	11/2/20	941701				1   YES 2   NO
ä								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		PLACE OF DEATH (C	heck only one)		
S.	1 TES 2 NO	1   Inpetient 2   ER/Outpe	itionf 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)		
E	27. MANNER OF DEATH	28a. DATE OF NJURY (Month, Day, Year)	28b. T		NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURE	ю.
BY	Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, ac. (Special	— At home, farm	, street, factory, of	lice	281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
ETE	4 Homicide determined							
COMPLETED		SICIAN: To the best of my know	being death occu	rred at the time, de	ite and place, end du	e to the cause(s) and me	inner as stated.	
OM	one) 2 MEDICAL EXAMIN	NER: On the basic of examination	end/or impetige	tion, in my opinion	, death occured at the	e time, date end place, a	nd due to the ca	use(e) and menner ee stated.
8E	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c, Elgense Mu	MBER 4	29d. DATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF OE	ATH (ITEM 27) (7)	pe, Print)	1			/
	Dr. Eddie Nak	huda 2300 F	)ulane	v Valle	v Road			
	31. DATE FILED (Month, Day, Year)	thuda 2300 [] 32. pegistran's signifuna laurdson	AXURE	, varit	, noau			
	DEC 3 1 1991	Juna Davidson	- Mandall					



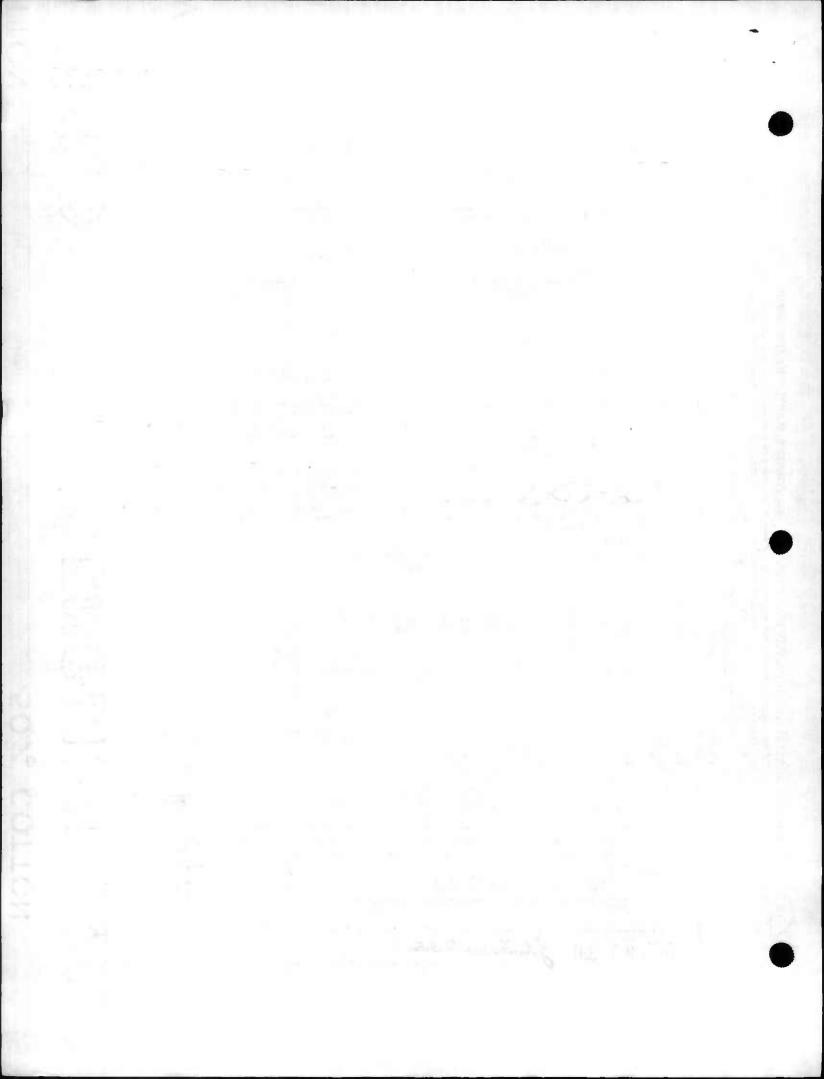


FOR STATE REGISTRAR

1	Per
	a
	he law requires that the death certificate be executed within 24 hours after
	ĕ
,	24
	5
î	€
•	5
	ě
	굻
,	ä
	9
	9
	cat
	与
	93
	5
•	ea
•	9
	₽
	lat
)	#
)	ě
	8
	9
	₩.
	he
	-
	AN
	0
	3
•	E
	9
)	AL DR ATTENDING PHYSICIAN: Th
	EN
	E
	A
	0
	A

	William	(nmn)	DIRCKS		12	27 9T	09:24	
	4. SOCIAL SECURITY NUMBER 213-07-7554	1 AM 2 □ F 73		DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 8-8-19	18 Ma	IRTHPLACE (State or country) TYLAND	
TOR	90. FACILITY NAME (If not institution, give Franklin Square RESIDENCE OF DECEDENT			sville	DEATH	9c. COUNTY C	timore	
DIRECTOR	Maruland Bal	timore	10c. CITY, TOWN O				10d. INSIDE CIT LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 7939 Wise Avenue			101. ZIP CODE 21 222			of what country? d States	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 (7) YES	2 NO	WAS OECENOENT OF HISP/ If yes, specify Cuban, Mexic I YES 2 X NO Spec	can, Puerto Rican, etc.		RACE — American In- Black, White, etc. Specify: White	
PLETED	15. OECEDENT'S EL (Specify only highest gra Elementary/Secondery (0-12)		180. OECEOENT'S USUAL O (Give kind of work done life. Do NOT use retired.) Steelworken	during most of working	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Business/INDUSTI		
BE COM	17. FATHER'S NAME (First, Middle, Last) William Dircks			Regina	IAME (First, Middle, Mail Stuprich			
TO E	190. INFORMANT'S NAME (Type/Print) Helen M. Funari		196. MAILING ADDRES	s (Street and Number or Rura Ld Point Lan	i Route Number, City or 1e Baltimo	Town, State, Zip Cook	21219	
	20e. METHOD OF DISPOSITION 1	amoval from State of	b. PLACE AND DATE OF DISP cometary, crematory or other p LLTOP Service	ilace)	1	owson. M		
	21. SIGNATURE OF FUNERAL SERVICE		22. [	name and address of P Juda-Ruck Fa 1922 Wise Au	theral Hom	ie of Dun	dalk, Inc	
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		ailure aconseouence of): ive Heart Fai aconsequence of):	lure				
: MEDICAL CE	PART II. Other significent conditi	lons contributing to death	but not resulting in the u	nderlying cause given i	PEF	S AN AUTOPSY RFORMED? S 2 NO	24b. WERE AUTOPSY AWAILABLE PRIC COMPLETION O OF DEATH?  1 YES 2	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 Y NO	HOSPITAL:	tpatient 3 DOA 4 Nu		III - 2 × 2 × 2 × 2		4	
	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 5 Pending  28e. INJURY AT WORK?  1 VES 2 NO							
2	2 M Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)							
TED BY								
MPLETED	4 Homicide detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PH						ruse(e) and menner e	
BE COMPLETED	4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIF	YSICIAN: To the best of my know INER: On the beste of examinets FIER	on end/or Investigation, in my		he time, date end plac	e, end due to the ce 29d. DATE SIG	GNED (Month, Day, Yea	
E COMPLETED	4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of my know INER: On the beste of examinets FIER	on end/or investigation, in my  MD  EATH (ITEM 27) (Type, Print)  O Sa. Dr. Ba	29c. LICENSE N	the time, date end place	e, end due to the ce 29d. DATE SIG	GNED (Month, Day, Yes	

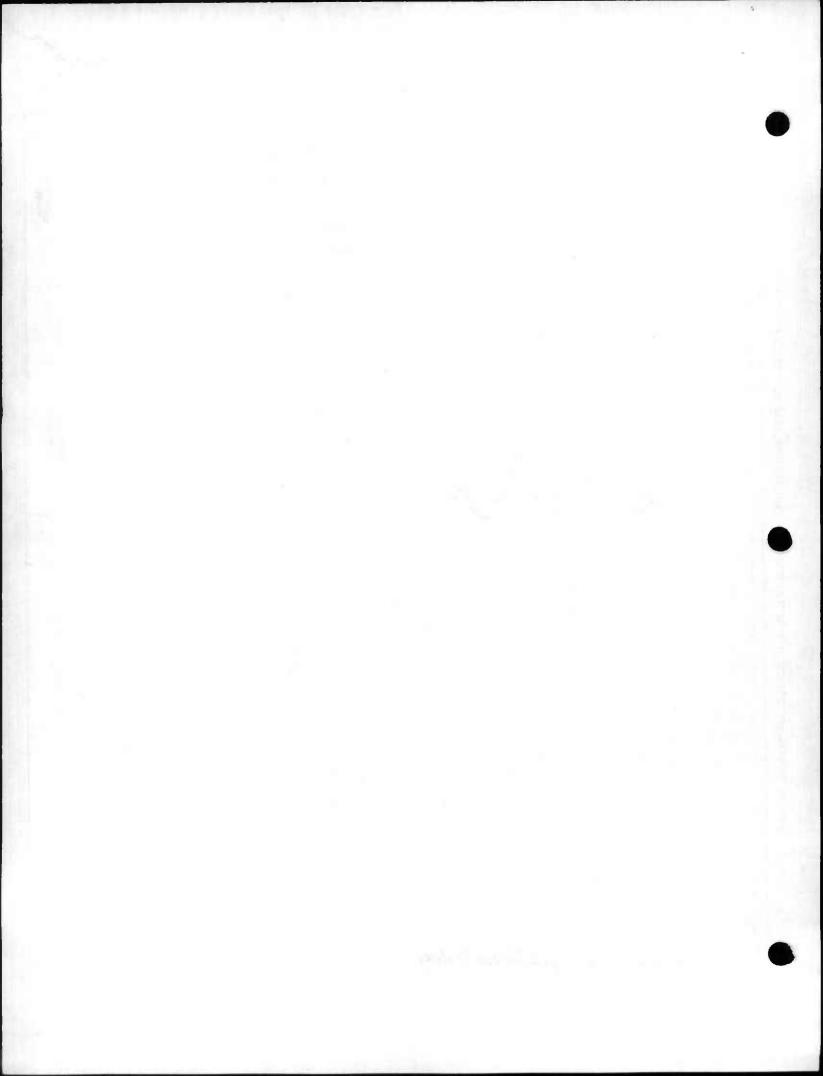
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



SALIMONE, MANIEMONE, MANIEMONE, MANIEMONE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 - 2 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE	TO THE	be filed v	IMPORT	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC	MENT OF I	HEALTH AND	MENTA	IL HYGIE!		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	41	3. TIME OF DEATH
		EDWARD	V. DI	ELTUVA		DEC		26,199	1 9:15 A. M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE	OF BIRTH		BIRTHPLACE (State or Foreign Country)
	215-05-3522	1XXM 2 □ F 77	YRS.	FUNTHS DATE	HOURS MIN	OCT	. 18,	1914	MARYLAND
_	9e. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DEATH
5	6265 GILSTON PA	ARK ROAD		CATO	ONSVILLI	E		BA	LTIMORE
S	10e. STATE 10b. COUNT	Υ	10c, CITY	TOWN OR LOCA	TION				and make own
DIRECTOR	MARYLAND BA	ALTIMORE		ONSVILI					10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ CAI		f. ZIP CODE			100 CITIZE	1 VES XXXVIO
ER.	6265 GILSTON PAR	RK ROAD			21228	2		100	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	CENDENT OF HISE		N? (Specify Ye		B. RACE — American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	XXNO	If yes, sp	WIN NO Spe	ican, Puerto	Rican, etc.)		Black, White, etc. Specify:
					AQ	y.			WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S U: (Give kind of wo	de done during me	ON ost of working	16	. KIND OF BU	SINESS/INDUS	TRY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ine. Do NOT use	retired.)					
M			SUPERVI	SOR			WESTI	NGHOUS	E
	17. FATHER'S NAME (First, Middle, Last)  JOSEPH DELTUVA				16. MOTHER'S			Sumeme)	
BE				Access 1		CES SI			
2	190. INFORMANT'S NAME (Type/Print)  IRENE DELTUVA	(WIFE)			and Number or Run				
									. 21228
	20a METHOD OF DISPOSITION 1 ALZ Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovat from State 20b.1	LACE AND DATE OF	DISPOSITION (No er place)	ame of	DAT	E 20c. LC	CATION — Cit	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	LADOWRIDG	E MEMOI	RIAL PAI	RK   12/	30/91	DORSEY	, MARYLAND
		) ·×	6	L'EROY"	M. & RU	SSELL	C. W.	TZKE 1	FUNERAL HOMES
	Lucia	er y	7	1630 E	DMONDSO	N AVE	NUE . CA	TONSV	IIIE MD 21228
	23. PART I. Enter the diseases, or o shock, or heert failure.	complications that caused List only one cause on es	the death. Do not	enter the mo	de of dying, s	ch aa car	diac or reep	iratory arres	t, Approximate
	IMMEDIATE CAUSE (Final	C 1/			1	1.			Interval Between Onset and Death
	disease or condition resulting in deeth)	. Small CA	Il Cay	CMON	na of	14	NS		15month
		DUE TO (OR AS A	CONSEQUENCE OF):				1		
CERTIFICATION	Sequentisily list conditions,	b							
ATI	If any, leeding to immediate cause. Enter UNDERLYING	DOE TO (OR AS A I	CONSEQUENCE OF):						
윤	CAUSE (Diseese or injury that initisted events	CDUE TO (OR AS A (	CONSEQUENCE OF):						
E	resulting in death) LAST		onstauthor or).						
핑		d,							
4	PART II. Other significent condition	s contributing to deeth bu	t not resulting in	the underlying	csuse given i	n Part i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
음							PERFOR	10	COMPLETION OF CAUSE
MEDIC									OF DEATH?
ż									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (	check only or	10)		
PHYSICIAN:	1 TYES 3 TWO	1 Inpatient 2 ER/Outpat	lent 3 DOA 4	THER:	e 5 🗆 Reeldence	6 🗆 Othe	r (Specify)		
T	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (		URY AT RK?	28d, DE	CRIBE HOW I	NJURY OCCUR	ED
1 2	1 Netural 5 Pending			M 1 1	ES 2 NO				
1 2	2 Accident Investigation								
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specifi	At home, ferm, stre	et, factory, office		28f. LOC City	ATION (Street in or Town, State)	and Number or	Hural Houte Number,
ВУ	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specify	At home, ferm, stre	et, factory, office		281. LOC City	ATION (Street or Yown, State)	and Number or .	Hurai Houte Number,
ВУ	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only) CERTIFYING PHYSII	CIAN: To the best of my knowled	dge, death occurred	at the time, date	and place, end de	City	or Town, State)	iner as atated.	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only) CERTIFYING PHYSII	building, etc. (Specif)	dge, death occurred	at the time, date	and place, end de	City	or Town, State)	iner as atated.	
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only) CERTIFYING PHYSII	CIAN: To the best of my knowled R: On the basis of examination	dge, death occurred	at the time, date	and place, end de	City us to the cau	or Town, State)	iner as atated.	
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND ITTLE OF CERTIFIER	CIAN: 76 the best of my knowles. On the basis of examination	dge, death occurred and/or investigation,	at the time, date in my opinion, d	and place, end de	City us to the cau	or Town, State)	iner as atated.	euse(s) end manner ee stated.
COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: 76 the best of my knowles. On the basis of examination	dge, death occurred and/or investigation,	at the time, date in my opinion, d	and place, end de	City us to the cau	or Town, State)	iner as atated.	euse(s) end manner ee stated.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND ITTLE OF CERTIFIER	CIAN: 76 the best of my knowles. On the basis of examination	dge, death occurred and/or investigation,	at the time, date in my opinion, d	and place, end de	City us to the cau	or Town, State)	iner as atated.	euse(s) end manner ee stated.





i	9	20		
	ita	D fe		
	POS	9		ej
	Je i	Jeta		200
ĺ	20	9		=
	D	P		P
	aine	뤋		He
	E.	5		5
r	20	90		9
	ПЗУ	8		=
)	9	cto		ĕ
	906	dire		-
	4	100		in
ı	ath	une		E
	- 06	Je f	<u>a</u>	ex
	afte	y	9	Ca
	13	0	Je.	B
	ĕ	pe	0	E
	24	=	lo.	the
	thi	rtely	ша	it,
1	*	nple	5	Ver
	rted	8	Jal.	8
	Xec	DUE	ā	=======================================
	(E)	an	0	E
	e p	Sici	000	Ī
	fical	E	16	9
	erti	Du	gie	듐
	the C	pue	£	6
	deal	att	ma	ž
	he	華	š	큳
	at t	3	and	=
	=	Dec	5	an
	ires	sign	lea	\$
	nba	eu	0	9
	3	8	F.	3
	e	has	å	2
	E	ate	tate	ig i
	AN	tific	e S	2
	SIC	9	#	-
	TUT HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO WITH THE TOWN AND THE THIS CARTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	which may be a prior of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	5	ter	ath	E L
	NO.	: Af	e e	50
	TEN	DR.	after	00
	AT AT	ECL	50	E
	8	DIR	POL.	ie.
	M	3	R	=
	SPI	更	ş	달
	오,	更	X	ŝ
١	1	k	3	B
1	B	D.	7	슾
Ľ	-	534	ю.	= 1

	1 - STATE OF MARYLAN REGISTRAR aba-IVAN ASHLEY MCNAB	ID / DEPARTMI	ENT OF HEALTI	H AND MEI	NTAL HYGIENE REG. NO.		1 00070
	1. DECEDENT'S NAME (First, Middle, Last) A . K Ivan	McNab		2.	DATE OF DEATH		3. TIME OF DEATH
	LARRY	DEVOR	E		MONTH DAY		12:32 am
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y)  1 1 M 2 F  9. FACILITY NAME (If not Institution, give street end number)	YRS. MONT	HS DAYS HOURS	мм. 1	DATE OF BIRTH (Month, Day, Year) 0-04-1964	8. BIRTI Count H O	HPLACE (State or Foreign nduras
DIRECTOR	UNIVERSITY HOSPITAL	9b.	BALTIMO			9c. COUNTY OF D	DEATH
EC	10e. STATE 10b. COUNTY	IOc. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
	New York Kings 100. STREET AND NUMBER	Bro	oklyn	25			LIMITS? 1 XYES 2 NO
FUNERAL	203 Etna ST.  11. MARITAL STATUS  12. WAS DECEDENT EVED IN U.		1120	8		U.S.A	
В	11. MARITAL STATUS  1 Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S  FORCES? 1 YES 2  IF YES, GIVE WAR OR DATES	YNO	13. WAS DECENDENT If yes, specify Cut I X YES 2 NO	oen, Mexican, Pu D Specify:	RIGIN? (Specify Yee of Jerio Rican, etc.)  Onduran	Blac	E — American Indian, k, White, atc. ""Other
	IS. DECEDENT'S EDUCATION (Specify only highest grade completed)	e. DECEDENT'S USUA	L OCCUPATION		16b. KIND OF BUSIN		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Mechani	one during most of worked.)	ang	Aut	co .	
8	17. FATHER'S NAME (First, Middle, Last)		18. MO		First, Middle, Maiden Su		
BE	Lester Diaz  19a. INFORMANT'S NAME (Type/Print)	I 100 1144 1140 1400			Antonia M		
임	Antonia McNab		St., Br		Number, City or Town, NY 11	State, Zip Code)	
		ACE AND DATE OF DIS	POSITION (Name of		DATE 20c, LOCA	TION — City or To	
	4 Donetion 5 Other (Specify)  21. SIGNATURE 9F FUNERAL SERVICE LICENSEE		L's Cemete			ooklyn	NY
	· Duane J. Kincaro	P	ROBERT C.	ALTEN	BURG FUNE	maka	
200	23. PART I. Enter the diseases of complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. GUMUNT  DUE TO (OR AS A CO)	e death. Do not er line.	iter the mode of d	ying, such as	cardiac or reapira	tory arrest,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
AL CE	PART II. Other algnificant conditions contributing to death but n	ot resulting in the	underlying cause	given in Part	i. 24a. WAS AN AU	TOREY LAS	WERE AUTOPSY FINDINGS
BY PHYSICIAN: MEDICA			,,		PERFORME	EO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26 BLACE OF L	DEATH (Check on			
2	EXAMINER?  1 X YES 2 NO HOSPITAL:  I I Inpetient 2 X ER/Outpetien		IER: Nursing Home 5 A				
Ē	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d.	DESCRIBE HOW INJU	URY OCCURED	
- 11	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — A	it home, lerm, street.	1 YES 2		SUBJECT		
	Homicide Could not be determined building, etc. (Specify)	IN ALLE			City or Town Clare)	MONRO	CEAR OF DE STREET
COMPLEIED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the basic of exemination and				ALT, I MORE	MARY	LAND
	296. ALMATURE AND TITLE OF CERTIFIER	201 Investigation, in n		ENSE NUMBER			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	W		. C . M . I		9d. DATE SIGNED	(Month, Day, Year)
	MARGAMOR A. KOREL	III PENN	STREET	BAL	TIMORE,	MARYLA	ND 21201
	31. DATE FICED (Month, Day, Year)  DEC 3 1 1991  32. REGISTRAR'S SIGNATUR  DEC 3 1 1991	andell					

1 " - "Y5 - I

Marie Control of the 
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunal, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT	TO THE FUNERA	be filed within 7	IMPORTANT

5 Pending Investigation

8 Could not be determined

1XX Natural

2 Accident
3 Suicida

4 🗌 Homicide

BY

												91	3	6079
	FOR STATE REGISTRAR	STATE OF M		/ DEPAR						YGIEN EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH		YEAR	3. TIME	OF DEATH
	GEORGE W. EDER								12	29		91	4:3	0 p. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF E (Month, Da	BIRTH	T	8. BIRTH Country	IPLACE (St	ate or Foreign
	220-22-2501	1 💢 M 2 🗌 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	08/22	/28				e,Md.
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	Y, TOWN C	OR LOCATI	ON OF DI			9c. COUN			
DIRECTOR	DVA MEDICAL CENTER	R.FT. HOW	ARD, MAI	RYLANI		Ba]	Ltimo	ore			В	alti	more	
H	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSI	DE CITY
븁	Maryland Balti	imore			Balt	imon	e e	Rose	edale					5 2 NO
A	10e. STREET AND NUMBER	***************************************				altimore Rosedale 1 01. ZIP CODE 109. CITIZEN OF WHAT			VHAT COU	NTRY?				
FUNERAL	8909 Talc Dr. Apt	t. #B1				21237 U.				U.S.	Δ.			
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIGIN? (S	pecify Yes				can Indian, tc.
	1 Never Married 2XX Merried	FORCES? 1		NO		If yea, sp	ecify Cubi	nn, Maxica Specif	nn, Puerto Rice ly:	n, atc.)		Speci		ic.
B	3 Wildowed 4 Divorced	WW I							·			Whi		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		DECEDENT'S				ing	18b. KIN	D OF BU	SINESS/IND	USTRY		
	Elamentary/Secondary (0-12)	College (1-4 or 5 +		Ma. Do NOT u	se retired.)	denny	AND OF FECT.	rig						
MP.	8 vr's			Mai	inter	ance	2			Scho	ool D	istr	ict	
COMPLET							HER'S NA	ME (First, Midd	le, Maiden	Sumame)				
l m l	JOHN EDER ROSE SAMMER													
10 18	19s. INFORMANT'S NAME (Type/Print)							or or Rural	Route Number, (	City or Tow				
F	Mrs. Romaine K. Ed	Mrs. Romaine K. Eder 8909			)9 Ta	alc	Driv	e A	pt.B1	Bal	timor	e,MD	21	237
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISP			CE OF DISPO	SITION (N	lame of ce	metery, cre	matory or			CATION —			
1 1	4 Donation 5 Other (Specify)	1 ☐ Buriel 2 M Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)						2/92		Ва	ltimo	ore,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Paul	. Harts	ock,Jr.	22.	22. NAME AND ADDRESS OF FACILITY Baltimore, MD 212					2121	4		
	De Dul Latia	to 1				Laon	and	.1 D	uck, In					
	23. PART I. Enter the diseases, or	complication of	t caused the	dooth Do		_				_				
1 1	shock, or heart failure.	List only one cau	se Dn each i	ine.	nocente	r the mo	ode of dy	/ing, suc	en as cardiac	Dr reap	iretory en	991,	Inte	proximete erval Between
1 1	IMMEDIATE CAUSE (Final	0	C 1.1	T				,	•				On	set end Deeth
	disease or condition resulting in death)	Cancer of the Lung with Metastasi							LS				_	
1 1	DUE TO (OR AS A CONSEQUENCE OF):												1	
2	Sequentielly list conditions.	b											_	
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CON	SEOUENCE U	·F):									
2	CAUSE (Disease or Injury	C	(OR AS A CON	PEOLIENCE C	M.									
間	thet initiated events	OUE 10	(OH AS A CON-	SECUENCE O	Æj:									
员		d												
1 - 1	PART II. Other eignificent condition	na contributing to	deeth but no	ot resulting	In the u	ınderlyin	g ceuse	given in	Part I. 24		AUTOPSY	24b		TOPSY FINDINGS
MEDICAL	Cachexia									PERFO			COMPLET	E PRIOR TO
											20		OF DEATH	177 S 2 🔯 NO
Σ														, 2 M
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C)	heck only one)					
PHYSICIAN:	EXAMINER?  1 YES 2 X NO	HOSPITAL:	T ED/Outpost	. 1 DOC	OTHE	R:								
₹	27. MANNER OF DEATH	28e. DATE OF		28b. TIR			JURY AT	Rasidence	8 Other (S)		IN HIEV OC	CHEED		
급	OCT Natural 5 Pending	(Month, D	ay, Year)	IN IN	JURY	W.	ORK?		Zou. DESCH	DE HOW	mount out	OUNED		

BE COMPLETED 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the b instion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 26 bean 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30528 12 29 9 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) DUGGIRALA BALA
31. DATE FILED (Month, Day, Year) 9600 North Point Road, Fort Howard, Maryland 32. REGISTRAR'S SIGNATURE
The Davidson-Render DEC 3 1 1991

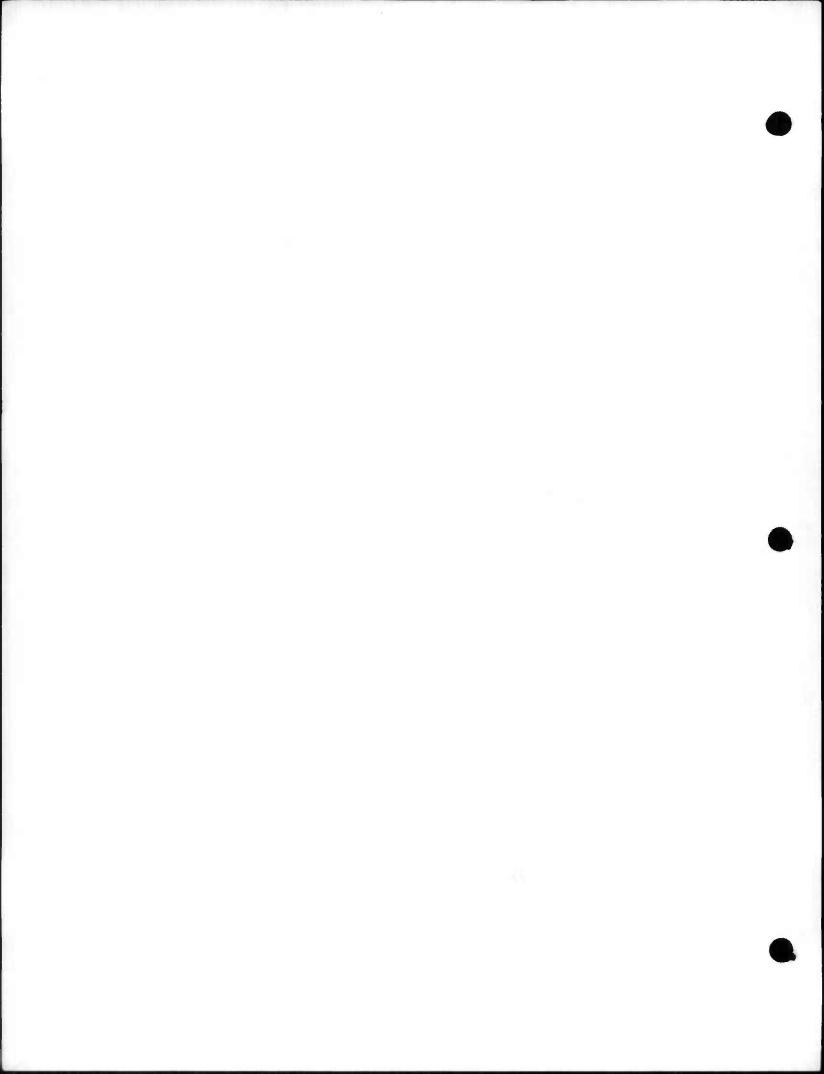
28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

м

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)





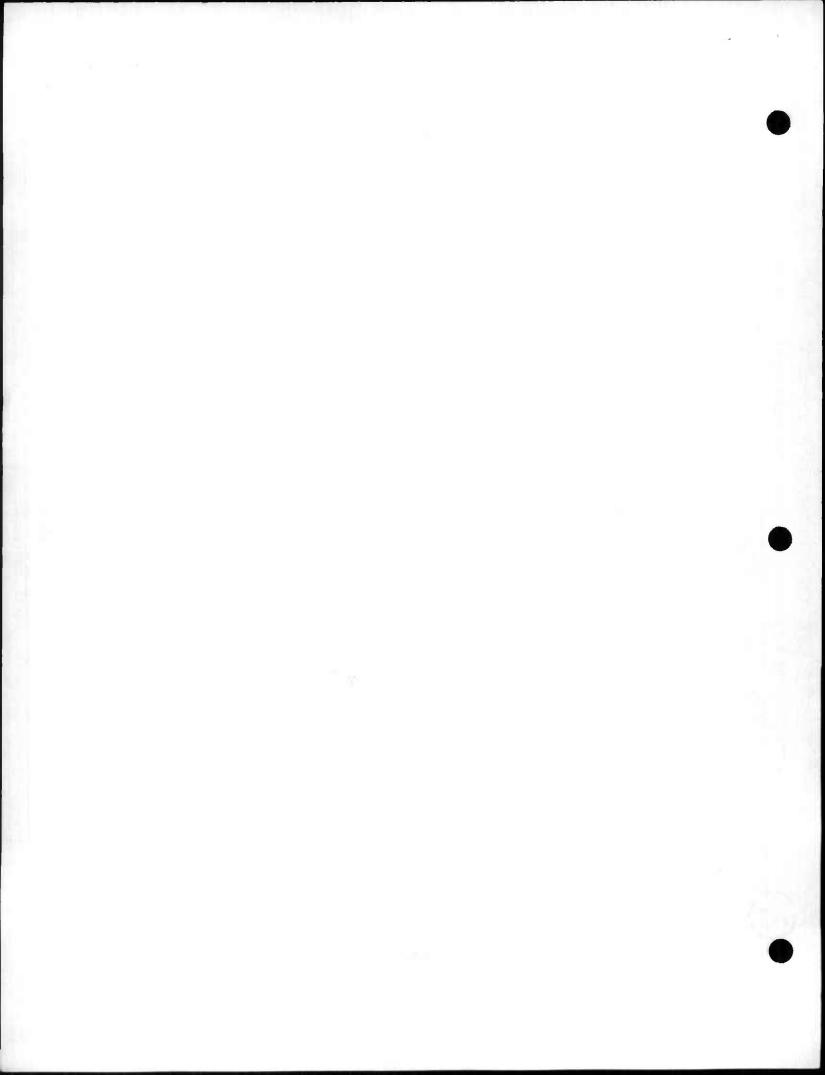
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND			91 36080		
	1. DECEDENT'S NAME (First, Middle, Last)			-	DEATH	REG. NO		3. TIME OF DEATH		
	JOHN P FLOYD	JOHN	PAUL FL	OYD,		MONTH D	4 91	01 30am M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
	L 10 00 03/3	1 M 2 D F	53 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 08 26 19:		Country) Marvland		
TOR	98. FACILITY NAME (If not institution, give stree GREATER BALTIMORE RESIDENCE OF DECEMENT		ON LOCATION OF D		9c, COUN	TY OF DEATH TIMORE				
DIRECTOR	10a. STATE 10b. COUNTY	ORE CITY	Y, TOWN OR LOCALTIMORE				10d. INSIDE CITY LIMITS?  1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2507 N CHARLES STR	REET		10	01. ZIP CODE 21218		10g. CITIZ	EN OF WHAT COUNTRY?		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? KNY YES IF YES, GIVE WAR OR DA KO	N U.S. ARMED 2 NO ATES TEA	II yea, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuban, Mexicen, Puarto Rican, etc.)  1  YES 2 NO Specify:			USA  14. RACE — American Indian, Black, White, atc.  Specify: W White		
9	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION ompleted)	16a. DECEDENT'S	USUAL OCCUPATI	ION	16b. KIND OF BUS	SINESS/INDU			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	epartment	Uni	.versi	ty		
000	17. FATHER'S NAME (First, Middle, Last)		_		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
H	John Richard F	loyd		1		a Barbara				
2	19a. INFORMANT'S NAME (Type/Print)  Kevin D. Floyd					Aoute Number, City or Town				
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Removal from State  20b. PLACE AND DATE of DISPOSITION (Name of cametery, crematory or other place)  New Cathedral Cemetery 12-30-						CATION - CI	ty or Town, State		
	21. SIGNATURE OF UNERAL SERVICE LICENSEE  New Cathedral Cemetery 12-30-91 Balto Md  22. NAME AND ADDRESS OF FACILITY  Mitchell-Wiedefeld Home  6500 York Road Baltimore, Maryland 21212									
	23. PART i. Enter the disease, or conshock, or heert feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	RESPIRA	the deeth. Do not line.	FAIU	UZE	h as cerdiac or respi	ratory arre	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially life conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. MEDULL ACU THYROID CANCER - METASTATU 4-4/45.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
MEDICAL (	PART ii. Other significent conditions of	Pert i. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
						_		1 - YES 2 NO		
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	eck only one)				
rsic		OSPITAL:  Upatient 2 ER/Output		OTHER:	na 5 🗆 Realdenca	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH  1 Notices 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	JURY AT DRK?	28d. DESCRIBE HOW IN	JURY OCCU	RED		
ED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— A1 home, 1arm, at		YES 2 NO	281. LOCATION (Street a: City or Town, State)	nd Number or	Rural Route Number,		
	On OFFICE A									
COMPLET	(Check only CERTIFYING PHYSICIAL	N: To the best of my knowle On the basis of examination	and/or investigation	d at the time, date 1, in my opinion, d	end place, and due death occured at the	to the cause(a) and mani- time, data and place, and	ner ea stated	cause(a) and manner as stated.		
	29h: SHOMATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	IBER	29d, DATE S	SIGNED (Month, Day, Year)		
BE	James (2)	· toul	-, W	,	D36	231		12/24/91		
ш	SO, NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, 1		D36		411	12/24/91		
BE	James (2)	CAPLETED CAUSE OF DEA CKE, MD  32. REGISTRAR'S SIGNA  Suhia Savidson	6565		D36	231 ST ST#	411	16 / 1		



tending physician.	as the burial-transit permit. Pages 1, 2, 3 should	
DING PHYSICIAN: The law requires that the death certificate be executed	has been signed by the attending physician and completely fi Dept. of Health and Mental Hygiene prior to burial, crematio	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN THE HOSPITAL OR ATTEN	TO THE FUNERAL DIP be filed within 72 hou	IMPORTANT: If Itel

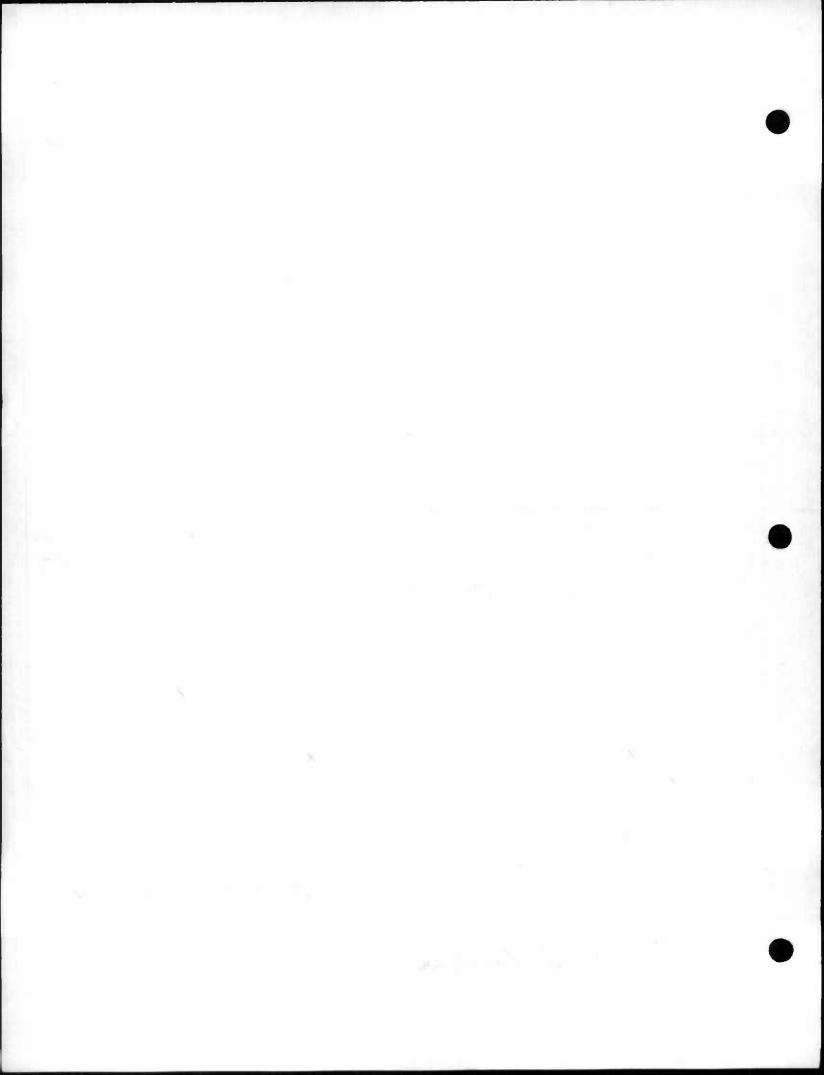
FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RIJE	CALE	UP DE	AIH	REG. NO			
	DECEDENT'S NAME (First, Middle, Last)	ANNA MAR		OLEY				2. DATE OF DEATH	26	1491 7:52 P M	
JR	4. SOCIAL SECURITY NUMBER 150–18–2891	1 🗆 M 2 💢 F	(In yrs. lesi	t birthday) YRS,	MONTHS D	EAR IF U	IDER 24 HRS.	7. DATE OF BIRTH (Morith, Day, Year) April 24,	1905 Maryland		
	9a. FACILITY NAME (If not institution, give s St. Joseph Hospi				9b. CITY, TO	TOWS	ATION OF DE	ATH	9c. COU	NTY OF DEATH Baltimore	
5	RESIDENCE OF DECEDENT					101130	711			Darcinore	
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OR I	OCATION				10d, INSIDE CITY	
	Maryland Bal	ltimore			Tows		005		1 TYES 2 TO NO		
FUNERAL	2300 Dulaney Valley Rd.					10f. ZIP C	21204		10g. CITIZEN OF WHAT COUNTRY?		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARI	MED	13. WAS	DECENDEN	T OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian,	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	0	1 [	YES 2	NO Specify	n, Puerto Ricen, etc.)		Bleck, White, etc. Specify: White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DEC	EDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/IND		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	ork done duri e retired.)	g most of wo	rking				
COMPLETED	6 Years			Home	emaker			Н	ome		
ő	17. FATHER'S NAME (First, Middle, Last)						OTHER'S NAI	ME (First, Middle, Maiden			
BE C	George Gude							rgaret Rie	-		
	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (S	meet and Nun		Poute Number, City or Town		Codel	
욘	Mrs. John Moro							Phoenix, M			
	200. METHOD OF DISPOSITION	20			F DISPOSITIO		1101.			City or Town, State	
	1 X Burlel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	ovel from State	metery, cren	natory or oth	Park	Cemet	orv			ore, Md.	
ļ	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSER		44011	22. NAR	E AND ADD	RESS OF FAC	CILITY			
	James F. Bur	Dunniels nside, Jr.	1)	7.	Mit	chell O Vor	-Wiede	efeld Home Baltimor	, Inc	. 04040	
	23. PART T. Enter the diseases, or o	complications that couse	d the dec	th. Do no	ot enter the	mode of	dvina such	Dal Cillor	z, MC		
	ehock, or heert fellure.  IMMEDIATE CAUSE (Final	Liet only one cause on	ach line.						-		
	disease or condition	Donas	68.	1/4	1	5%	2-6	1	MA	Onset and Death	
ı	resulting in death)	DUE TO (OH AS	CONSEQ	UENCE OF	W.	2//0	ren	que 101	110/	The state of the s	
Z	- Hereshubte Managements I B was										
CERTIFICATION	Sequentisity itat conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEC	UENCE OF	):	1	1.5.7.1	me seme	nero.	, , , , , , , , , , , , , , , , , , ,	
5	CAUSE (Disease or injury	c. OUE TO (OR AS									
Ē	that initieted events reculting in desth) LAST	OUE TO LOR AS	A CONSEC	UENCE OF	):						
S		d									
A	PART ii. Other significant condition	s contributing to death i	out not re	sulting in	the under	lying caus	e given in l			24b. WERE AUTOPSY FINDINGS	
EDICAL	NSCID-	( Elegh	era	de	J -	Mea	end 1	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME		0						1 1123 2		OF DEATH?	
						-		_		1 TES 2 NO	
₹ I	25. WAS CASE REPERRED TO MEDICAL				2	6. PLACE OF	DEATH (Che	ck only one)			
Sic	EXAMINENT	HOSPITAL:	patient 3		OTHER:			8 Other (Specify)			
PHYSICIAN:	27. MANNER OF BEATH	28e. DATE OF INJURY		28b. TIME	OF 280	INJURY AT		28d. DESCRIBE HOW IN	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJU		WORK?	□ NO				
8 8	3 Suicide a Could not be	28s. PLACE OF INJURY	- Al hom	p, farm, at	reel factory,	office		281. LOCATION (Street or	nd Number	or Rural Route Number.	
ETE	4 Homtcide datermined	building, etc. (Spe		05	15	/		City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC One)	CIAN: To the beet of my know	ledge, dest	th occurred	at the time,	data end pla	ca, and dua t	to the cause(e) end man	nar ao state	ıd.	
S L	2 MEDICAL EXAMINE	R: So the beals of examination	n and/or In	veatigation	, In my opinio	n, death oc	cured at the t	ime, date end place, and	due to the	e cause(e) and manner ee stated,	
BE	296. SICH SETTLE AND TITLE OF CERTIFIED	7			1	29ç. L	CENSE NUM	BER	29d. DATE	SIGNEO (Month, Day, Year)	
2	unalesta	Lound	le	co	/	1)-	093	53	1/2	2-27-9/	
-	30 MAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OF	ATH (ITEM	27) (Type, I	Print)	1.	1				
	-112V1840	10 mye/1	410	-40	8760	palty	use.	21210			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		7						
	Dr. 9 T 1331	Julia Davidson	Renda	Re.							



7-017	affending	use as the	
DALLINORE, MANIEMIND 21213-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the uniting 25 hours after death with the Color Day of Hawaii and March and Ma	e e
1	y the	be det	at on
	tained t	pinous	M. PORTANT. If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
A 6-	be re	1ge 5	96 no
2	6 may	tor, pa	Inst
	Page	direc	The T
	Jeath.	funera	xamir
3	after	by the	ical e
	nours	ui pa	med
	lin 24	ely fill	t, the
5	d with	mplet	even!
	xecute	and co	attic
	e pe e	sician	traum
	rtificat	of phy	ther
	ath ce	tendir	. Or
,00000000000000000000000000000000000000	the de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funified to the funite after death with the Cate hand to the funite and formal physician and completely filled in by the funite after death with the Cate hand to the funite and fundamental formal physician and completely filled in by the funite after death with the Cate hand to the fundamental formal physician and completely filled in by the fundamental formal physician and completely filled in by the fundamental formal physician and completely filled in by the fundamental filled in by the fundamental filled in th	Injury
	s that	ned by	any
	equire	en sig	hows
	e law	has be	23 s
	W: Th	ficate	item
	YSICIA	s certi	d, 0
	HG DN	ter this	narke
	ENDI	DR: Af	B is r
	OR AT	NIRECTI	em 2
	TAL (	RALC	# # H
	HOSP	FUNE	TANT
	D THE	77	POR
	=	-5	15

	I. DECEDENT'S NAME (First, Middle, Last)	HEDRAM AL		CATE OF DEA	2. D	REG. NO.	3. TIME OF DEATH		
16	I. SOCIAL SECURITY NUMBER			MANN		C. 30, ¶991	830 A		
2	A CONTRACTOR OF THE PROPERTY O	1 M 2 F 9	6 YRS.	IF UNDER 1 YEAR IF UNDER	MIN. OC	t. 15, 1895	a. BIRTHPLACE (State or Foreign Country) Maryland		
1	100 Brightwood Clu		9b. CITY, TOWN OR LOCATION OF DEATH  Lutherville  Baltimore						
Ν		altimore	10c. CITY,	town or Location Luthervil	.e		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
1	100 Brightwood Club Drive, Apt. 403			101. ZIP COOE 21093			10g. CITIZEN OF WHAT COUNTRY?		
1	1. MARITAL STATUS  Never Married 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 (X) YES IF YES, GIVE WAR OR D WW-1 WW.	2 NO	13. WAS DECENDENT ( If yee, specify Cube 1 YES 2 NO	n, Mexicen, Puer	GIN? (Specify Yes or No— rto Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	Itte. Do NOT use	rk done during most of working tired.)	g	16b. KIND OF BUSINESS/IN	IDUSTRY		
12	7. FATHER'S NAME (First, Middle, Last)	1 Year	Invest	ment Banker		Bank	ing		
	August Feldmann					st, Middle, Maiden Sumame) alther			
15	90. INFORMANT'S NAME (Type/Print)		19b. MAILING A			d LITET' lumber, City or Town, State, 2	(ip Code) 21093		
M	Marie R.G. Feldmann	า							
1	Marie R.G. Feldmann  100 Brightwood Club Drive, Apt. 403, Lutherville,  20e. METHOD OF DISPOSITION  1 Burlet 2 Cremetton 3 Removal from State  4 Donation 5 Other (Specify) Fint-ombment  21. SIGNATURE OF ENERGY FOR Specify Fint-ombment  21. SIGNATURE OF ENERGY FOR Specify Fint-ombment  21. SIGNATURE OF ENERGY FOR Specify Fint-ombment  22. SIGNATURE OF ENERGY FOR Specify Fint-ombment  23. SIGNATURE OF ENERGY FOR Specify Fint-ombment  24. SIGNATURE OF ENERGY FOR Specify Fint-ombment  25. SIGNATURE OF ENERGY FOR Specify Fint-ombment  26. Details a specific for Specify Fint-ombment  27. SIGNATURE OF ENERGY FOR Specify Fint-ombment  28. SIGNATURE OF ENERGY FOR Specify Fint-ombment  29. SIGNATURE OF ENERGY FOR Specify Fint-ombment  29. SIGNATURE OF ENERGY FOR Specific Fint Fint Fint Fint Fint Fint Fint Fint								
4	Donation 5 V Other (Specify)	ombment	Lorraine	Park Cemete	ry 1/3	/92 Woodla	wn. Md.		
21				MITCHELL-	Wiedefe	eld Home, I	nc		
	James F. Burr			6500 York	Rd. I	Baltimore, 1	Md. 21212		
d	ahock, or haart falfure. List MMEDIATE CAUSE (Final Ilsease or condition eaulting in death)	CU	CONSEQUENCE OF):				interval Betwee		
if C	dequantially list conditions, any, leading to immediate ause. Enter UNDERLYING C.		CONSEQUENCE OF):						
of C	any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):	the underlying cause o	ivan in Part i	244 WAS AN AUTOROU			
of C	any, leading to immediate susse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	OUE TO (OR AS A	CONSEQUENCE OF):	the underlying causa g	ívan In Part í.	24a. WAS AN AUTOPSY PERFORMEO? 1  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
of C	ary, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST  ART II. Other significant conditions of the conditions	OUE TO (OR AS A	CONSEQUENCE OF):	the underlying causa g		PERFORMEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
of C	ary, leading to immediate auge. Enter UNDERLYING AUSE (Disease or injury hat initiated events sesuiting in death) LAST  ART II. Other significant conditions of the conditions	OUE TO (OR AS A	ut not reaulting in	26. PLACE OF DI	ATH (Check only	PERFORMEO? 1 YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
eric C the record of the recor	any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events sesuiting in death) LAST  ART II. Other significant conditions of the conditions	OUE TO (OR AS A contributing to death b	ut not reaulting in	26. PLACE OF DI	ATH (Check only idence 8 - On 28d. D	PERFORMEO? 1 YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
of CC the record of Property of the Property o	ART II. Other significant conditions of the property of the pr	OUE TO (OR AS A	ut not reaulting in the stient 3 DOA 4	26. PLACE OF DI THER: Nursing Home 5 X Re F 28c. INJURY AT WORK? M 1 YES 2	ATH (Check only) Idence 8 On 28d. D	PERFORMEO?  1  YES 2 NO  one)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO		
er CC tt re Pr	ary, leading to immediate auge. Enter UNDERLYING C. AUSE (Disease or injury het initiated events sesuiting in death) LAST  ART II. Other significant conditions of the conditi	OUE TO (OR AS A CONTRIBUTING TO death b  HOSPITAL: Inpatient 2 I ER/Outp  28e. OATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, stc. (Spec	ut not reaulting in ut not	26. PLACE OF DI THER: Nursing Home 5 Re F 28c. INJURY AT WORK? 1 YES 2 et, factory, office	ATH (Check only) Idence 8 On 28d. D NO 28f. Li Ci	PERFORMEO?  1 YES 2 NO  one)  ther (Specify)  DESCRIBE HOW INJURY OC  DESCRIPTION OF THE HOW INJURY OC  DE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  OF OR Rural Route Number,		
25 27.	ary, leading to immediate auge. Enter UNDERLYING C. AUSE (Disease or injury het initiated events sesuiting in death) LAST  ART II. Other significant conditions of the conditi	OUE TO (OR AS A CONTRIBUTING TO death b  HOSPITAL: Inpatient 2 I ER/Outp  28e. OATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, stc. (Spec	ut not reaulting in ut not	26. PLACE OF DI THER: Nursing Home 5 Re F 28c. INJURY AT WORK? 1 YES 2 st, factory, office	ATH (Check only) Idence 8 On 28d. D NO 28f. Li Ci	PERFORMEO?  1 YES 2 NO  one)  ther (Specify)  DESCRIBE HOW INJURY OC  DESCRIBE HOW INJURY OC  COURSE(8) end menner es state end place, and due to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO  CCURED  OF OF Rural Route Number,		
25 27 29 29 1	ART II. Other significant conditions of the cond	OUE TO (OR AS A CONTRIBUTING TO death b  HOSPITAL: Inpetient 2 ER/Outp  28e. OATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, stc. (Special Control of the Season of Examination	ut not reaulting in settlent 3 DOA 4  28b. TIME C INJUR  All home, ferm, streetly)	26. PLACE OF DITHER:    Nursing Home 5   Response of the property of the prope	ATH (Check only ildence 8 Ot 28d. D NO 28f. Li	one)  OCATION (Street and Number ity or Town, Stete)  Couse(a) end menner es ata ate end place, and due to 1  29d. DAT	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO  CCURED  OF OF Rural Route Number,  sted.  the cause(s) end manner as stated.		



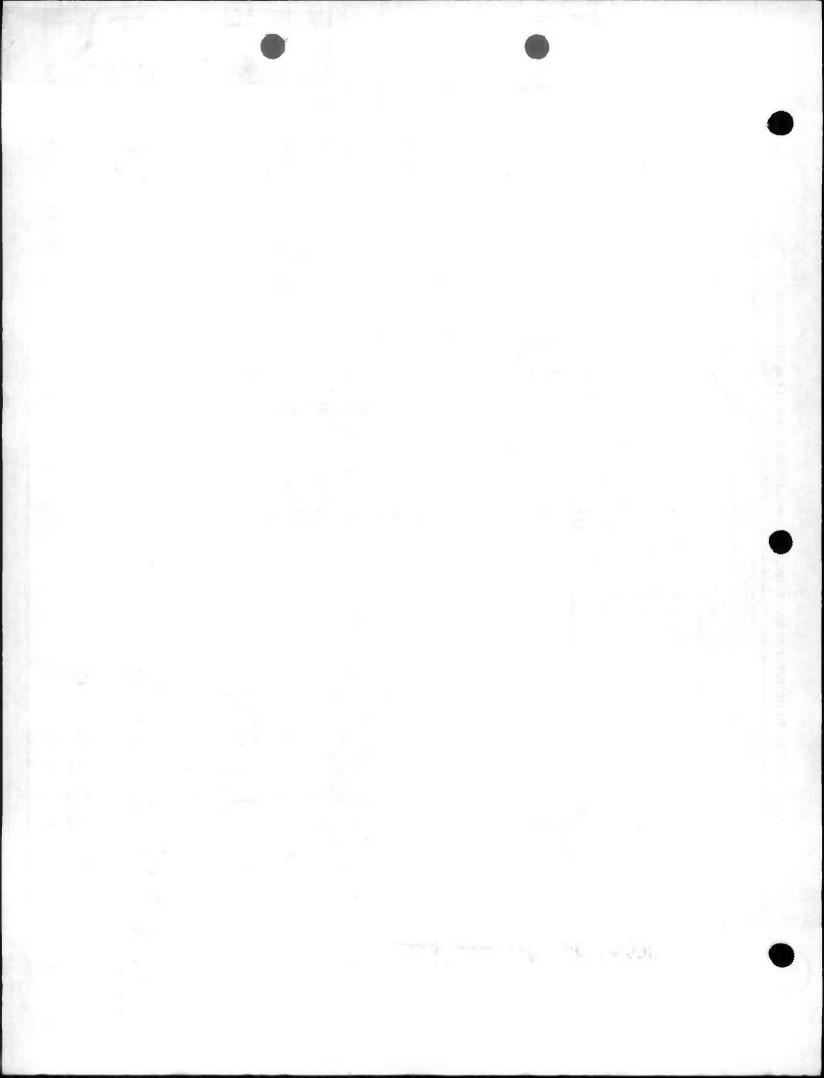
THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page § should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept., of Health and Mental Hygiene prior to bunal, cremation, of removal.	PARTANT If hem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	---	--

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY GEORGE ELMER FAHRMAN 3. TIME OF DEATH Elmer George 12/27/91 8:54 A.M. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 X M 2 - F 72 VBS JULY 4 1919 219 05 5227 MD. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Loch Raven VA Medical Center BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 10a. STATE MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2809 ASHLAND AVENUE U.S.A 21205 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1-XYES 2 NO
IF YES, GIVE WAR OR DATES
Peacetime If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 Z NO Specify: 1 Never Married 2 Merried Specify: BY 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gre Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A **POSTMAN** U.S. GOV'T 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) GEORGE FAHRMAN ROSE CHMELESKI BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EVELYN M. KONDILAS-SISTER 7010 CONLEY STREET, BALTIMORE, MD. 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 208. METHOD OF DISPOSITION

1 Buriel 2 Cpremetion 3 Removal from State
4 Donation 5 Other (Specify) of cemetery, crematory or other place)
GREENMOUNT CREMATORY BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICED 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Baltimore, Md. 23. PART. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximsta** shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Anemis CERTIFICATION Sequantially list conditions, if sny, lasding to immediata cause. Entar UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Leukenia Acule CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 1 | YES 2 | -HO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 PNO atient 2 ER/Outpatient 3 DOA 26b. TIME OF INJURY 8154 AM 27. MANNER OF DEATH 26s, DATE OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE mD mRo 465 JAR 91 12/27 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SI. J. Harrison Green MD 22. 5. 21201 32. REGISTRAR'S SIGNATURE AND SEE DEC 3 1 1991



IMPORTANT:



FUNERAL DIRECTOR

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

36084 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENING NAME (First, Middle 2. DATE OF DEATH 3. TIME OF DEATH Anna L. Fell 920p 12 DON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign April 10,1904 Maryland 213-20-6845 MONTHS DAYS 1 M 2 XX 87 HOURS YRS 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Maryland 1 ី YES 2 🗌 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3436 Ravenwood AVenue 21213 U. S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 100 IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien. Black, White, etc. 1 Never Married 2 Merrie
3 Wildowed 4 Divorced If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: White 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Sp (Give kind of work don life. Do NOT use retired Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home NA NA 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme)
Anna Richter Gustav Labbs 190. INFORMANT'S NAME (Type/Print)
Mildred K. Messick (niece 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
118 Bayshore Drive, S. Bethany, Del. 1993 20e. METHOO OF DISPOSITION
1 □ Buriel 2 ☑ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Crematory Metro 4 Donetion 8 Other (Specify) Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY
Schimunek Funeral Homes, Inc. Brehms Lane, Balto, Md. 21213 23. PART I. Enter the diseases, or combilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final **Onset and Daath** disease or condition reaulting in death) CVA Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

				1 TYES 2 1 NO	COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERBED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4 N	26. PLACE OF DEATH (CER:		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	RED
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — All building, etc. (Specify)	home, ferm, street, fe	ctory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,

29e. CERTIFIER

(Check only one)

2 MEDICAL SYMMED, On the head of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner ex stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

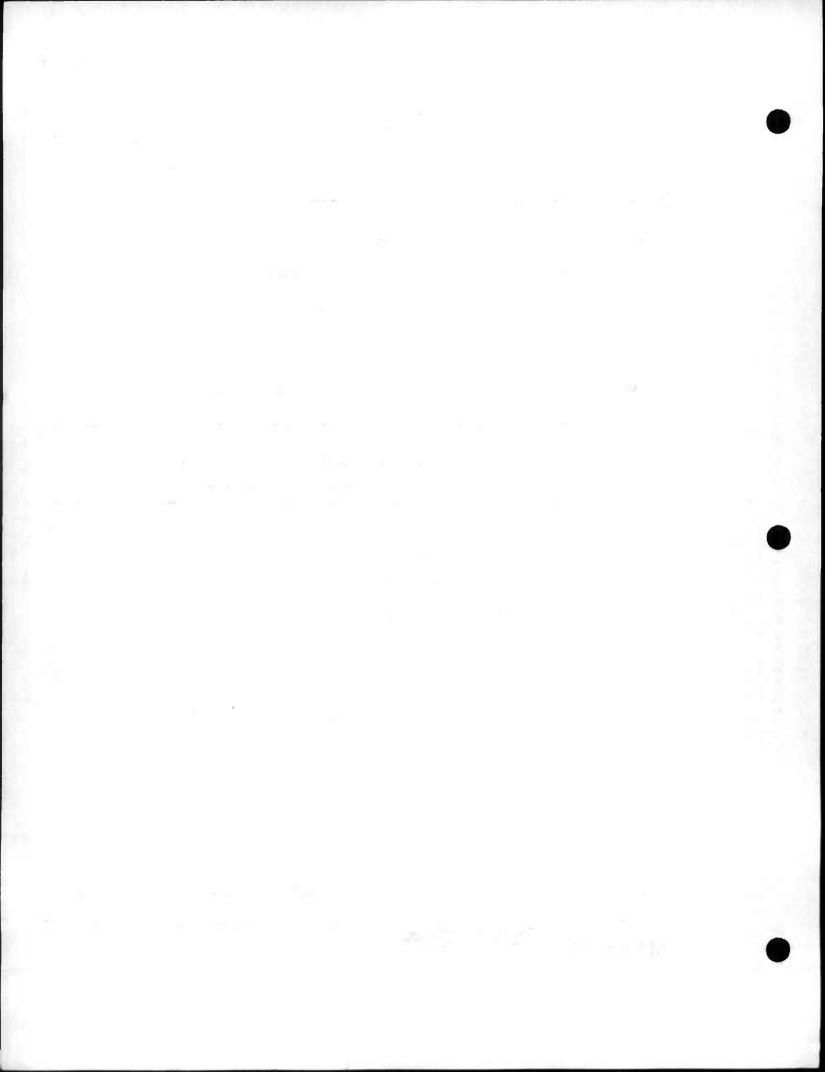
ANO DAY	D28461

Richard Boundton 5505 Hopkins Bayview Circle Balto MD ZIZZL

31. DATE FILED (Month, Dey, Year)
DEC 3 1 1991



12-28.9



BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within P.O. BOX 13146, VITAL RECORDS. OF DIVISION

marked,

28 |s

Item

BE

2

vatore

SALVATORE LAURTA 31. DATE FILED (MONTO DE VENT) 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

d

durina.

M. D., VAMC PERRY POINT MD 21902

After 1 death

DIRECTOR:

FUNERAL C within 72 h HOSPITAL

TO THE FUNERAL be filed within 72 IMPORTANT: If

THE I

	Derm		
	ansit		
	1-		
	uria		
,	the b		
	as t		
	asn		
	jo		
	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr		once.
	20		F
	should		rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	(D)		90
	pag		t be
	lirector,		r mus
	uneral c		amine
	he f	9	6
	5	emon	dica
	5	07.0	me
	filled	OU, C	he 1
	tely	mati	f. t
	отре	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	even
	and	pnq o	natic
	ian	or to	THE
	physic	e pric	er tr
	ling p	ygien	oth
	ttend	la H	. Or
	the a	Men	Ilun
	6	and	N II
	gned	ealth	18 25
	S ue	of H	how
	IS De	ept.	23
	te ha	Ite D	-
	ifical	s Sta	r ite
	Cer	h th	d. 0
	this	WIE	rke

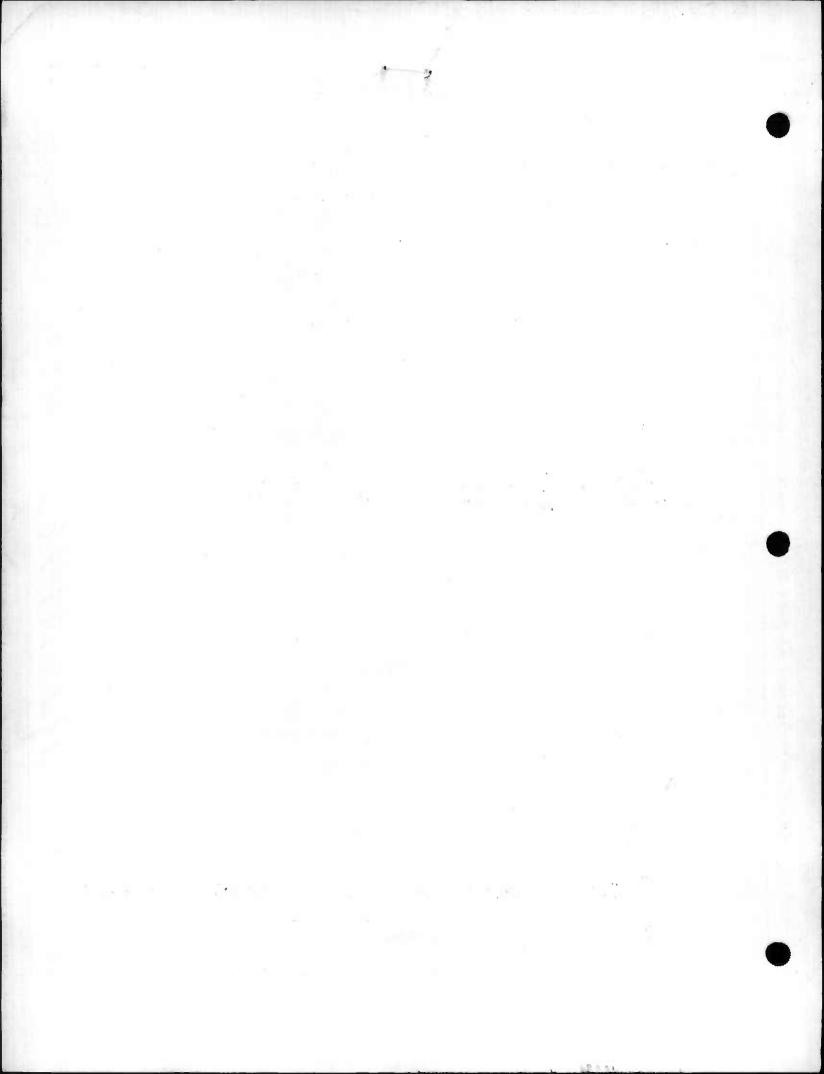
36085 2 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12 HAROLD B. FREY 1991 28 6:45A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 X M 2 - F 73 216-07-0913 YRS. OCT 25 1918 MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR CECIL PERRY POINT VETERANS HOSPITAL PERRY POINT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE XX YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE USA 4412 ELDONE ROAD 21229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, atc. If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Merried Specify: BY WHITE 3 Widowed 4 Divorced 1944-1945 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SUN CAB CO. 7TH CAB DRIVER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) NORMA (UNKNOWN) FREY **JOHN** BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 4412 ELDONE ROAD, BALTIMORE, MD 21229 THELMA FREY 20a METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State LOUDON PARK CEMETERY BALTIMORE, MARYLAND □ Donation 5 □ Other (Specify) \_ 21. SIGNATURE OF FUNERAL SERVICE LIC HUBBARD FUNERAL HOME, INC. Leurs 4 4107 WILKENS AVE, BALTIMORE, MD. 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart falluge. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Aspiration Pneumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Alzheimer s Disease CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate causa. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 X NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 🗌 Nurs ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 2 Accident 5 Pending M 1 YES 2 NO BY Investigation 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Chank only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)



4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution,

oseph

RESIDENCE OF DECEDENT

6677

6. AGE (In yrs. last birthday)

HUTCHISON FOYLES

IF UNDER 1 YEAR

Ba

RUTH

1 M 2 F

2	끭	10a. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN OF	LOCATI	ION		
	DIRE	Maryland		na			Ва	1tir	more		
E e	AL	10e. STREET AND NUMBER						10f.	ZIP CODE		_
physician. burial-transit permit,	FUNERAL	Jos Richey	Hospi	ce/828 N. 1	Euta	w Stre	et				
physician. burial-trar	5	11. MARITAL STATUS		12. WAS DECEDENT EV			13. W	AS DECI	ENDENT OF HISPA	NIC ORIG	IN? (Spec
phy pur	ВУ Б	1 Never Married 2		FORCES? 1 IF YES, GIVE WAR		2 □NO S	14	yes, spe-	cify Cuban, Maxic 2 NO Speci	an, Puarlo	Rican, a
ending as the		3 Wildowed 4 Dive		<u> </u>		no			no	·y.	
use a	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		CATION completed)	18.	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during mo		CUPATION	ATION most of working		b. KIND (
retained by the hospital or attending 5 should be detached for use as the notified at once.		Elementary/Secondary (0	)-12)	College (1-4 or 5+)		life. Do NOT	use retired.)		•		Hom
detach	ŏ	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHER'S N.	AME (First,	Middle, N
3 & A	ш	Edward N.	Hutch	ison				- 1			
retained 5 should notified	TO B	19a. INFORMANT'S NAME (7	ype/Print)		-	19b. MAILIN	G ADDRESS (	Street an	d Number or Rural	Route Nui	nber, City
be rei	F	Ruth Wilhe	Lm	Daught	er	6625			ake Rd,		
6 may stor, pa		20e. METHOD OF DISPOSIT 1	n 3 🗆 Rem	oval trom State	20b. PL	ACE AND DATE y, crematory or	OF DISPOSIT	'ION (Nan	na of	DA	TE 20
Page Il dire		21. SIGNATURE OF FUNERA		CERSEE	rr- 3		22. N/	AME AM	ADDRESS OF F	ACII ITY	
		Famaul	100	Ronald	Wad	e, Dir			W. Balt		STAT e St
d in by the or removal.	$\Box$ 1	23 PART I. Enter the di	seesea, or	compileations that car	used th	e deeth. Do	not enter ti	he mod	le of dving, au	ch ee ca	diec or
or or		ehock, or he IMMEDIATE CAUSE (Fin	part landig.	List only one ceuse of	on eech	line.					
		disease or condition	an .		) ,	10,6			-Anc	137	2
completely ial, cremati		resulting in deeth)		e	AS A CO	NSEQUENCE C	) (S)		-24100	Er	
executed within and completely oburial, cremat matic event,	2						/.				
e be execute sician and conion to buria traumatic	RTIFICATION	Sequentially list conditi		b DUE TO (OR	AS A CO	NSEQUENCE C	NF):				
	8	If any, leading to immediate cause. Enter UNDERLYING									
certificate be nding physician Hygiene prior t	Ē	CAUSE (Disease or Inju that initiated evente		DUE TO (OR	AS A CO	NSEQUENCE C	rF):				
E 5 0	E	resulting in death) LAS	T .	d.							
y the atten of Mental H	CE	PART II Other simulting									
by the and N	MEDICAL	PART ii. Other eignifica	nt condition	e contributing to dee	th but r	not reaulting	in the und	erlying	ceuse given in	Part I.	24a. W
E 2 4 2	ă	-									1 🗆 Y
requires seen signi of Healt	M										
law requas been bept. of H	ž										
	8	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PLA	CE OF DEATH (Ch	eck only o	ne)
SICIAN: The certificate the State	S	1 TYES TO NO		HOSPITAL: 1   Inpution: 2   ER/	Outpatier	nt 3 🗆 DOA	OTHER: 4 Nursin	g Home	5 Residence	8 🗆 Oth	er (Specifi
TTENDING PHYSICIAN: The ATOR: After this certificate his after death with the State 28 Is marked, or item	PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF INJU (Month, Day, Ye		28b, TIN		8c. INJUI	RY AT	1	SCRIBE H
NG PHYSI fter this c eath with marked,	β¥		Pending rivestigation	(Month, Day, 10	47			WOR	K7 S 2 NO		*****
TTENDING TOR: After after death 28 is mai	EDE	3 Suicide 8 G	Could not be	28e, PLACE OF INJ building, atc. (	URY — A	t home, farm,	atreat, fector	, office	-		CATION (S
ATTEN ECTOR: S after	<b>⊢</b> Ⅱ	4 Homicide	leterminad	building, atc. [	Specify)				, i	City	or Town,
DIRECT POURS	7 [	29a. CERTIFIER	FYING PHYSI	CIAN: To the beat of my k	nowledge	death occur	ed at the time	e data d	e i maritani da	107-2-15	Carrie Co
TO THE HOSPITAL OR A TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: If Item	COMPLE	(Check only one) 2 MEDI	CAL EXAMINE	R: On the basis of examin	ation and	for investigation	on, in my opir	nion, des	nd place, and due lith occured at the	to the ca	use(e) end and place
THE H	BE	296. SIGNATURE AND TITLE	F CERTIFIER	acc	20		100		29c. LICENSE NUI	IBER .	-70
2 2 2 ₹	2		x an	- DICEL	10	7	unD		NO	21	5/
		30. NAME AND ADDRESS OF	PERSON WHO	A /	_						
		656	>		_	ARL	65		SUITE	3	02
		31. DATE FILED (Month, Day, )		32. REGISTRAR'S S	IGNATUR	Jack.					

REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Djuy, Year) 8. BIRTHPLACE (State or Foreign Maryland 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Black, White, atc. White OF BUSINESS/INDUSTRY emaker Asiden Surname) Blockenburger or Town, State, Zip Code) re, MD 21207 Oc. LOCATION — City or Town, State TE ANTOMY BOARD ., Balto., MD 21201 reepiratory arrest, Approximete Intervei Between Onset end Death 6mo AS AN AUTOPSY ERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PICE IOW INJURY OCCURED treet and Number or Rural Route Number, State) d menner se stated.

29d, DATE SIGNED (Month Des

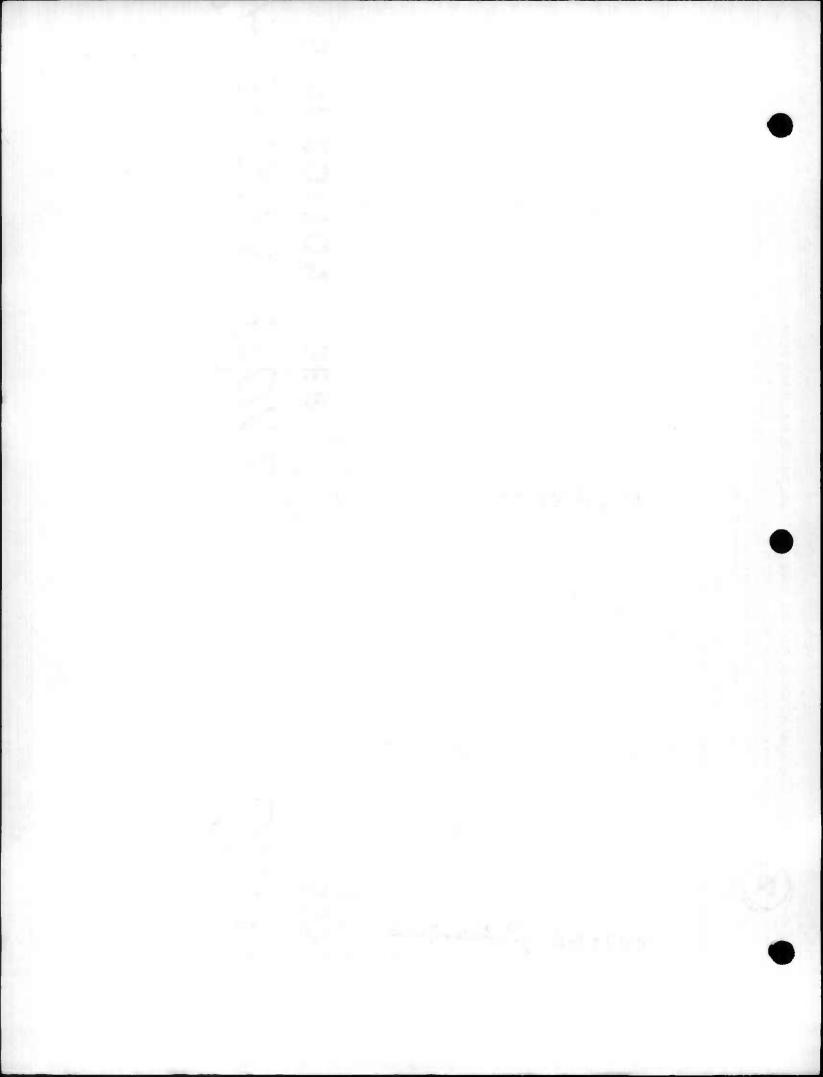
LTIMORE, MARYLAND 21203-3146

M	4
Ø	The second secon
_	1
	7
	46.
ဖွ	3
4	4
L RECORDS, P.O. BOX 13146,	-
×	9
Ô	-
<b>m</b>	600
o.	-
0	4
-	-
S	1
문	1
ō	7
0	1
#	
-	-
₹	1
	-
>	4.0
H	1
0	1
DIVISION OF VITAL	9
0	0
S	1
2	-
	-

HE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 5 may be retained by the insured to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the fine of the control of the physician and Mental Hygiene prior in burial, cremation, or removal.

The man is a filled of the control of the physician and Mental Hygiene prior in burial, cremation, or removal. Amounts after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR	STATE OF MAR		CATE OF DEATH		REG. NO		
1. DECEDENT'S NAME (First, Middle MARY	CATHERINE	FALCONER		2. DATI MON _12	e of oeath	199	3. TIME OF DEATH 9.1 5:45 A
4. SOCIAL SECURITY NUMBER  219-50-5867  90. FACILITY NAME (If not institution	1 🗆 M 2 💢 F	93 YRS.	IF UNDER 1 YEAR IF UNDER 24 H	9_	OF BIRTH (th, Day, Year) 3-1898		BIRTHPLACE (State or Foreign Country) Ohio
Meridian Nurs	ing Home		Frederick	FOEATH		Frede	y of death Prick
RESIDENCE OF DECEDE 106. STATE 106. Maryland	COUNTY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	-11 04		101. ZIP CODE			507	N OF WHAT COUNTRY?
4313 Marble H  11. MARITAL STATUS  1 Never Married 2 Merrie 3 (X) Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEIFORCES? 1 YES 2 NO 19 If yes, spec			21218 U.S. DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—specify Cuben, Mexican, Puerto Rican, etc.) TES 2 (X NO Specify:		
15. OECEOEN (Specify only highe Elementary/Secondary (0-12)	r's EDUCATION let grade completed)  College (1-4 or 5+)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during most of working retired.)	16	b. KINO OF BU		White
17. FATHER'S NAME (First, Middle, I		HOUSEWI	18. MOTHER		Middle, Maiden		
Alva Kefau  19a. INFORMANT'S NAME (Type/Pri	ver	19b. MAILING A	ADDRESS (Street and Number or F		Landw		ode)
Lucian K. Fa	lconer, Jr.		ail Ave., Fre		, Md.	21701	
		20b. PLACE OF DISPOSIT	TION (Name of cemetery, cremetor)	or 04			y or Town, State
20a, METHOD OF DISPOSITION 1  Burlel 2  Cremetion 3 4  Donation 5  Other (Special	Removal from State	Christ Reform	ed Cemeterv 12	-31-91	LIMITO	Hetown.	NO.
1 M Burlel 2 Cremetion 3 4 Donation 5 Dither (Special Signature of Funeral Ser Roy H. Ca	vice LICENSEE  Ither  Bos, or complications that ca	oused the death. Do no	ed Cemetery 12 22. NAME AND ADDRESS O Leonard J. Ruck at enter the mode of dying,	F FACILITY	5305 Har		.,Balto.,Md.212
1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Special Signature OF Funeral Ser Roy H. Ca	vice Licensee  ther  or complications that ce allure. List only one cause	oused the death. Do no	22. NAME AND ADDRESS O Leonard J. Ruck of enter the mode of dying,	, Inc., such as ca	5305 Har	ford Rd.	.,Balto.,Md.212
1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Special Service) 21. SIGNATURE OF FUNERAL SER  ROY H. Co  23. PART I. Enter the disease shock, pr disease of condition	es, or complications that ce allure. List only one cause oue to (or oue to (or oue to (or oue))	oused the death. Do no	22. NAME AND ADDRESS O Leonard J. Ruck of enter the mode of dying,	, Inc., such as ca	5305 Har	ford Rd.	.,Balto.,Md.212
1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Special Service) 21. SIGNATURE OF FUNERAL SER  ROY H. Co  23. PART I. Enter the disease shock, or heart for the disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of	B. OUE TO (OR DUE TO (OR d. Onditions contributing to dear	Dused the death. Do no on each line.  TERED SEL  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	22. NAME AND ADDRESS O Leonard J. Ruck of enter the mode of dying,	FACILITY  , Inc., E  such as ca	5305 Har	ford Rd.	.,Balto.,Md.212
1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Special Service) 21. SIGNATURE OF FUNERAL SER ROY H. Care Care Cause. Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BE ONCAL	Dused the death. Do no on each line.  ATERIA SCL AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	22. NAME AND ADDRESS O Leonard J. Ruck of enter the mode of dying,  ERUTIC  the underlying cause give	FACILITY  , Inc., E  such as ca	24a. WAS AN PERFOI	ford Rd.	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS
1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Special Control of Co	DUE TO (OR d. HOSPITAL:	AS A CONSEQUENCE OF:	22. NAME AND ADDRESS O Leonard J. Ruck It enter the mode of dying,  ERUTIC  the underlying cause give  28. PLACE OF DEATH OTHER:  A Nursing Home 5   Reside	FACILITY  Such as call  ROY 6	24a. WAS AN PERFO	FOND RD	Approximate Interval Betw Onset and Dr. Approximate Interval Interva
1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Special Control of Co	BOOKAL  HOSPITAL:  1   Inputient 2   ER  280. DATE OF INJ  (Month, Day, 1)	Dused the death. Do not on each line.  TERES CLASSEQUENCE OF:  AS A CONSEQUENCE OF:	22. NAME AND ADDRESS O Leonard J. Ruck It enter the mode of dying,  ERUTIC  the underlying cause give  28. PLACE OF DEATH OTHER:  A Nursing Home 5   Reside	FACILITY  , Inc., E  such as car    R D c	24a. WAS AN PERFO	FOND RD	Approximate Interval Betw Onset and Dr. Approximate Interval Interva
1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Special Control of Co	DUE TO (OR  DUE TO	Dused the death. Do no on each line.  ATERIA SEL  AS A CONSEQUENCE OF:	22. NAME AND ADDRESS O Leonard J. Ruck of enter the mode of dying,  SRUTIC  1. The underlying cause gives  28. PLACE OF DEATH OTHER: 4. Flursing Home 5   Reside OF 28c. INJURY AT WORKY M 1 YES 2   NO	FACILITY  Such as call  ROY C  I (Check only once 6 Otto	24a. WAS AN PERFOI 1 YES :	FORM Rd.	Approximate Interval Betw Onset and Dr. Approximate Interval Interva
1 M Buriel 2 Cremetion 3 4 Donation 5 Other (Special Control of Co	DUE TO (OR  DUE TO	AS A CONSEQUENCE OF:   22. NAME AND ADDRESS O Leonard J. Ruck of enter the mode of dying,  EROTIC  it enter the mode of dying,  EROTIC  28. PLACE OF DEATH OTHER: 4.2 Nursing Home 5   Reside OF 28c. INJURY AT WORK? 1   YES 2   No reel, factory, office	FACILITY  Such as call  R Dr c  I (Check only conce 6 - Otto  286. Otto  286. Conce due to the conce of conce o	24a. WAS AN PERFOI 1 YES :	FORM Rd.	24b. WERE AUTOPSY FINDMARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 VES 2 NO	
1 Densition 5 Other (Special Control of the Control	BOOKAL  HOSPITAL:  1   Inpetient 2   ER.  28e. DATE OF INJ.  (Month, Day, 1)  128e. PLACE OF INJ.  128e. PLACE OF	AS A CONSEQUENCE OF:   22. NAME AND ADDRESS O Leonard J. Ruck of enter the mode of dying,  EROTIC  it enter the mode of dying,  EROTIC  28. PLACE OF DEATH OTHER: 4.2 Nursing Home 5   Reside OF 28c. INJURY AT WORK? 1   YES 2   No reel, factory, office	such as can  R D C  In Part I.  I (Check only one 6  Oth  28d, Of can be	24a. WAS AN PERFOI 1 YES :	FORD Rd.  Iratory arres  I AUTOPSY RMED?  2 NO  INJURY OCCU  and Number or  Inner as stated and due to the	24b. WERE AUTOPSY FINDMARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 VES 2 NO	



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR		CERT	IFICATE OF			REG. NO.	E .		
	1. DECEDENT'S NAME (First, Middle, Last)	CARROL	I ASHIF	y FAMOUS			DATE OF DEATH		YEAR	3. TIME OF DEATH
		SEX 6. AGE	(In yrs. last birthde	y) IF UNDER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Year)	1991	8. BIRTHE	PLACE (State or Foreign
		M 2   F	75 YRS			727	3-31-191	5	MA	RYLAND
DIRECTOR	98. FACILITY NAME (If not Institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  BALTIMORE CITY							ATH		
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c.	CITY, TOWN OR LOCA					Т	10d. INSIDE CITY
D.	MARYLAND BALT	IMORE		BA	LTIMO	RF				LIMITS?
RAL	10e. STREET AND NUMBER				. ZIP CODE			10g. CITI		HAT COUNTRY?
FUNERAL	7522 CYPRESS AVENUE	WAS DECEDENT EVER				21224				S.A.
BY FL	1 Never Married 3 YV Married	FORCES? 1 VES	2 NO	It yes, sp	ecify Cuban, 2XXNO	Maxican, Pi	ORIGIN? (Specify Yes uarto Rican, atc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc.
ED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N.	16a. DECEDENT	I'S USUAL OCCUPATION	ON .		16b. KIND OF BUS	INESS/IND	USTRY	WILLE
LEI I	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	life. Do NO	of work done during mo Fuse retired.)	st of working					
COMPLETED	10TH GRADE N/	/A	S	TEELWORKE					STEEL	
ECC	JOHN FAMOUS				18. MOTHE		First, Middle, Maiden S		-n	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street a	nd Number or		ESTELLE (			
F	MARTE E FAMOUS			2 CYPRESS			ALTIMORE.			D 21224
	20a. METHOD OF DISPOSITION  1 Buriat 2 Cremation 3 Removal to	trom Stata Cer	metery cremetory of	TE OF DISPOSITION (Na or other place)			DATE 20c. LOC	ATION —	City or Tow	n, State
	4 Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE (	GARDENS	OF FAITH	CEM.	12-2	8-91 BAI	TIMO	RE.	MARYLAND
	+ Cocay P.	Com	0	DUDA-	RUCK F	FUNER	AL HOME O	F DUN	DALK	INC.
	23. PART i. Entar the diseases, or comp	olicationa that cause	d tha death. De	7922 o not entar the mo	WISE	AVEN	UE DUNDA	LK N	D	21222
	ahock, or heart fallure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	only ona cause on e	each lina.	cardia						intarvai Between Onset and Daath
CATION	Sequantially ilat conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE	OF):						
DICAL	PART II. Other aignificant conditions con	ntributing to death b	out not resultin	g in the underlying	cause give	en in Part	i. 24a. WAS AN A			VERE AUTOPSY FINDINGS
Sign							1 TYES 2		0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: ME									1	☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEAT	TH (Check or	nty one)			
YSIC	1 YES 2 NO	SPITAL: Inpatient 2 - ER/Out	patient 3 DOA	OTHER: 4 Nursing Home						
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		IME OF 26c. INJURY WO		28d	. DESCRIBE HOW IN	JURY OCC	URED	
B	2 Accident Investigation	12-25-9 286. PLACE OF INJURY	/ At home to		ES 2   N					
ETED	5 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spec	city)	i, street, factory, office		281.	LOCATION (Street an City or Town, State)	d Number (	or Rural Rou	rte Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my know the basis of exemination	ledge, death occu n end/or investige	rred at the time, data tion, in my opinion, de	end place, an	nd due to the	e cause(a) and menn	er se state	d. cause(e) a	ind manner as stated.
BEC	29b. SIGNATURE AND TITLE DF CERTIFIER	-1011	2		29c. LICENS	E NUMBER		29d. DATE	SIGNED (A	fonth, Day, Year)
2	30 NAME AND APPRESS OF COLORS	CKO	nan	, and	DI	696	0	<b>&gt;</b> /	5-5.	7-91
	30. NAME AND ADDRESS OF PERSON WHO COM	WPLETED CAUSE DF DE	ATH (ITEM 27) (7/)	De, Print)						
	DEC 3 1 1991	32. BEGISTRADES SIGN	ATURE Pande	82						

THE HOSPINE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DISTINETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT, If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

	r
13146,	
BOX	
s, P.C	
RECORDS, P.O.	
. REC	
OF VITAL	
INISION	
=	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.

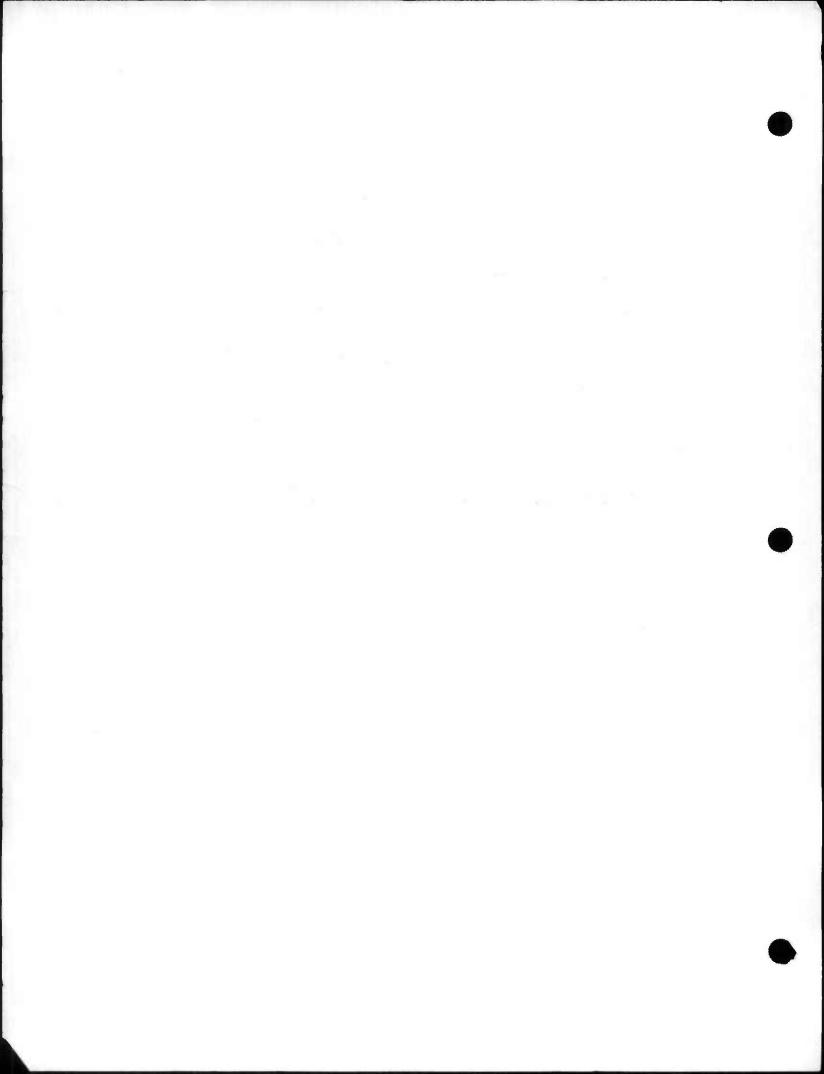
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - STATE OF MAR	YLAND / DEPARTMENT		ENTAL HYGIENE REG. NO.	1 30003
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Ethel R GoiNES			MONTH DAY	YEAR 1215 PM
		NGE (In yrs. last birthday)   IF UNDER	t YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
,  }	218-26-5872 10M2×F	59 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 11 - 8 - 32	North Caroling
1	9a. FACILITY NAME (If not institution, give street end number)	9b, CITY	, TOWN OR LOCATION OF DEAT	TH 94	c. COUNTY OF DEATH
DIRECTOR	De Aton Hospital + Medical	Center B.	Altimore Ci	+4	
E	10e. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d, INSIDE CITY
8	no	134	TIMARK		LIMITS?
	10e. STREET AND NUMBER 4		10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?
FUNERAL	2517 Hollins ST		2/22	3	USA
5	11. MARITAL STATUS  12. WAS DECEDENT EV FORCES? 1		WAS DECENDENT OF HISPANIC If yes, epecify Cuben, Mexicon,		No— 14. RACE — American Indian, Black, White, etc.
BY F	1 Never Merried 2 Merried IF YES, GIVE WAR		1 YES 2 NO Specify:	r derito riiceni, ercaj	Specify: Plank
				Ton tonic services	DEACH
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BUSINE	SS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	CASH		LIBU	OR STORE
Š	17, FATHER'S NAME (First, Middle, Last)	Ciani	·	E (First, Middle, Maiden Sun	
	1. FAITHER S TAME (FIRST, MICOR, EAST)		An 14 11	E MA	Ormo Carl
BE	19a. INFORMANT'S NAME (Type/Print)	10h MAN INC ADDRES	S (Street and Number or Rural Ro	uto Alumbas City or Tours S	Year Tip Code
2	En as este C TATE	2510	I I I I I I I I I	the Number, City or lown, S	- DARES MAZION
	20e. METHOD OF DISPOSITION	201 BLACE OF DISPOSITION (A)	MOIINS	1 / 2//2	7 /// 6/14) 22
	1 Gurial 2 Cremetion 3 Removal from State	20b. PLACE OF DISPOSITION (Nother place)	ame or cemetery, crematory or	20c. LOCAT	10N = City of Town, state
	4 Donetion 5 Other (Specify)	10601000	NAME AND ADDRESS OF FACI	7689 CH7	onstille, res.
	21. SIGNAL OF POINTING SERVICE ENGINEERS	1	CAA	man AN	DHARRIS FIH,
	Joan B. Co	1	701 Meci	1110H S7	BAUR ZIZIT
	23. PART-I. Enter the disesses, or complications that co		r the mode of dying, such	ee cardlec or reepiret	
	shock, or heert feliure. Liet only one ceuee iMMEDIATE CAUSE (Final	on eech line.			Interval Setween Oneet end Death
	disease or condition a.	cer a C	erucx		12415
		AS A CONSEQUENCE OF):	7		91
z	co CAN	cec d) Ci	do		7 ync
음	If any, leeding to immediate	AS A CONSEQUENCE OF):			
2	CAUSE (Disease or Injury	V			
#	that initiated events resulting in deeth) LAST	AS A CONSEQUENCE OF):			
CERTIFICATION	d.				
	PART II. Other significent conditions contributing to de	sth but not recuiting in the u	nderlying ceuse given in P		
CAL				PERFORME	COMPLETION OF CAUSE
				1 TYES 2 🖳	or beating
Σ				-	1 WES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	<del></del>	26 BLACE OF DEATH (Char	th anti-anal	
PHYSICIAN: MEDIC		VOutpatient 3 DOA 4 Nu			
Σ	1 ☐ YES 2 ☐ NO ☐ Inpetient 2 ☐ EI  27. MANNER OF DEATH		raing Home 5 Residence 6		INV COCUMEN
	1 Natural 5 Pending (Month, Day,	(bar) INJURY	26c. INJURY AT WORK?  1 YES 2 NO	2ed. DEŞCRIBE HOW INJU	ant occured
B₹	2 Accident Investigation	IJURY — At home, farm, street, fac		284 I OCATION (Street and	Number or Rural Route Number,
	3 Suicide e Could not be building, etc	(Specify)	ciory, ornice	City or Town, State)	realition of Nation reader realition,
Ē	29a. CERTIFIER				
MP	(Check only CERTIFYING PHYSICIAN: To the best of my				
COMPLETED	2 MEDICAL EXAMINEN: On the beets of exam	macion end/or investigation, in my	opinion, death occured at the fi		1
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	1- 1-	29c. LICENSE NUM	SER 2	9d. DATE SIGNED (Month, Day, Year)
TO B	MIIIMI	um a Men	11M 1146	66	10/14/21/4
F	11 , ////	OF DEATH (ITEM 27) (Type, Brint)	1-011	1 <7	L D 111
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	). (Key	1/es 2/	Palo Mozies
	DEC 3 1 1991 July Swidson	Pandelle			





3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 X YES 2 - NO

8. BIRTHPLACE (State or Foreign

MD

14. RACE — American Indien, Black, White, atc.

**BLACK** 

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

	0
	24 hourse
30,	within
( 687(	everited
$\hat{a}$	94
VII AL RECORDS, P.O. BOX 68760,	THE ATTENDING PHYSICIAN. The law requires that the death certificate he eventued within 24 frames
a D	death
ä	44
C.	1641
C C	OHITAS
Y	67 7
1	26
7	The
>	CIAN
5	PHYS
2	NG
INISION OF	TTEND
2	A RI

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Gough MONTH 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea 096-14-6966 M 2 DF YRS permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR BON SECOUR HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE be detached for use as the burial-transit 1701 EUTAW PLACE APT. 419 21217 after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ₩ YES 2 □ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, atc.) BY 1 TYES 2 NO 3 Widowed 4 Divorced Specify. COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) CHESSIE SYSTEM Elementary/Secondary (0-12) College (1-4 or 5 +) 12th WAITER RAILROAD once. 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Malden Surname)
GLADYS WEST ALBERT GOUGH BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1910 ETTING ST./BALTIMORE, MD 21217 2 RAYMOND GOUGH å 20a. METHOD OF DISPOSITION
1 (V) Burlai 2 Commatton 3 Removal from State
4 Donatton 5 D Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must GARRISON FOREST VA CEM. examiner 21. SIGNATURE OF FUNERAL SERVICE LI 22. NAME AND ADDRESS OF FACILITY filled in by the fu medical 23. PART . Enter the diseases. complications the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heert fellure. Liet only one ceuee on each line. cremation, or IMMEDIATE CAUSE (Final the diseese or condition YOUR NOUL completely event, reculting in death) DUE TO (OR AS A CONSEQUENCE OF) to burial, o traumatic CERTIFICATION Sequentielly list conditione, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events and DUE TO (OR AS A CONSEQUENCE OF): the attending physician Mental Hydiene orion to prior Injury, or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL shows any du 2 certificate has been the State Dept. of the Cam 23 st 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Sinpatiant 2 ER/Outpatient 3 DOA OTHER: 4 - Nursing Home 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? with this 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28 is I 3 Suicide ED e Could not be THE FUNERAL DIRECTOR: 4 Homicide determined COMPLET item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as attend. (Check only one) MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND LITTLE OF CERDIFIER

MB, FACE

Leads

PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

M.D.

MO/CE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20c. LOCATION - City or Town, State OWINGS MILLS, MD WM.C.MARCH F.H./1101 E. NORTH AVENUE **Approximate** Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAR ARE F PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

12/27/91 259 DHMH-16 Ray 1/89

BE

9

FOR

1 -

STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
DEC 3 1 1991

30 REGISTRATES SIGNATURE FUNDAMENTAL

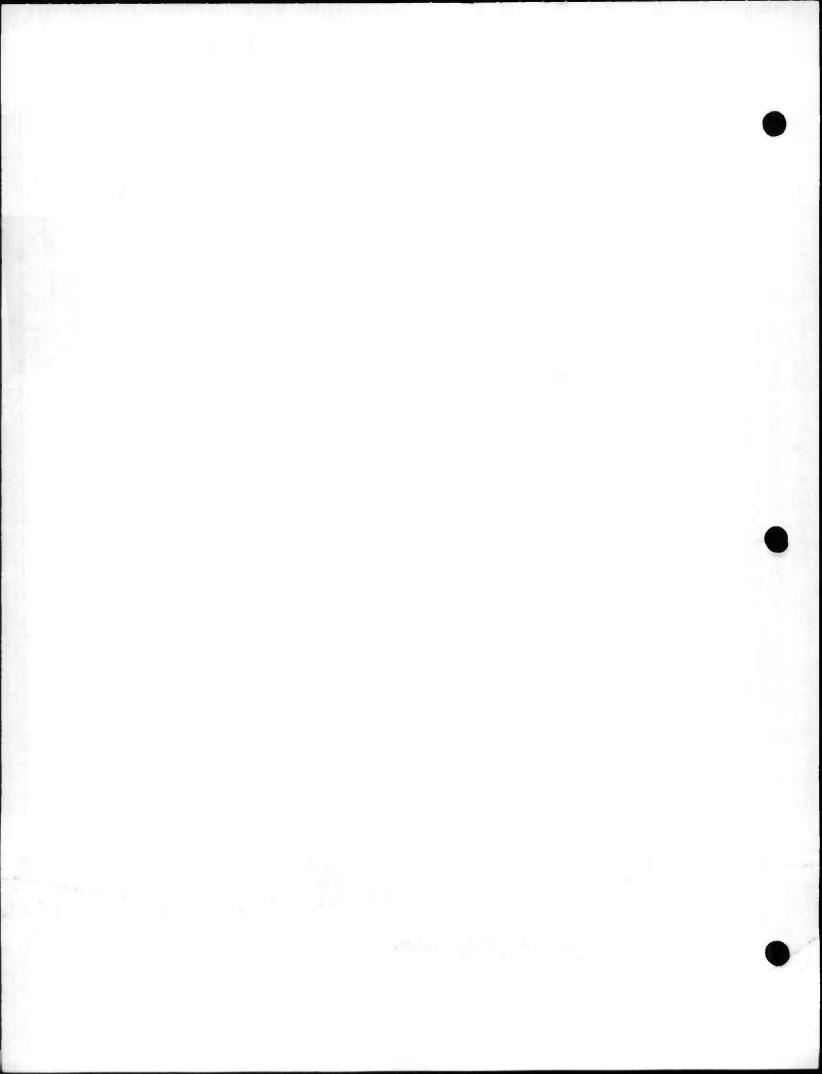
DEN. BINNALE

JHH

FOR 1 - STATE REGISTRAR	~à	STATE OF	MARYL	AND / DEPAI CERTIF	RTMENT	OF I	HEALTH	AND	MENTA			3	6091
1. DECEDENT'S NAME (First	t, Middle, Last)				IOAIL	<u> </u>	DEA		2. DATE	REG. NO			3. TIME OF DEATH
MINNIE GO	DLDEN								MONT	EMBER D	29.	1991	3:24 P W
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (	in yrs. lest birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE	OF BIRTH	,	8. BIRTHPLACE (State or Foreign	
212-78-1699	9	1 🗌 M 2 💢 F	8	35 YRS.	MONTHS	DAYS	HOURS	MW.	(Mon	71, Day, Year)		Count	S.C.
9e. FACILITY NAME (If not in	nstitution, give str	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COL	INTY OF D	
THE JOHNS H		HOSPITA	AL.		BALT	CIM	ORE				BAL'	ттмон	RE CITY
RESIDENCE OF DEC	10b. COUNTY			100 00	Y, TOWN OR								
MD	1000 0000011												10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				Di	BALTIMORE							1 TES 2 NO	
4573 FREEDO		FST				10	r. ZIP CODI				10g. CIT	IZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS	71.11.71.1		IT EVEN III	III C ADMED	1		212					us	
1 Never Merried 2 Merried FORCES? 1 YES 2 Never Merried FORCES, 1 YES 2 Never Merried 2 Merried FORCES, 1 YES 2 Never Merried 2 Never Merried 2 Never Merried 2 Never Merried 3 Never Merried 3 Never Merried 4 Never Merried 5 Never Merried 5 Never Merried 5 Never Merried 6 Never Merried 6 Never Merried 7 Never Merried 7 Never Merried 7 Never Merried 8 Never Merried 9 Never Merried							E — American Indien, k, White, atc.						
3 Widowed 4 Divo	becare	AT TES, GIVE	NINH OH DA	AIES	1 1	_ YES	2   NO	Specif	fy:			Speci	"Y: BLACK
15. DEC	EDENT'S EDUC	ATION		18a. DECEDENT'S	USUAL OCC	UPATIO	DN		168	. KIND OF BUS	SINESS/IN	DUSTRY	
Elementery/Secondary (0		College (1-4 or 5	+)	life. Do NOT u		nng mo	ist of working	g					
8th				DOME	ESTIC								
17. FATHER'S NAME (First, M							18. MOTI	IER'S NA	ME (First,	Middle, Maiden	Sumame)		
SAMUEL GOL		-						DIE					
WILBERT GOL				19b. MAILING	ADDRESS	Street a	ind Number	or Rural	Route Num	ber, City or Tow	n, State, Zi	p Code)	
		-			CROYE	_		BAL	TO. 1	1D 21	207		
20a, METHOD OF DISPOSIT  1 A Burlel 2 Cremetic  4 Donation 5 Other	on 3 🗆 Remo	val from State	20b. cere	PLACE AND DATE	OF DISPOSIT	PA	RK	1	-2-9		TO.	City or To	wn, Stata
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE					ND ADORES						
14	ady		me	$\sim$									MD 21215
23. PART I. Enter the di ehock, or he	iseeses, or co	ist only one ceu	t caused	the death. Do a	not enter th	ne mo	de of dyi	ng, auc	h as cen	liac or reapi	ratory ar	reat,	Approximata
IMMEDIATE CAUSE (Fir													Onset and Death
disesse or condition resulting in desth)	<b>→</b> .	Sever	e ca	CONSEQUENCE D	x Thu								6 months
		DUE TO	(OR AS A	CONSEQUENCE 6	F):								
Sequentielly list conditi	ions, 6.	DUE TO	(00.40.4	0011000100100									
if eny, leeding to immed cause. Enter UNDERLY		DOE 10	(UH AS A	CONSEQUENCE O	F):								
CAUSE (Diseese or Inju- that initiated events		DUE TO	(OR AS A	CONSEQUENCE OF	FI:								
reaulting in death) LAS	т				, ,.								
	d.												
PART II. Other aignifica	nt conditions	contributing to	death bu	ut not resulting	in the unde	eriying	cause g	iven in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
Atral fil	rillati	ion, ph	4125	sive rev	nal.	tai	lure			1 TES 2	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			,									- 1	OF DEATH?
									_				
25. WAS CASE REFERRED TO EXAMINER?	-	HOSPITAL:				28. Pt.	ACE OF O	EATH (Ch	eck only or	e)			
1 - YES 2 NO		1 Inpatient 2	ER/Outpa	itlent 3 🗆 DOA	OTHER:	g Hom	e 5 🗆 Re	sidenca	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF 2		URY AT RK?		28d. DES	CRIBE HOW II	JURY OC	CURED	
2 Accident	Pending Investigation				М	1 🔲 1	ES 2	NO					
	Could not be determined	28s. PLACE D building,	F INJURY - etc. (Speci	— At home, farm, a	itraet, factory	y, offici			281. LOC City	ATION (Street a or Town, State)	nd Number	or Rurel R	oute Number,
29a. CERTIFIER CERT	IFYING PHYSICI	AN: To the beat of	my knowle	edge, death occurre	d at the time	date.	end place	and due	to the co-	sade) and ma-	nor on of:	ad	
one) 2 MEDI	CAL EXAMINER	On the beale of e	xamination	end/or investigation	n, in my opir	nion, d	eath occur	d at the	fime, date	and place, en-	due to #	e ceusala	end menner es stated.
	OF CERTIFIER					- 1							
Afri	wyen						29c. LICE	NOE NUR	HOEK		29d. DAT	12	(Month, Day, Year) 29 9 1
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEA	TH (ITEM 27) (Type,	Print)	1	Pro	، لکر	H4.	IM	7	17/	5



OHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

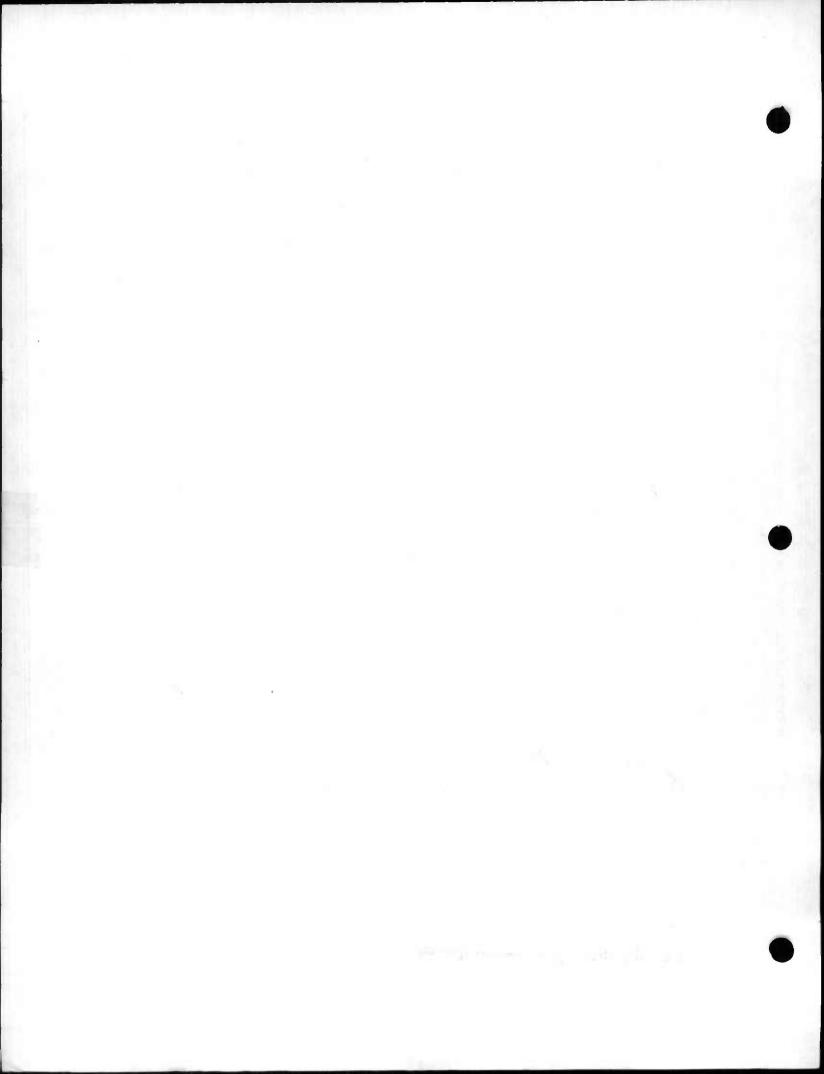
"MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT	OF HEA	LTH AND	MENTA	L HYGIEN		`	10012	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH	
		Robert	Grei	ves			Dece	ember 2		EAR O 7	1:15pm M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1	YEAR IF	UNDER 24 HRS.	7 DATE	OF BIRTH		8. BIRTHPLACE (State or Foreign		
	058-28-9102	1 XM 2 F	55 YRS.	MONTHS	DAYS HO	OURS MIN.	Jar	luary 1936		Country	ew York	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, 1	TOWN OR L	OCATION OF		1930	9c. COUNT			
DIRECTOR	5535 Blue Co	oat Lane			Co	lumbia				Uou	n w.d	
딚	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT										oward	
IR.		Howard	10c. CIT	10c. CITY, TOWN OR LOCATION								
	Maryland  100. STREET AND NUMBER		Columbia									
RA						10f. ZIP CODE					HAT COUNTRY?	
FUNERAL	5535 Blue	Coat Lane	ED IN ILE ADMED	I 40 111			.045				States	
교	1 Never Married 2 Married	12. WAS DECEDENT EVI FORCES? 14.X1		lf y	yes, specify	Cuban, Maxi	can, Puerto I	? (Specify Yes Rican, atc.)	or No — 14	Black,	American Indian,     White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	H DAIES	1 [	YES 2	NO Spec	cify:			Specify		
ED	15. DECEDENT'S EDI (Specify only highest grad	JCATION	18e. DECEDENT'S	USUAL OCC	CUPATION		18b	. KIND OF BUS	SINESS/INDUS	TRY	White	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	vork dane du e retired.)	iring most of	working						
MP	12		Graph	ic Ar	tist			Self	Empl	ove	a .	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-	MOTHER'S	IAME (First, I	Middle, Malden				
BE	Her	pert Greive	3				Sc	phia E	Baden			
0	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (	Street and N	lumber or Rura	I Route Numb	ber, City or Town	n, State, Zip Co	ode)		
	Regina Greive		1 3333	Blue	Coad	Lane	Colum	bia, M	Maryla	nd :	21045	
	20a, METHOD OF DISPOSITION  1 X Burial 2 Cremetion 3 Ran	novel from State	20b. PLACE AND DATE O	F DISPOSIT	ION (Name o	1	DAT	E 20c LO	CATION - CIN	or Ton	n State	
	4 Donation 5 Other (Specify)		ELURIDA NA	LIONA	L CER	TELEKI	1/2/92	/92 BUSHNELL, FLORIDA				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES											
		1		555	5 TW1	IN KNO	LLS R	OAD, CO	LUMBI	4. N		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final										Onset and Death	
	disease or condition									6 moth		
	DUE TO (OR AS A CONSEQUENCE OF):											
O	Sequentially list conditions,											
AT	DUE TO (OR AS A CONSEQUENCE OF):  til any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR A	AS A CONSEQUENCE OF	n:								
CERTIFICATION	reaulting in death) LAST			,							j	
		d									1	
Y	PART II. Other algnificant condition	ns contributing to deat	h but not reaulting i	n tha unda	arlying ca	use given i	n Part i.	24a, WAS AN . PERFOR			WERE AUTOPSY FINDINGS	
ă								1 - YES 2	XXNO		COMPLETION DF CAUSE OF DEATH?	
Σ											I YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER?	HOSPITAL:		OTHER:	26. PLACE	OF DEATH (C	heck only on	9)				
₹	27. MANNER OF DEATH	1 Inpetient 2 ER/C		7		XXasidence	_					
	1 Natural 5 Pending	(Month, Day, Yea		JRY	8c. INJURY WORK?		28d. DES	CRIBE HOW IN	IJURY OCCUR	ED		
ВУ	2 Accident Investigation 3 Suicide & Could and be	Accident Investigation M 1 YES :										
COMPLETED	4 Homicide S Could not be	building, etc. (3	Specify)	ileet, lactory	y, omca		City o	ATION (Street a or Town, State)	nd Number or i	Rural Ro	ute Number,	
	29a. CERTIFIER AYYCERTIFYING BUYO											
M M	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my ki	tion sodies immediately	d at the time	e, data and	place, and du	e to the cau	se(a) and man	ner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE	R: On the beals of examina		., iii my opir				and place, and	due to the co	Puse(a)	and manner as stated,	
B	1 1. /	" mr				379					Wonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	11	DEATH (ITEM 27) (See	Print)	10	3/10	4 /		Dec	emb	er 30,1991	
	Nicole Lee M.D.				Canta	r Was	hinet	on D	C			
	31. DATE FILED (Month, Day, Year)	37 REGISTRAR'S S	GNATERS PROCE	LCal (	cente	T Was	ii i ii i i i	on, D.	· ·			
31. DATE FUED 31 1991 Suna Devidson-Randall												

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ral.	be the control ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE WEATH DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp
DALI IMURE, MARTLAND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR ERTIF					MEN'					
	1. DECEDENT'S NAME (First,	Middle, Last)				ICAI	LOI	DEA	III	2. D	REG. NO			3. TIME OF DEATH	
	Benton	Наз	rry	GRIMM	1						287	<sup>4</sup> Y C	1 YEAR	1:35 A M	
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. la:		IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.	-	TE OF SIRTH			HPLACE (State or Foreign	
	217-07-4812		1 💯 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 10/18/1919			Count	'ny)	
	9a. FACILITY NAME (If not ins	titution, give s	treet and number)	16		9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE		0/18/19		I Peru	nsylvania	
E C	FRanklin S	quare	Hospita	1											
DIRECTOR	RESIDENCE OF DECI	EDENT			baltilibre						Baltimore Coun				
2		10b. COUNTY			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?			
	MD.	N/A				Bal	timo	re (	City					1 YES 2 NO	
MA M					101. ZIP CODE							10g. CIT	TIZEN OF Y	WHAT COUNTRY?	
FUNERAL	4032 Echo	dale .			21206							•			
5	1 Never Married 2 1 h	ferried .	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF YES 2 1 AR OR DATES	RMED NO	13.	WAS DEC	ENDENT C	T OF HISPANIC ORIGIN? (Specify Yea or No-				14. RACI Blac	14. RACE — American Indian, Black, White, etc.	
BY	3 Widowed 4 Divorc		IF YES, GIVE W		OR DATES			1 TES 2 TNO Specify:						Specify:	
8	1S. DECE	OENT'S EOU	CATION	16a OF	CEDENT'S	USUAL O	CCUPATIO	)N			16b. KIND OF BU	INESC (IN	OHETDY	White	
E	(Specify only Elementary/Secondary (0-1		College (1-4 or 5 a	(G	ive kind of Do NOT u	work done se retired.)	during mo	st of working	ng		IOD. KIND OF BO.	SINESS/IN	DUSTRI		
APL	8th Grade				later	Den	+				D.	1+1m	ore	C4 +	
COMPLETED	17. FATHER'S NAME (First, Mid				ucc <sub>1</sub>	DCD		18. MOTI	HER'S NAI	ME (Firs	t, Middle, Maiden		ore	CILY	
ш	Henry Ben	ton G	rimm						Flor	enc	e Marga	ret	Co1b	ert	
TO B	19a. INFORMANT'S NAME (Typ	ne/Print)		19	b. MAILINO	ADDRES	S (Street a				umber, City or Tow				
F	Arlene G. Gr	imm		4	032	Echo	dale	Ave	nue	Ba1	timore,	Md	2120	6	
	20a. METHOD OF OISPOSITIO	N 3   Bame	well from State	20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		0	ATE 20c. LO	CATION -	City or To	wn, Stata	
	4 Donation 5 Other (5	cemetery, cre Park	wood	thar place) Cem	eter	У		12-	31 Ba	1tim	ore.	Md21234			
	21. SIGNATURE OF FUNERAL		22. NAME AND ADDRESS OF FACILITY												
	Karple	a m	Meuro	dy		To	hn C	2// -	11	т	(/1	E 22.77		n1 n1.	
John C. Miller, Inc6415 BElair Rd.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,								Approximate							
	shock, or her	irt reliure. L	List only one cau	se on each ilne								ratory an	1001,	Interval Between Onset end Death	
	disease or condition resulting in deeth)	Cell Ca	rcino	oma d	of Lu	ına						Onset end Death			
	resulting in deetil)	OR AS A CONSEC													
Z															
티	Sequentially list conditions, If eny, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):														
2	cause. Enter UNDERLYIN CAUSE (Disease or Injury		·												
臣	thet initiated events resulting in death) LAST		OUE TO	OR AS A CONSEC	DUENCE OF	7):									
CERTIFICATION	to coming in abating End.	d													
	PART il. Other significent	conditions	contributing to	death but not r	esulting l	n the un	derlying	ceuse g	iven in I	Pert I.	24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
ICAL								8			PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED											1 TYES 2	NO		OF OEATH?	
Z. M													- 1	1 YES 2 NO	
A	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	EATH (Che	ck only	one)				
SIC	EXAMINER?		PIOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num	₹:				her (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28a. OATE OF (Month, Da	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	siderica .	_	EŞCRIBE HOW II	JURY OC	CUREO		
ВУ	1 Natural 5 Pe	ending restigation	(MORITI, DE	ly, relar)	INJ	URY M	WOF	RK? ES 2	NO						
	3 Suicide 6 Co	ould not be	28a. PLACE Of	INJURY — Al hou	me, farm, s	treet, fact	ory, office			28f. LC	CATION (Street a	nd Number	or Rural R	loute Number,	
1	4 Homicide de	termined		ate. (apocity)						C	ty or Town, State)				
COMPLET	29a. CERTIFIER (Check only	YING PHYSIC	IAN: To the best of	my knowledge, de	eth occurre	d at the ti	me date	and place	and due t	to the r	energy and man				
M	one) 2 MEDICA	L EXAMINER	: On the basis of ax	amination and/or is	nveatigation	n, In my o	pinion, de	ath occur	ed at the t	time, da	te end place, and	due to th	e cause(s	and manner as stated.	
	39b. SIGNATURE AND TUDE O	Acres de la constitución de la c	1 11						NSE NUM						
BE	12/1	-1	: M	)				29G, LICE	NSE NUMI	BEH		29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	CHSON WHO	COMPLETED CAUS	E OF OEATH (ITEM	4 27) (Type	Print)									
							ive	D ~ 1 ±	dans.	. 44	a.a. 7	000			
	Dr. Van Lomi	9r)	32. REGISTRA	R'S SIGNATURE	quar	e ur	ive	Balt	1mor	e M	aryland	212	37		
	UEC 3 1 199	11 1		on-yandel	2										
				-											

Md



1 .

1. DECEDENT'S NAME (First, Middle, Last) CHARLES

arles

4. SOCIAL SECURITY NUMBER

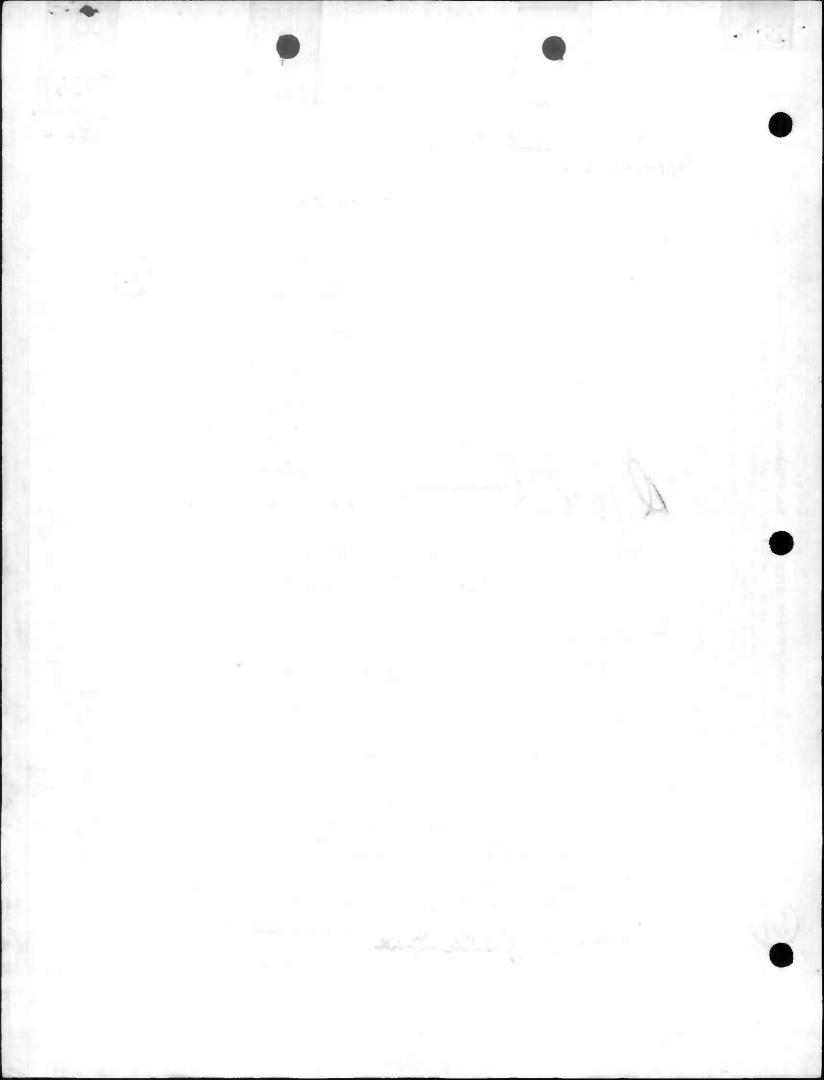
	1
	1
0	delin
76	3
68	- Contraction of
$\tilde{c}$	4
ĕ	400
o.	Side
۵.	4
ທົ	7
2	4
ä	4
ŏ	1
M	1
V	1
	1
>	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	and the second of considerate the second considerate the second considerate the second considerate of the second considerate the second c
Z	9
0	
S	
2	
	-

1 X M 2 - F 65 YRS. permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DI Fairmount roursing DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY BALTIMORE MD 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 21213 SPRING STREET 1506 N. filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 Å YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPAI If yes, specify Cuben, 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NA HARRY JONES GLADYS notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural 2 VIOLA PORTER 1506 N. SPRING ST./BA Pe 20s, METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name must GARRISON FOREST VA CEM. Other (Specify) examiner 22. NAME AND ADDRESS OF FA FUNERAL BERVICE LICENSEE WM.C.MARCH F. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auc shock, or heart failure. List only one ceuse on each lina. cremation, or IMMEDIATE CAUSE (Final the disease or condition\_ Severe completely event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MGO Cardial prior to burial, traumatic CERTIFICATION and Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING DUE TO (ON AS A CONSEQUENCE OF) CAUSE (Disease or injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene regulting in death) LAST injury. been signed by the at PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in MEDICAL shows any PHYSICIAN: ificate has be State Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C) EXAMINER? certificate HOSPITAL: OTHER: 1 YES 2 NO the marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? this ce INJURY 1 Natural М 1 YES 2 NO BY After death 2 Accident Investigation 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 28 is 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide Item HOSPITAL DR 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end do TO THE HOSPITAL D
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU BE 14109 Majors MO 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RAJESH WCA CHURCH HOSPITAC. 32. REGISTAR'S DIGNATURE

5. SEX

01 2001

STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL	HYGIENE REG. NO.	1 0	0094
	(JONES) HA	RDING	2. DATE O MONTH	DAY	YEAR 9	3 45 A M
SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE 0 (Month) 2-1	F BIRTH Day, Year) 8-26	8. BIRTHPI Country)	LACE (State or Foreign
center	$\mathcal{B}$	alte mil	DEATH	9c. CO	UNTY OF DEA	ATH
		OWN OR LOCATION I MORE				IOd. INSIDE CITY LIMITS?  X YES 2 NO
REET		101. ZIP CODE 21213			U.S.A.	IAT COUNTRY?
2. WAS DECEDENT, EVER FORCES? 1 📐 YE IF YES, GIVE WAR OR		13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	icen, Puerto Ri		Specify.	American Indien, Whits, etc.
ION npleted) College (1-4 or 8+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re UNEMPLOY	done during most of working tired.)	16b. (	KIND OF BUSINESS/III	NDUSTRY	
			NAME (First, MI	iddle, Meiden Surname) ) I NG		
	196, MAILING AD 1506 N.	SPRING ST./B	ALTIMO	OK, City or Town, State, 2 ORE, MD 2	L213	
	SARRISON FO	PREST VA CEM.	DATE	OWINGS N		
TO TO	ulo	WM. C. MARCH F	11,575	.01 E. NOF	RTH AV	ENUE
t only one ceuse on	each lina.	antar the mode of dying, a		ac or reapiretory a	erreat,	Approximata intarval Between Onset and Deati
DUE TO (OF AS	A CONSEQUENCE OF):  CO CA TOTAL  A CONSEQUENCE OF):	as the mai	źn			
DUE TO (OR AS	A CONSEQUENCE OF):					
contributing to death	but not resulting in	tha underlying cause given	in Part I.	24a, WAS AN AUTOPS: PERFORMED? 1 YES 2 MNO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IOSPITAL:	I	26. PLACE OF DEATH	Check anly one	)		
28s. DATE OF INJUR (Month, Day, Year	utpatient 3 DOA 4.	Nursing Home 5 - Resident PF 28c, INJURY AT		(Specify) CRIBE HOW INJURY O	CCURED	30
26a. PLACE OF INJU building, etc. (S	RY — At home, farm, stre	et, factory, office		TION (Street and Number Town, State)	per or Rural Ro	rute Number,
		at the time, date end place, end o		and the second second		and manner as stated.
1 mg		29c. LICENSE I 1410		29d. D.		Month, Day, Year)
COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	int)				



detached for

the funeral director, page 5 should be

filled in by the filon, or removal.

use as the burial-transit permit. Pages 1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

r this certificate h

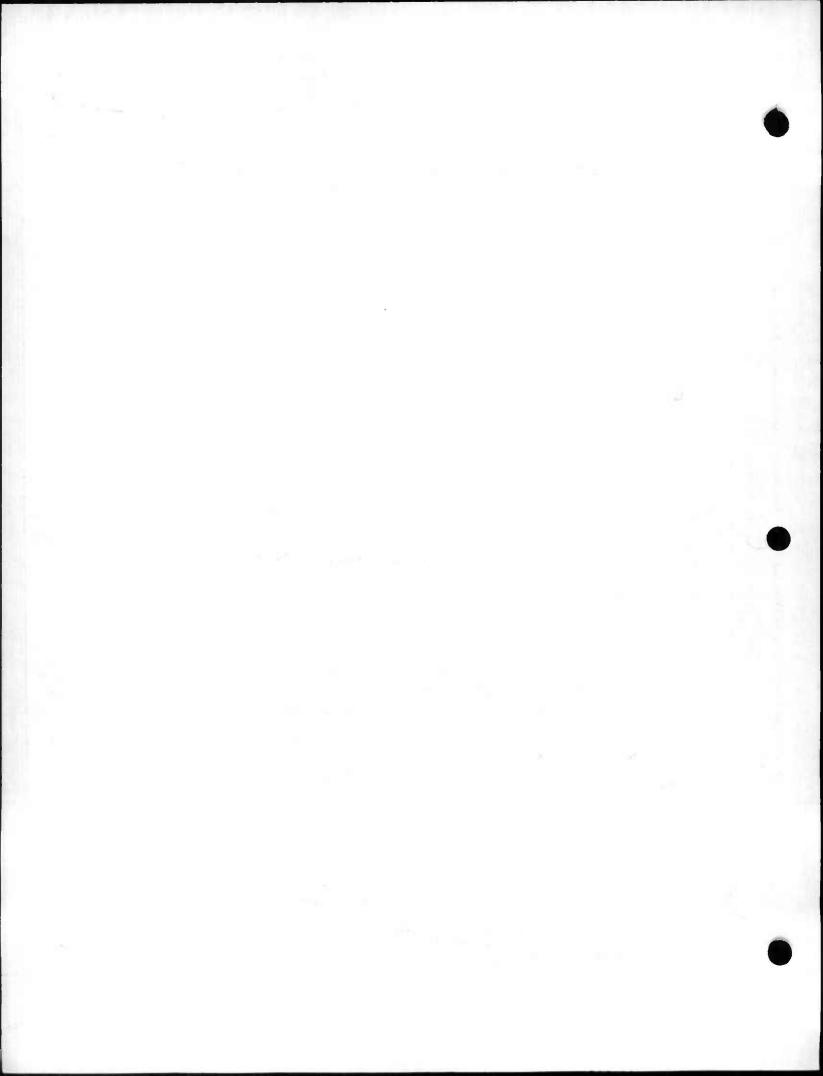
the

57741529-1344 WILL CATHERINE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 1215 2, DATE OF DEATH 3. TIME OF DEATH CATHERINE 430 27 12 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 216 6491 10 88 1 M 2 F DAYS HOURS YRS. SOUTH 1903 CAROLINA 9a. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sinai Hospital FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2525 W. Belvedere Avenue 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuben, Maxican, Puarto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify: Black 3 🛛 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 6th 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) GEORGE COUNTS at a ALICE COUNTS BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 LILLYWOOD T COUNTS MONROE ST., 2338 BALTIMORE, MARYLAND N. pe METHOD OF DISPOSITION
Burlat 2 Cremation 3 
Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must CEMETERY OLION PARK 12/30/91 BALTIMORE. MARYLAND examiner 21. SIGNATURE OF FUE NAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME 4300 WABASH AVENUE medicai 23. PART ( Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock or heart failura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, 1.23 shows any injury, or other traumatic event, the disease or condition DUE TO (OR AS A CONSEQUENCE OF): ARKEST Ch Prevenica resulting in death) SEPSIS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated evanta reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Congegnue Heart Failu AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 NO DISCASE 1 YES 2 NO FAMILY PHYSICIAN: REFUSED 25. WAS CASE REFERRED TO MEDICAL EXAMINER? or item 26. PLACE OF DEATH (Check only one) HOSPITAL:

| Inpatiant 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending investigation THE FLINERAL DIRECTOR: After the control of the con BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) PERSON WNO COMPLETED CAUSE OF GREATH (ITEM 27) (Type, 27 91 ATTAWAY PARTITION AND





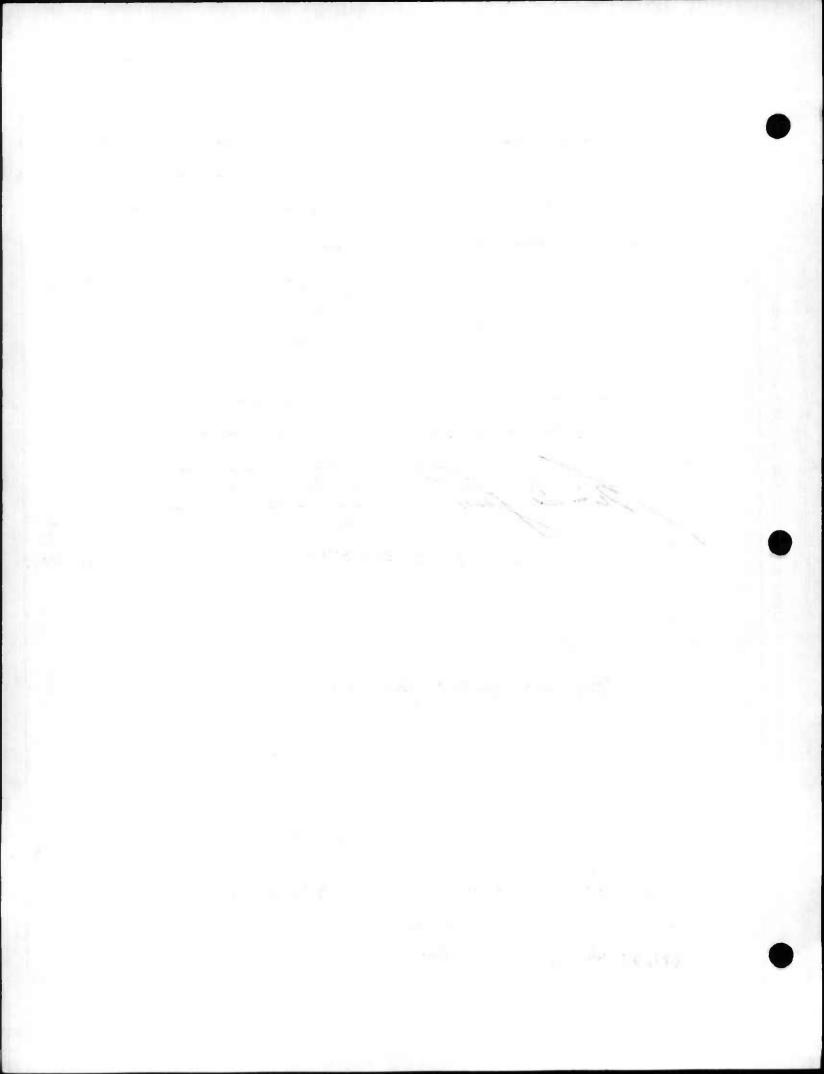
Ph.	
0	
9	
1	
00	
(0)	
$\times$	
BOX 68760,	
$\sim$	
•	
0	
0	
P.O.	
- 5	
S	
-	
14.	
0	
RECORDS,	
$\circ$	
ш	
CC	
-	
VITAL	
7	
-	
-	
-	
11	
=	
0	
-	
Z	
0	
$\simeq$	
VISION	
47	
>	

10 THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filled within 72 buris after death with the State Dept. of Haelth and Mental thylene prior to burial, cremation, or removal.
---

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND REGISTRAR	/ DEPARTMENT OF	F HEALTH AND	MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH				
	Stanley J. Helewicz			Dec. 28	, 1991					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.			7. DATE OF BIRTH (Month, Day, Year)	8. BIF	TTHPLACE (State or Foreign				
	215-18-3403 1□XM2□F 68	YRS. MONTHS DAY	78 HOURS MIN.	Sept.7,	aryland					
~	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOW	VN OR LOCATION OF DE		9c. COUNTY OF					
DIRECTOR	9601 Trepid Road	Ва	ltimore		Bal	timore				
EC	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	CATION							
DIR	Maryland Baltimore		ltimore			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		10f. ZIP CODE	10- CITIZEN O	1 YES 2 NO					
ER/	9601 Trepid Road		2123	S. A.						
FUNERAL	11. MARITAL STATUS  12. WAS DECEOENT EVER IN U.S., 1 Never Metried 2 X Metried FORCES? 1 X VES 2	ARMED 13. WAS I		NC ORIGIN? (Specify Yee						
BY F	HE VEC CONT WED OR DATE		specify Cuben, Mexical YES 2X WNO Specify	n, Puerto Rican, etc.)	81	ACE — American Indian, ack, White, etc.				
	WWII		To Medical		Sp	•c//y.White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USUAL OCCUP. (Give kind of work done during life. Do NOT use retired.)	ATION most of working	16b. KIND OF BUS	INESS/INDUSTRY					
۳	College (1-4 of 5 +)	We. Do NOT use retired.) Lineman	•							
M	NA NA  17. FATHER'S NAME (First, Middle, Lest)	Lineman				ntal Can				
8	Louis Helewicz			ME (First, Middle, Maiden S						
8				ret (Not		)				
2	Lillian C. Helewicz (Wife)	9601 Tre	et and Number or Rural F	Number, City or Town	State, Zip Code)	226				
	20. METHOD OF DISPOSITION  A Burlel 2 Cremetion 3 Remarks from State  20b. PLAC competery, 0  4 Donation 5 Other (Special	e and date of disposition crematory or other piece) of Fa	Name of	DATE 20c. LOC	ATION — City or	Town, State				
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE	22 NAME	AND ADDRESS OF EACH	erery Bal	timore	e, Md.				
	1 /2 in 1)	Sch	lmunek Fi	ineral Ho	mes, 1	nc.				
_	Jama Jewi	9703	Belair	Road, Ba	lto, M	ld.21236				
	23. DART i. Enter the diseeses, or correctione that caused the enock, or heart failure. List only one cause on each life	deeth. Do not enter the i	mode of dying, auch	aa cerdiec or respir	atory arrest,	Approximeta Interval Between				
1	IMMEDIATE CAUSE (Finei					Onset and Death				
	resulting in deeth)									
	DUE TO (OR A CONSEQUENCE OF):									
CERTIFICATION	Sequenticity list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
Ä	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONS	EOUENCE OF):								
	resulting in death) LAST									
	PART II Other significant conditions contribution to death									
N N	PART II. Other algnificant conditions contributing to seeth but not the seeth but no	resulting in the underly	ring cause given in i	Part I. 24s. WAS AN A PERFORM		Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO				
ă	wigostore mount	fracent		1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?				
Σ				_		1 NES 2 NO				
<i>≒</i> ∥	05 Mm 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
₹ II		26.	PLACE OF DEATH (Cho	ck only one)						
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	lome 5 Reeldence 6 Other (Specify)							
IYSICIA	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpetient 2   ER/Outpetient			B ☐ Other (Specily)						
	EXAMINER? HOSPITAL:	3 DOA 4 Nursing H 28b. TIME OF 1NJURY 28c.	NJURY AT WORK?	Other (Specify)  26d. OESCRIBE HOW IN.	JURY OCCUREO					
à l	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  28e. DATE OF INJURY (Month, Day, Year)	3 DOA 4 Nursing H 28b. TIME OF 1NJURY M 1	NJURY AT WORK? YES 2 NO	26d. OEŞCRIBE HOW IN						
	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient  27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	3 DOA 4 Nursing H 28b. TIME OF 1NJURY M 1	NJURY AT WORK? YES 2 NO			l Route Number,				
à	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At Publishing, atc. (Specify)	3 OOA 4 Nursing H 28b. TIME OF INJURY M 1 1 100me, farm, street, factory, of	NJURY AT WORK?  YES 2 NO	28t. LOCATION (Street en City or Town, State)	nd Number or Rura.	Route Number,				
à	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ERJOutpatient  1 Inpatient 2 ERJOutpatient  1 Inpatient 2 ERJOutpatient  1 Inpatient 2 ERJOutpatient  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At building, stc. (Specify)  28b. PLACE OF INJURY — At building, stc. (Specify)  28c. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, or	3 DOA 4 Nursing H 28b. TIME OF INJURY M 1 1 nome, farm, street, factory, of	NJURY AT WORK?  YES 2 NO  Mice  ate end place, end due to	28d. OEŞCRIBE HOW IN. 28t. LOCATION (Street end. City or Town, State)	od Number or Rura.					
COMPLETED BY	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beele of examination end/or	3 DOA 4 Nursing H 28b. TIME OF INJURY M 1 1 nome, farm, street, factory, of	NJURY AT WORK?  YES 2 NO  Mice  ate end place, end due to	28d. OEŞCRIBE HOW IN. 28t. LOCATION (Street end. City or Town, State)	od Number or Rura.					
COMPLETED BY	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ERJOutpatient  1 Inpatient 2 ERJOutpatient  1 Inpatient 2 ERJOutpatient  1 Inpatient 2 ERJOutpatient  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At building, stc. (Specify)  28b. PLACE OF INJURY — At building, stc. (Specify)  28c. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, or	3 DOA 4 Nursing H 28b. TIME OF INJURY M 1 1 nome, farm, street, factory, of	INJURY AT WORK?  YES 2 NO  Nice  set end place, end due to, death occured at the to  29c. LICENSE NUM	28d. OEŞCRIBE HOW IN. 28t. LOCATION (Street en City or Town, State) to the cause(e) end mann ime, date end place, end BER	od Number or Rura					
à	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, one)  29b. SIGNATURE OF THE OF CERTIFIER  29b. SIGNATURE OF THE OF CERTIFIER  29b. SIGNATURE OF THE OF CERTIFIER  3 SIGNATURE OF CERTIFIER  4 DO NOT THE OF CERTIFIER  5 DO NOT THE OF CERTIFIER  4 DO NOT THE OF CERTIFIER  5 DO NOT THE OF CERTIFIER  6 DO NOT THE OF CERTIFIER  7 DO NOT THE OF CERTIFIER  8 DO NOT THE OF CERTIFIER  8 DO NOT THE OF CERTIFIER  9 DO NOT	3 DOA 4 Nursing N 28b. TIME OF INJURY M 1 T nome, farm, street, factory, of the time, dir investigation, in my opinion	NJURY AT WORK?  YES 2 NO  Rice  ste end place, end due to the to the stem occurred at the to the stem occurred at	28d. OEŞCRIBE HOW IN. 28t. LOCATION (Street en City or Town, State) to the cause(e) end mann ime, date end place, end BER	od Number or Rura	(e) end manner ee stated.				
TO BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 3 Sulcide 4 Homicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or	3 DOA 4 Nursing N 28b. TIME OF 18c. INJURY M 1 1 nome, farm, street, factory, of the street of the s	INJURY AT WORK?  YES 2 NO  Hice  Ite end place, end due to to the	281. LOCATION (Street en City or Town, State) to the cause(e) end mannime, date end place, end BER	nd Number or Rura	(e) end manner ee stated.				
TO BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, one)  29b. Signature of DEATH  29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or  29b. Signature of TIME of CERTIFIER  30. Name and Address of Person who complete cause of Ceath (ITI)  Dr. John Downs, 7505 Osler	3 DOA 4 Nursing N 28b. TIME OF 18c. INJURY M 1 1 nome, farm, street, factory, of the street of the s	INJURY AT WORK?  YES 2 NO  Hice  Ite end place, end due to to the	281. LOCATION (Street en City or Town, State) to the cause(e) end mannime, date end place, end BER	nd Number or Rura	(e) end manner ee stated.				
TO BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 3 Sulcide 4 Homicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or	3 DOA 4 Nursing N 28b. TIME OF 28c. INJURY M 1 nome, farm, street, factory, of death occurred at the time, dir Investigation, in my opinion EM 27) (Type, Print) Drive, Sui	INJURY AT WORK?  YES 2 NO  Hice  Ite end place, end due to to the	281. LOCATION (Street en City or Town, State) to the cause(e) end mannime, date end place, end BER	nd Number or Rura	(e) end manner ee stated.				



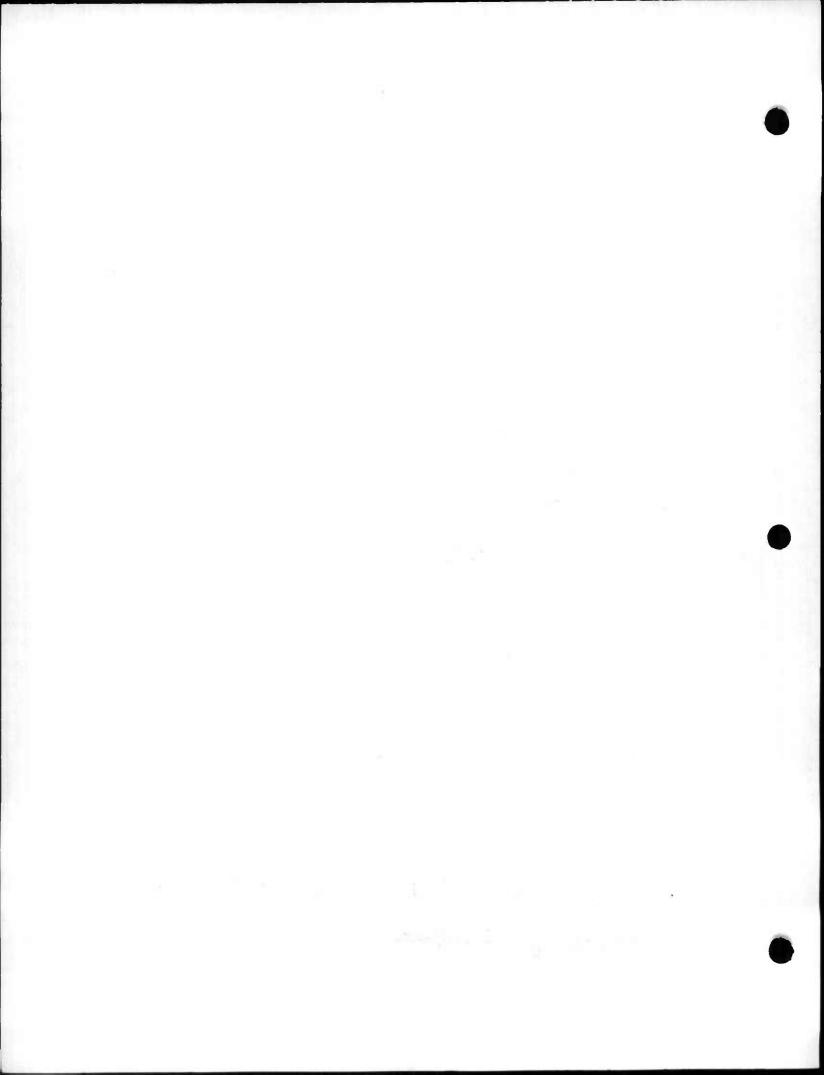


משלים ביים משלים ביים	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Deut, of Health and Mental Hyclere prior to burial, commanding the formal after death with the State Deut, of Health and Mental Hyclere prior to burial, commanding to remark the first transfer of the f	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	d by t	d be	d at
	etaine	shou	otiffe
ĵ	y be	age 5	be n
	6 ma	ctor, p	nust
	Page	dire.	her n
į	eath.	funera	xamil
)	ifter d	/ the	al e
	OUIS 8	d in b	nedi
	24 h	y filled	the
ĵ	within	pietel	ent,
	cuted	d com	ic ev
	е ехе	an an	nma
)	cate b	hysici e prio	er tra
)	certifi	ding p	oth
	death	atten	17, 01
	t the	by the	inju
	es tha	afth a	s any
	equire	en sig	hows
	J MP	Dept.	23 s
,	The	cate h	Item
	SICIAN	the S	. 07
	PHYS	this with	rrked
	DING	After	S m
	ATTEN	CTOR:	28
	NO.	DIRE	Hem
	SPITAL	VERAL Vin 72	11 11
	E HO	E FUN	HTAN
	TH OL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial cremation, or removal	E 5

DEC 31 1991

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPART	TMEN CAT	T OF H	EALTH AND DEATH	MENTA	L HYGIEN	-		36097
	1. DECEDENT'S NAME (First, Middle, Last)	1							OF DEATH			3. TIME OF DEATH
	EMMA F. HOFMAN	N						DEC		7 . 1	991	12:05A M
	4. SOCIAL SECURITY NUMBER 220~48-9869	5. SEX	1 M 2 X F 88 YRS. MONTHS DAYS HOURS MIN. SEPT								8. BIRTH Count	IPLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give street and number)  MERIDIAN NURSING HOME									INTY OF D	EATH	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION									1 10.	ALITI	TORE
DIRECTOR	MARYLAND BALTIMORE									10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2015 WILKENS AVENUE										S.A	WHAT COUNTRY?
B∀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 V	RMED NO		WAS DECE If yea, spe t YES	ENDENT OF HISPA lefty Cuben, Mexic 2 NO Speci	en, Puerto	N? (Specify Yes Ricen, etc.)	e or No—	Blaci	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 8TH GRADE	CATION completed) College (1-4 or 5 a	(0	ECEDENT'S U Give kind of wo s. Do NOT use HOM	retired.)	during mos	N at of working	168	. KIND OF BU	SINESS/IN	DUSTRY	
BE CON	8TH GRADE HOMEMAKER  17. FATHER'S NAME (First, Middle, Lest)  EDWARD BURNS  18. MOTHER'S NAME (First, Middle, Meiden Surneme)  MARGARET BREHM											
2	19a. INFORMANT'S NAME (Type/Print)		19				id Number or Rural					
-	JOSEPH B. HOFM	ANN, SR.		1812	PAL	O CI	RCLE - I	BALTI	MORE,	MARY	LAND	21227
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	oval from State	cemetery, cri	emetory or oth	er place)			12/		CATION —	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE			22.	NAME AN	D ADDRESS OF FA	ACILITY				
	1/1/1/						D FUNERA					
	23. PART I. Enter the diseases, or about or heart fallure	complications that	aguaged the st	and David	41	0/ W.	ILKENS A	AVENU	E-BAL1	LIMOR	E, M	D. 21229
4	ahock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	se on aach lind	e A	man and	A TOO	e or aying, suc	ch as cen	diac or respi	ratory ar	rest,	Approximate intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	с	OR AS A CONSE									
O	PART II. Other algoriticent condition	a contributing to	death but not	roculting in	Abo	el e el el e						
MEDICA	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO								24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OT4		CE OF DEATH (Ch	eck only or	ne)			
YSI	1 TYES 2 NO	1   Inpettent 2	ER/Outpatient 3		OTHER		5 - Reeldence	8 🗆 Othe	r (Specify)			
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT INJURY WORK?						28d. DEŞCRIBE HOW INJURY OCCURED				
8	3 Suicide S Could not be determined	28e. PLACE Of building,	INJURY — At ho etc. (Specify)	ome, ferm, atr	eet, tect	ory, office		28f. LOC C/ty	ATION (Street a or Town, State)	and Number	or Rural A	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of ex	my knowledge, de emination end/or	eth occurred	at the ti	ime, date e	and place, and due	to the cau	end place, en	ner ee sta	led. ne ceuse(e)	end manner ee stated.
290. SIGNATURE AND TITLE OF CERTIFIER												

DR. PATRICK WHITE - 299 FREDERICK ROAD, BALTIMORE, MD. 21229
DEC 31 1991



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

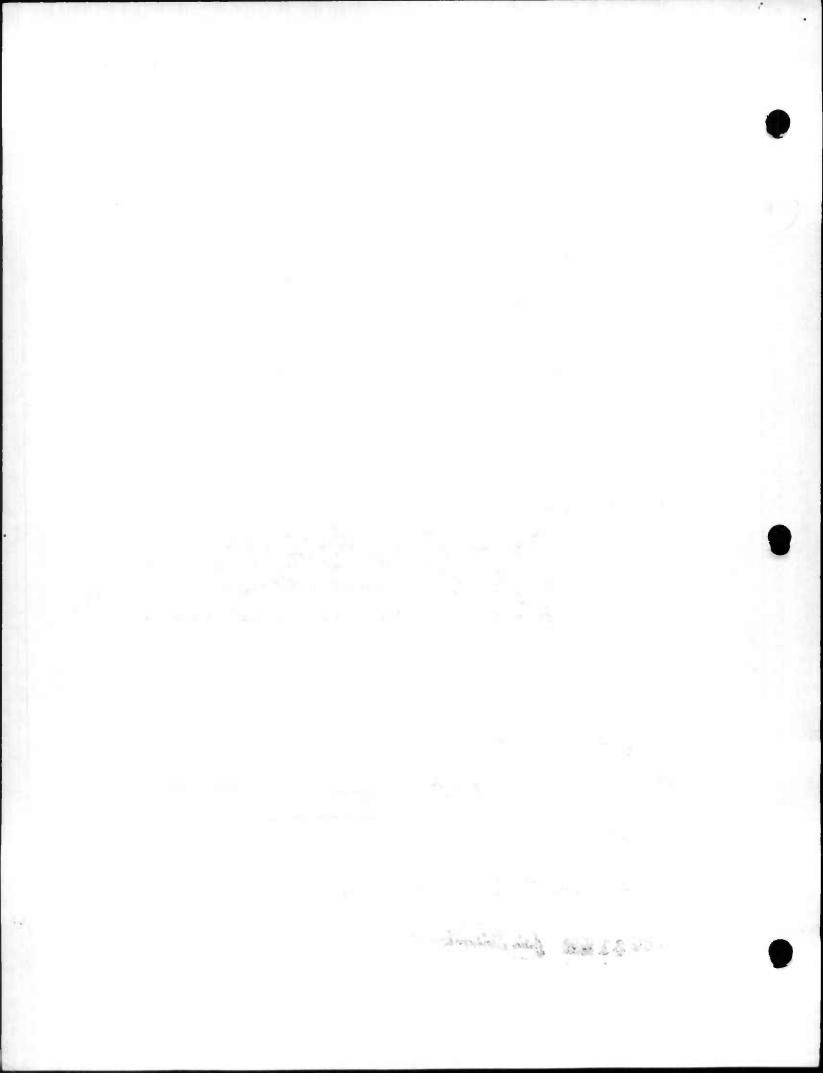
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It filem 22 nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPARTA CERTIFIC	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	lE .	0030						
1. DECEDENT'S NAME (First, Middle	, Last)		2. DATE OF DEATH		3. TIME OF DEATH							
MILDRED	D	HA	AS	12 2	3 91	6:57 PM w						
4. SOCIAL SECURITY NUMBER	5. SEX 8. /	AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS	7. OATE OF BIRTH		HPLACE (State or Foreign						
220 24 7150 A	1 🗆 M 2 🙀 F	61 YRS.	NTHS DAYS HOURS MIN.	10-5-30	Coun							
9a. FACILITY NAME (If not institution	, give street end number)	98	. CITY, TOWN OR LOCATION OF		9c. COUNTY OF							
NORTH ARUNDED RESIDENCE OF DECEDER 100. STATE 10b. C Maryland	HOSPITAL ASS		GLEN BURNIE			. COUNTY						
10e. STATE 10b. C	COUNTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY						
	Anne Arundel	Co Se	evern		Est or a series	LIMITS?						
8231 New Cut	Road		21144		l .	WHAT COUNTRY?						
10. STREET AND NUMBER 8231 New Cut 11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF HISE	AMIC ODICING COLORS								
		rES 2 NO	If yes, specify Cuban, Mex	ican, Puerto Rican, etc.)	Blec	E — Americen Indian, k, White, etc.						
3 Widowed 4 Divorced	IF TES, GIVE WAY C	no	1 TES 2 NO Spe	olly: no	Spec	White						
15. DECEDENT	S EDUCATION	16a. DECEDENT'S USE	IAL OCCUPATION	16h, KIND OF BUI	SINESS/INOUSTRY							
(Specify only highes Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working tired.)									
	Consgo (1-4 or 5 4)											
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Le	ist)		18 MOTHED'S	NAME (First, Middle, Meiden	Common )							
			, morning a	THE (FRSI, MIDDIE, MEIDEN	Sumeme)							
19e. INFORMANT'S NAME (Type/Print	0	18h MAU ING AD	DOESE (Street and March as D	10 11 1 0 -								
Mrs Gomez	Caretaker	ISE MAILING AD	ORESS (Street and Number or Run	al Houte Number, City or Tow	n, State, Zip Code)							
20s. METHOD OF DISPOSITION	Carcaker											
1 Rudel 2 Cremetion 3	Removal from State	20b. PLACE AND DATE OF D cemetery, crematory or other		OATE 20c. LO	CATION — City or To	own, State						
21. Sugaritime of Elimenal Service	4 Donation 5 Other (Specify) in State											
	/ // Ronald	Wade, Dir	22. NAME AND ADDRESS OF	FACILITY	E ANATOMY	BOARD						
Smuul/	Madee	12/34/97	655 W. Baltim	ore St, Bal	to.,MD 2	1201						
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events											
PART II. Other significant con	ditions contributing to deat	th but not resulting in th	e underlying cause given i	n Part I. 24s. WAS AN. PERFOR	same .	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO						
25. WAS CASE REFERENCE TO MEDIC EXAMINERTY 1 VES 2 1 40 37. MANNER OF DEATH	1 Tes 2 No COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?											
25. WAS CASE REFERRED TO MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
T YES 2 140	HOSPIPAL:		HER:									
27. MANNER OF DEATH	28s. DATE OF INJU		Hursing Home 5 - Residence									
	/Month Day Ye	INJURY	M 1 YES 2 NO	28d. DESCRIBE HOW IN	NJURY OCCURED							
2 Accident Investiga												
3 Suicide 6 Could no 4 Homicide determin	Outstand, and, o	UNF — At home, farm, street Specify)	, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural F	Courte Number:						
		_		10.000000000000000000000000000000000000								
290. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my ki	nowledge, death occurred at	the time, date end place, end do	e to the cause(s) and man	mer se stated.							
29e. CERTIFIER (Chack only 12 MEDICAL EX.	AMINER: On the beels of examin	ation and/or investigation, in	my opinion, death occured at th	e time, date end place, en	d due to the ceuse/e	end menner es stated						
		#										
Kon Man	H. W.	4	29c, LICENSE NO	JMBER 1	29d. OATE SIGNED	(Month, Day, Year)						
TO HE VIGOUVILLE	w / lac	MATIN	an (hin)	11 3648	12/	24191						
V				#001 /== ===		11						
DENJAMIN A. L	DE GUZMAN, M.D	./1/20 CRAI	N HIGHWAY, SW	#204/GLEN	BURNIE,	MARYLAND 210						
31. OATE FILED Month, Day Year	32 DEGISTRATES	ICH TOE										



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	i in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should premoval.	medical examinar must be notified at once
IN: The law requires that the death certificate	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by th be filed within 72 hours after death with the State Obot, of Health and Mental Hydiene prior to burial, cremation, or remov	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examine

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATI	OF DEATH	DEC NO

	FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMEN	OF H	EALTH	AND I	MENTAL	HYGIEN REG. NO		•	0000
1. DECEDENT'S NAME (First, Middle, Last)  FLORENCE BELLE HILTON  2. DATE OF DEATH 2/30/9 MONTH  DAY  1. DECEDENT'S NAME (First, Middle, Last)										730/91	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-20-4955	5. SEX 1 M 2 XX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH	1903	6. BIRTH	ARYLAND
TOR	90. FACILITY NAME (If not institution, give so 7 ARKLA COURT RESIDENCE OF DECEDENT	reet and number)			9b. CITY		ONSV				9c. COU	NTY OF D	BALTIMORE
DIRECTOR	MARYLAND			10c. CIT	Y, TOWN		IMOR	E					10d. INSIDE CITY LIMITS? 1 XXYES 2 \( \text{\text{NO}} \) NO
FUNERAL	4322 SHAMROCK AV							1206					NHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 2XXWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	MED		If yes, spe	ENDENT O	n, Maxice	n, Puerto Ric	Specify Yearn, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc. WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	CEDENT'S ive kind of a Do NOT us	USUAL O work done se retired.)	during mos	at of working	ng	16b. K	OWN I	SINESS/IND	USTRY	
	17. FATHER'S NAME (First, Middle, Last) DAVID W. PENNER			1.	IOOSE	WIFE	18. MOTH	ER'S NA	ME (First, Mid		Surname)		
TO BE	19a. INFORMANT'S NAME (Types/Print) NILES HILTON (	SON)	191				nd Number	or Rural F	Route Number,	City or Tow	n, State, Zip		228
	20e. METHOD OF DISPOSITION 1XX puriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Campaign of Other Appaid TERY)  20c. LOCATION — City or Town, State												
	21. BIGNATURE OF FUNEBAL-GERVICE LIC	ean	X	(	LE 16	ROY 30 E	DMON	RUS	SELL AVEN	UE, CA	TONS	VII.I.	ERAL HOMES
	IMMEDIATE CAUSE (Final Intervel Bet Onaet and										Approximate Intervel Between Onaet and Death		
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events reculting in death) LAST  a.   Actuate mysecoulous and consequence of:  b.   Due to (or as a consequence of:  Due to (or as a conseque												
AL	PART II. Other algnificant conditions	resulting in the underlying causa given in Pa					PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:			OTHER	t:			ack only one)				1 123 2 100
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN	IJURY	28b. TIM		28c. INJU WOR	RY AT		6 Other (S		NJURY OCC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	building, et							City or 1	own, Stete)			oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	EIAN: To the best of m	y knowledge, dar nination end/or in	nth occurre	nd at the ti	me, date e pinion, de	end place,	end due	to the ceuse	e) end men	ner ee state d due to the	e ceuse(s)	end menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  The Clean M. J.  30. NAME AND ADDRESS OF PERSON WHO	relyan	OE DEATH (IT	1D	0.:-4		29c. LICEI )-12(		BER	_		SIGNED	(Month, Day, Year) 30, 1991
	Walter R. Welze 31. DATE FILED (Month, Day, Year)		, 6100	Yorl		, Ва	alto.	, M	D 2121	2			
- 11	DEC 9 1 1001	V. 1. K.	1. 70.	-00									- 1

0-12039

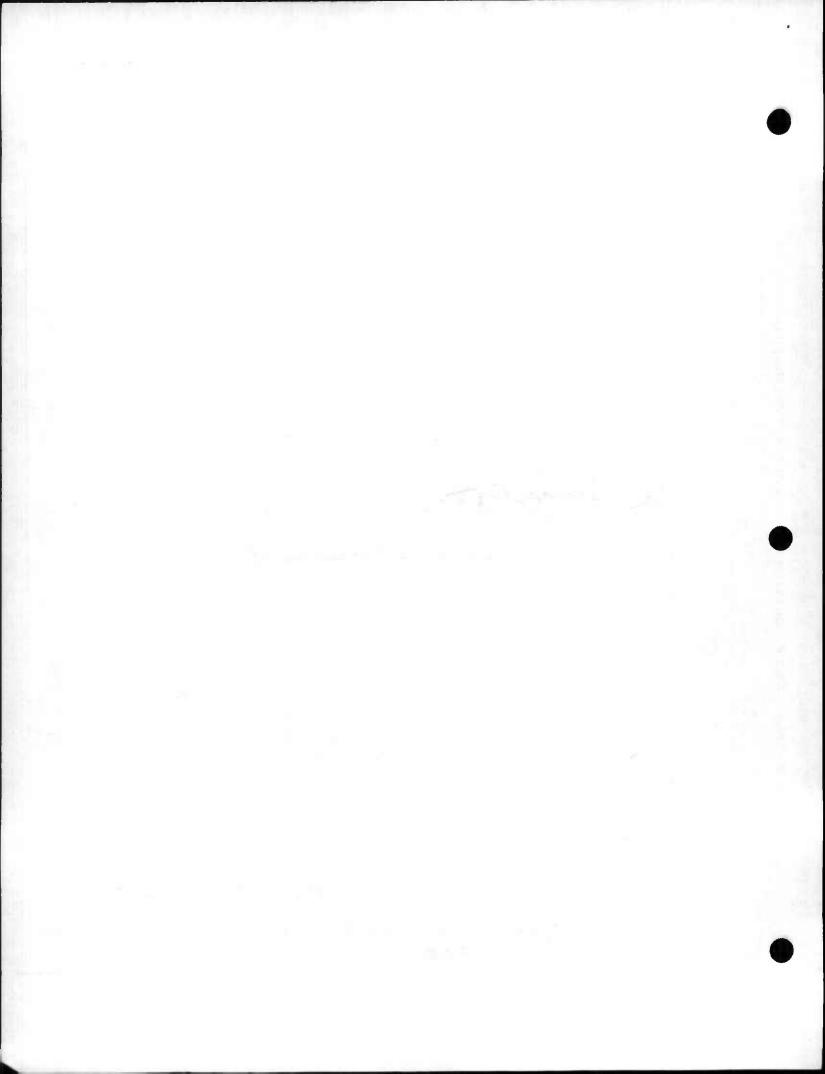
SIME . Welvert, . I., 6100 Tork hd., Imito. . I realist

	r
•	- 2
0	- 2
75	
w	
N-	
~	
w	
တ	
~	
$\overline{}$	
$^{\circ}$	-
_	
ന	
_	
	- 5
$\sim$	- 1
$\mathbf{\mathcal{C}}$	
О.	
_	1
	- 1
ഗ	7
∟.	4
=	
Œ	- 1
_	
$\circ$	
00	
0	
111	- 1
ш	
~	
_	
_	
er.	
_	
_	П
_	
_	- 3
	- 5
	i
4	1
0	3
<b>U</b>	
_	ì
_	-
_	- 0
0	- 2
<b>-</b>	i
_	- 3
0.1	i
00	ı
_	Ų
>	1
	1
-	- 6
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
	1
	ı
	ı
	- 7
	1

TO THE HDSPITAL OR ATTRONOIS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIE		. 00100			
	1. DECEOENT'S NAME (First, Middle, Last)	DOROT	HY G.	Н	ERBIG	2. DATE OF GEATH MONTH DECEMBER	DAY YE	3. TIME OF OEATH			
	4. SOCIAL SECURITY NUMBER 213-50-6484	The second second second	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATA					14:50 P. M  BIRTHPLACE (State or Foreign Country)  ARYLAND			
TOR	9a. FACILITY NAME (If not institution, give st CHARLESTOWN CARE			96. CITY, TOWN	OR LOCATION OF O		9c. COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MARYLAND B.	ALTIMORE		y, town or loca ATONSVII				10d. INSIDE CITY LIMITS? 1 YES 2XXNO			
FUNERAL	100. STREET AND NUMBER 715 MAIDEN CHOIC	E LANE		10	1. ZIP CODE 21228	3	109. CITIZEN	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 X X 10	If yes, sp	ENOENT OF HISPA	NIC ORIGIN? (Specify )	es or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: WHITE			
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		vork done during mo e retired.)	est of working		USINESS/INOUST				
DMC	17. FATHER'S NAME (First, Middle, Last)	4	SCH	OOL TEAC			UCATION				
E C	DAVID BENTON GRO	THAUS SR.				AME (First, Middle, Maide UDE LILLIA		rptv			
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a				CATONSVILLE,			
유	GEORGE HERBIG	(HUSBAND)	715 M	AIDEN CH	OICE LAN	E,207 PAR	KVIEW .	MD. 21228			
	20g METHOD OF DISPOSITION 1	oval from Stata 20b. I	PLACE AND DATE O	F DISPOSITION (Na	ime of		OCATION - City	or Town State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	an is	4	LEROY 1630	M. & RU EDMONDSO	SSELL C. V N AVENUE, O	NITZKE F CATONSVI	UNERAL HOMES			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate Interval Between Onset and Defined Consequence of the conseq										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL (	PART II, Other algnificant conditions	n the underlyin	the underlying cause given in Part I. 24a. WAS PERI			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL T			20 0	105 05 05 15 10						
딩	EXAMINER?	HOSPITAL: 1   Inpetiant 2   ER/Output	4.17.00	OTHER:	ACE OF DEATH (Ch						
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME			8 Other (Specify)	IN HIRY OCCUPE				
M 1 VES 2 MO											
	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							ural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER			ree(s) and manner as stated.							
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI			NEO (Month, Day, Year)			
38 6	gay Jale	~ mo				053	12	130/9/			
70	30. NAME AND ADDRESS OF PERSON WHO GARY APPLEBAUM M.					VILLE, MAI	RYT.AND	21228			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE		,	,					
	DEC 3 1 1991 4	ula Savidson Pan	2.00					1			





3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Specify:

9c. COUNTY OF DEATH

U.S.A.

Baltimore

6415 Belair Road

Baltimore, Md. -21206

Baltimore

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 TYES ZENO

White

Vachek

Approximate

interval Between

Onaat end Deeth

2:30 P.Mm

2. DATE OF DEATH DAY

7. DATE OF BIRTH

12-26-91

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Frank

4. SOCIAL SECURITY NUMBER

212-09-1981

Hejduk

12 M 2 | F

6. AGE (In yrs. last birthday)

YRS

5 SEY

(Month, Day, Year) 2-22-1914 director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 7855 Belair Road Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Baltimore Baltimore FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 7855 BElair Road 21236 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Ri
1 ☐ YES 2 ☐ NO Specify: ВY 3 Widowed 4XX Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Collega (1-4 or 5+) 12th Grade Self Employed Electrical Contractor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 FRank Joseph Hejduk Frances BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 210 Elinor AVenue - Balto. Md.-21236 Joseph Frank Hejduk pe 20s. METHOD OF DISPOSITION
1 💀 Burial 2 🗆 Cremation 3 🗆 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify) must Bohemian Natl. Cemetery 12 - 30examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral attle m filled in by the foot, or removal. John C. Miller, Inc. medical 23. PART 1. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, euch as cerdiec or reepiratory errest, ehock, or heart failure. Liet only one ceuse on eech line. IMMEDIATE CAUSE (Fine) the disease or condition completely resulting in death) ITTENDING PHYSICIAN: The law requires that the death certificate be executed within event. burial, traumatic CERTIFICATION and Sequentially list conditione, TIVE: After this certificate has been signed by the attending physician a seried death with the State Dept. of Health and Mental Hygiene prior to if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 DA PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 649 3 Suicide 8 Could not be COMPLETED 28 4 Homicide Hem 29a. CERTIFIER Le CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner as stated. MPORTANT 29b, SIGNATURE AND TITLE OF CERTIFIER BE 三 三 三 LICENSE NUMBER 5 5 5 2 DEATH (ITEM 27) Hype, Print) OL 31. DATE FILED (Month, Day, Year)

22. REGISTRAR'S

ina Davidson Randale

3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

HOURS

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) **DHMH-16 Rev 1/89** 

	1 2 3 should	I' E' O SHOULD	
	Panee	2000	
	narmit		
ician.	al-franci	5	
ng phys	for use as the hurial-transit nerm		
r attend	IISP 36		
spital or	detached for		
tained by the hospita	e detaci		and of page
ained by	hould b		iffed a
y be ret	ane 5 s		he no
9е 6 та	rector, r		muet
ath. Pag	uneral di		amina
ours after death. Page 6 may be reta	by the funeral director, pao	removal	ical av
4 hours	filled in	on, or re	ne mad
within 2	npletely	crematic	ried, or item 23 shows any injury, or other traumatic event, the medical examiner must be
percuted	and con	burial,	natic e
ate be	hysician	prior to	r traun
h certific	nding pt	Hygiene	or other
the death cert	the atte	Mental	niury.
s that	)ned by	afth and	any i
w require	us been signed	it. of He	Show
: The lan	ate has	tate Dept. of	tem 23
YSICIAN	s certific	th the S	10 . bc
DING PH	DR: After thi	death with	is marke
U OR ATTENDING PHYSI	RECTOR:	rs after	n 28 is
TIME OF	RAL DIS	72 hou	If ther
HOSP	E PUNE	gwithin	MAPORTANT
主用	E	of the	LIMPO

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF	HEALTH AND	MENTAL	HYGIEN	_	) [	36102	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATH		3.	TIME OF DEATN	
- 3	ROB	ERT E.	ERT E. HARRELL						1991	м	
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH		BIRTHPL	ACE (State or Foreign	
	212-34-9447	1 💢 M 2 🗌 F	54 YRS.	MONTHS DAYS	HOURS MIN.	Sept	. 23, 1	1937	North	Carolina	
~	9a. FACILITY NAME (If not institution, give s	itreet and number)		9b. CITY, TOWN	OR LOCATION OF				Y OF DEAT		
DIRECTOR	5214 Tramore Rd.			Ba	ltimore (	City					
H	10a. STATE 10b. COUNTY	Y		TOWN OR LOC					10	d. INSIDE CITY LIMITS?	
۵	Maryland		Bal	timore C	ity				11	YES 2 NO	
FUNERAL	5214 Tramore Rd.			1	21214					T COUNTRY?	
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED	13 WAS DE	CENDENT OF HISPA	NIC OBIGINS	2 (Paralle Ve		ted st		
F	1 Never Married 2 X Married	FORCES? 1 YES	2 NO	if yes, s	pecify Cuban, Maxic	en, Puerto R	r (Specify Yas licen, etc.)	or No-	Black, W	American Indian, hita, etc.	
BY	3 Widowed 4 Divorced	TEG, GIVE INTINOTION	Lo	1 1 16	S 2 X NO Speci	ry:			Specify:	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 1	6a. DECEDENT'S U	SUAL OCCUPAT	ION	16b.	KIND OF BUS	SINESS/INDU	STRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)							
₹	9		Producti	ion Mecha	nic		Steel	Product	tion		
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N			Sumame)			
BE	Jett Webb  19a. INFORMANT'S NAME (Type/Print)					Lee H					
2					and Number or Rural				iode)		
	Dolores Harrell			ramore F			Md. 21				
	20a, METNOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Remo	oval from Stata 20b. P	LACE AND DATE OF Pry, cremetory or other Lawn Ceme	PISPOSITION (N er place)			20c. LO				
,	21. SIGNATURE OF FUNERAL SERVICE LIC			ETERY	ND ADDRESS OF E	/30/91	Bal	timore,	, mary	land	
	· Mark T.		ivoyna		and J. R						
	23 PART I Enter the diseases pro	YULKO KAC	haidan Ba							ra ka.	
		List only one cause on each	h line.			ch as cardi	ac or reapl	ratory arres	et,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition My cardeif ufare C										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  My carderf ufare to the set and Death  Due to (or as a consequence of):										
z		Diale Co	Meso	tus	tus						
음	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO									
S	CAUSE (Disease or Injury	C									
#	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):								
CERTIFICATION	resorting in death) EAST	1									
AL C	PART II. Other significant conditions	s contributing to death but	not reaulting in	tha underlyin	g cause givan in	Part I.	24a. WAS AN	ALITOPSY	245 WE	RE AUTOPSY FINDINGS	
2							PERFOR	MED?	AMA	ILABLE PRIOR TO MPLETION DF CAUSE	
						_	1 TYES 2	Ø NO		DEATH?	
2						-			1	YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one	1				
S	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie	ent 3 DOA	OTHER:	ne 5 Reeldence						
美	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME	OF 28c. IN.	JURY AT		RIBE HOW IN	JURY OCCU	RED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF		YES 2 NO						
								Number,			
3 Suicide 4 Nomicide 6 Could not be determined 298. LOCATION (Street and Number or Rural Roc City or Town, State)  298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as stated.											
2	29a. CERTIFIER 1 CERTIFYING PNYSIC	CIAN: To the best of my knowled	ge, death occurred	at the time, date	and place, and due	to the cause	e(a) and man	ner as stated			
S	one) 2 MEDICAL EXAMINER	R: On the basis of examination ar	nd/or investigation,	In my opinion,	leath occured at the	time, data a	nd placa, and	dua to the c	: :ause(a) and	s manner as stated.	
	296. SIGNATURE AND LITLE OF CERTIFIER				29c. LICENSE NUI					nth, Day, Year)	
BE C	I. Che	Z.CHE	SIKH	MID		748	,	▶ /	12	27-91	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pr	rint)	1) ' /	, , 4					
	Issam Cheikh, M.	.D. 201 F. III	niversit		av Suita	512					
	31. DATE FILED (Month, Rey, Year) 1991	32 FEREITARA ASSAULT	Mandell	, ruiny	uy Juite	JIC					
	DEC 9 1 1991	g	-								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYLAND 21215-0  TO STATE THAT IN THE PROPERTY OF A PROPERTY OF THE PR
--

	1 - FOR STATE AREGISTRAR	STATE OF MA	RYLAND / I	DEPARTME RTIFICA	NT OF I	IEALTH AND DEATH	MENTAL HYGI			36103	
200	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY Y			3. TIME OF DEATH						
	JULIA REBE	12	2:48 P M								
	4. SOCIAL SECURITY NUMBER 215-42-3242	5. SEX 6.	AGE (In yrs. last I	YRS. HONT	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 8-19-1	342	8. BIRTI Count MA	IPLACE (State or Foreign RYLAND	
9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9										DEATH	
RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND BA	ALTIMORE		10c. CITY, TOV		NDALK				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	820 OLD NORTH PO	INT ROAD			101	21222	?	10g. CIT	U.S	WHAT COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EY FORCES? 1 I	YES 2 NO	ED	If yes, sp	ectly Cuban, Maxic 2 NO Spec	NIC ORIGIN? (Specify en, Puerto Rican, atc.	Yae or No-	14. RAC	E — American Indian, k, Whita, etc.	
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECI	EDENT'S USUA	OCCUPATION	ON	16b. KIND OF	BUSINESS/IN	OUSTRY		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+) 1 YEAR		kind of work do NOT use retire	ne during mo d.)	st of working					
ģ l	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Middle, Mai	den Sumame)			
8E (	WARREN G. RUFFNET	?				JULIA	M. REMSE	BURG			
ဥ	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or				
_	VIRGIL HERRIN						ROAD BA	LTIMO	RE, 1	ND 21222	
	20 METHOD OF DISPOSITION 1.0 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AN	DATE OF DIS	METER!	me of Y 12-30		LTIMO1		WARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	^	1	BI NAME AT	D ADDRESS OF F	ERAL HOME				
	Dregon	Eken			7922	WISE AV	ENUE DUN	DALK 1	MD MD	21222	
RTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiac or respiratory arrest, shock, or heart-failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  C. OUE TO (OR AS A CONSEQUENCE OF):										
8		d									
DICAL	PART II. Other algorificent condition	s contributing to dea			underlying	ceuse given in	PER	AN AUTOPSY FORMEO?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
PHYSICIAN: MEDIC							- tas	loen	_	1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 25 DI ACC OF DEATH (CASE)										
2	28. PLACE OF DEATH (Check only one)  EXAMMER?  1 5/2 YES 2 NO  1   Inpatient 3/2 VER/Outpetlant 3 DOA 4   Music March 1   Inpatient 3/2 VER/Outpetlant 3/2   DOA 4   Music March 1   Inpatient 3/2   DOA 4   M										
Ë	1   Inpatiant X/XER/Outpatient 3   DOA   4   Nursing Home 5   Rasidence 6   Other (Specify)  27. MANNER OF DEATH   28a. DATE OF INJURY   26b. TIME OF   28c. INJURY AT   26d. DESCRIBE HOW INJURY OCCURED										
8	Office DE ACE OF INTURY									loute Number	
	4 Homicide determined building, atc. (Specify)									CA CART	
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINEI	CIAN: To the best of my l	knowladge, death	occurred at the	e time, date	end place, and dur	to the cause(a) and	menner se atal	ed.		
	29b. SATURE AND TITLE OF CONTIFIER					29c. LICENSE NU					
H H	Weinte In	Male				O.C.M.				(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 2	(Type, Print)		J. U. FI.	D •	- 1	414	7/ 21	
	Morunno	A. KOKE	11 PI	ENN S'	CREET	BALTI	MORE, MA	RYLAN	D 2	1201	
	31. DATE FILED (MONTH, Day, Year)  DEC 3 1 1991	32. REGISTRADES	SIGNATURE POR	delle			THE STATE OF THE S		ar ha	,	
	020 01 .00.	10	•								

The first transfer of the first transfer of

BALTIMORE, MARYLAND 21215-0020

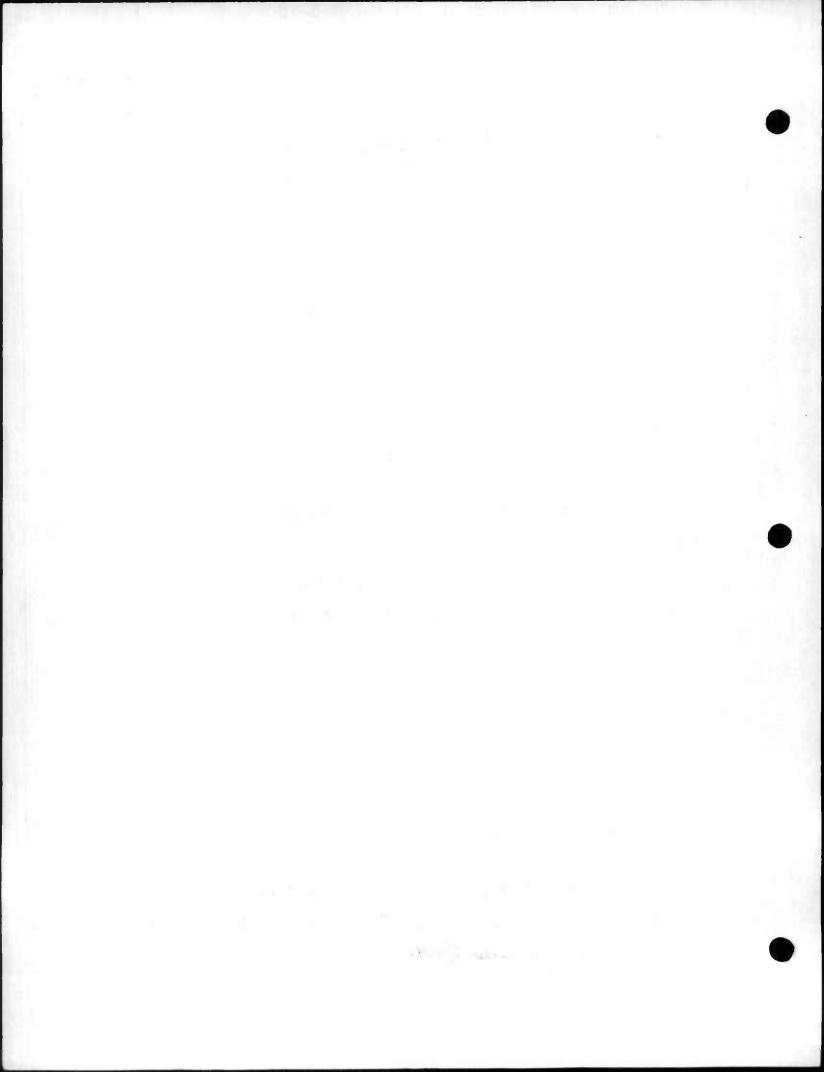
DTWISION OF VITAL RECORDS, P.O. BOX 68760,

	60
	Page
	within 24 hours after death.
	after
	OUIS
)	4 4
	-
	within
	P
	law requires that the death certificate be executed
	Be
	te
	tifica
	20
	death
	the
	that
	lires
	regu
	SW.
	The
	ATTENDING PHYSICIAN:
	된
	DNIQ
d	E
	1

ysician,	Idal-traneit normit Page 1 2 2 should	and the state of t	
may be retained by the hospital or attending p	or bade 5 should be detached for use as the h		ist be notified at once.
xecuted within 24 hours after death. Page 6	and completely filled in by the funeral directo	burial, cremation, or removal.	latic event, the medical examiner mu
law requires that the death certificate be ex	as been signed by the attending physician a	lept. of Health and Mental Hygiene prior to	23 shows any injury, or other traum
HOSTIME OF ALLENDING PHYSICIAN; THE	FUNERAL-DIRECTOR: After this certificate ha	within 72 hours after death with the State De	IMPORTANT: If item 28 is marked, or item 2
10 14	THE	be filed wit	IMPOR

9	1	2	6	1	$\cap$	
1	1	U	U	1	U	14

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	TOF HEALTH AND	MENTAL HYGIENE REG. NO.	91 36104			
- 8	1. DECEDENT'S NAME (First, Middle, Last)	TI			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATN			
	James	JOHNSON			12 27	91 10:45A M			
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  OUTP)  VA  8. BIRTHPLACE (State or F)  Country)  VA  1 × NA  NONTHS  DAYS  MONTHS  DAYS  MIN.  1 × OATE (Month, Day, Year)  OUTP)  VA  1 × OATE (Month, Day, Year)								
DIRECTOR	9a. EACILITY NAME (If not institution, give at	reet and number)	9b. Cr	Ba (b)	PEATH 9c. C	COUNTY OF DEATH			
EC	RESIDENCE OF DECEDENT  104. STATE  10b. COUNTY		10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY			
1 1	10e. STREET AND NUMBER		Ba	Ho		1 YES 2 NO			
FUNERAL	2908 Wir	chester St	<u> </u>	101. ZIP CODE 2/2/	()	CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 VIFYES, GIVE WAR OR DATES		S. WAS DECENDENT OF NISPA If yes, specity Cuben, Mexic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, atc.			
ED	15. DECEDENT'S EDUC (Specify only highest grade		ECEDENT'S USUAL	OCCUPATION e during most of working	16b. KIND OF BUSINESS	/INDUSTRY			
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5+)	is. Do NOT use retired	e during most of working )					
8	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S N	AME (First, Middle, Maiden Sumam	0)			
BE (	James Jo	hnson							
TO	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, Sity or Town, State, Zip Code)  2908 With chaster of Battory 21216								
	20e, METHOD OF DISPOSITION 1 © Burlel 2 Cremetton 3 Green State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematoer of pulser place)  20c. LOCATION — City or Town, State								
	21. SIGNATURE OF FORERAL SERVICE LICE	ENSEE	21	NAME AND ADDRESS OF F	1231-9/ EXP	17,79			
	* Xand n	Marel		March 3	C. HUest	ch Se			
	23. PART I, Enter the diceases, or co	omplications that caused the di- let only one cause on each lin-	eath. Do not ente	or tha mode of dying, suc	ch as cerdiec or raspiratory				
	IMMEDIATE CAUSE (Final disease or condition					interval Between Onset and Death			
	resulting in death)	DUE TO (OR AS A CONSE							
z	<b>C</b> b	181400		IN Fard	Dan				
CERTIFICATION	Sequantially liet conditions, if any, laeding to immediate	DUE TO (OR AS A CONSE		4 0					
FIC.	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A CONSE	OUENCE OFF	y tarke					
F	resulting in death) LAST								
	PART II. Other eignificant conditions	annedbutter to death but an							
CAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO								
MEDIC					1 TES 2 NO	COMPLETION OF CAUSE DF DEATN?			
2						1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	eck only one)				
YSI	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3	DOA 4 N	R: Irsing Home 5 - Residence	6 Other (Specify)				
	27. MANNED OF DEATN  1 Netural 5 Pending	28e. DATE DF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE NOW INJURY	OCCURED			
ВУ	2 Accident Investigation	28e. PLACE OF INJURY — At he	M street to	1 YES 2 ND					
COMPLETED	6 Could not be determined	building, atc. (Specify)	one, term, acreat, tar	ctory, office	28t. LOCATION (Street end Num City or Town, State)	Der or Rural Route Number,			
29e. CERTIFIER  (Check only  (C									
Š	2 MEDICAL EXAMINER	On the baels of examination end/or	investigation, in my	opinion, death occured at the	time, date end place, end due to	the ceuse(s) end menner se stated.			
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NUI	MBER 29d. D	DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	Manie my		U37	203	12-2791			
	TERANCE	LAMB LI	M 27) (Type, Print) BERTY	me Dical	CENTER	Belt mp diance			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							
	DEC 3 1 1991	Ashie Davidson-Randa	(Ca)						



	5
	24
50,	within
OF VITAL RECORDS, P.O. BOX 68760	PHYSICIAN: The law requires that the death certificate be executed within 24 h
3	8
O. B(	rtificate
<u>~</u>	8
S, T	death
$\tilde{\Box}$	the state
2	that
ZEC.	requires
	AM.
A	The
>	JAN:
ö	PHYSIC
DIVISION	SMIDE
2	OR ATTER
5	8
-	7

MPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

resulting in desth) LAST

								0		0.61.05
	REGISTRAR	ATE OF MARYLAND	) / DEPAR CERTIF	TMENT OF	HEALTH F DEA	AND M	ENTAL HYGIEN REG. NO.	E y	I	36105
	DECEDENT'S NAME (First, Middle, Last)  VIRGINIA I JUSTICE      SOCIAL SECURITY NUMBER     S SE						2. DATE OF DEATH DATE OF D		91	3. TIME OF DEATH 07 00a M
	0.00	M 2 x = 100	YRS.	MONTHS DAY	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 25 18	_	Mar	yland
DIRECTOR	GREATER BALTIMORE M	,	ER	· ·	TOWSON  BALTI					
	MD BALTIM	IORE		y, town of Lo OWSON	CATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
COMPLETED BY FUNERAL	100. STREET AND NUMBER 615 CHESTNUT AVE				21204			U.:	S.A.	WHAT COUNTRY?
	11. MARITAL STATUS  1 Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES			If yes,	1 ☐ YES 2 🔀 NO Specify: Sp			14. RACE Bleck Speck Whi		
	15. OECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Collection 12 Yrs	16a. pge (1-4 or 5+)	18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.)  Unknown  Unknown			DUSTRY				
BE CO	17. FATHER'S NAME (First, Middle, Last)  Levi Justice							usgrove		
10	19e. INFORMANT'S NAME (Type/Print)  Pickersqill Home  20e. METHOD OF DISPOSITION		615 C	hestnu	Ave.		ute Number, City or Town	21204	4	
	20s. mcFriod or Disposition  1 XBurlei 2 Cremetion 3 Removal fro  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	om Stata cemetery, Dru	crematory or of				12-30 Pik		City or To	own, State , Md.
	· Thun a land			Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204						
	23. PART I. Enter the diseases, or compile shock, or heart fellure. List on IMMEDIATE CAUSE (Final disease or condition resulting in death)  CONGES	cations that caused the nity one cause on each if	<sub>ina.</sub> FAILUR	E	node of dyl	ng, such	as cardiac or reapir	atory are	rest,	Approximate Interval Batween Onset and Death
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A CONS								
= 1	that initiated events	OUE TO (OR AS A CONS	SECUENCE OF	):						

24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO CDMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one HOSPITAL:
1 Unpatient 2 ER/Outpatient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. EXAMINER: On the besis of examination and/or investigation, in my opinion, d

1/11/	by the state of the time, data and prace	, and due to the cause(a) and manner as state
296. SIGNATURE AND TURCE OF CERTIFIES	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
2000	D 2303 M	12/26/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

DEC 3 1 1991

31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	2 00	_
	(CO2M, M.D.	CBM	C

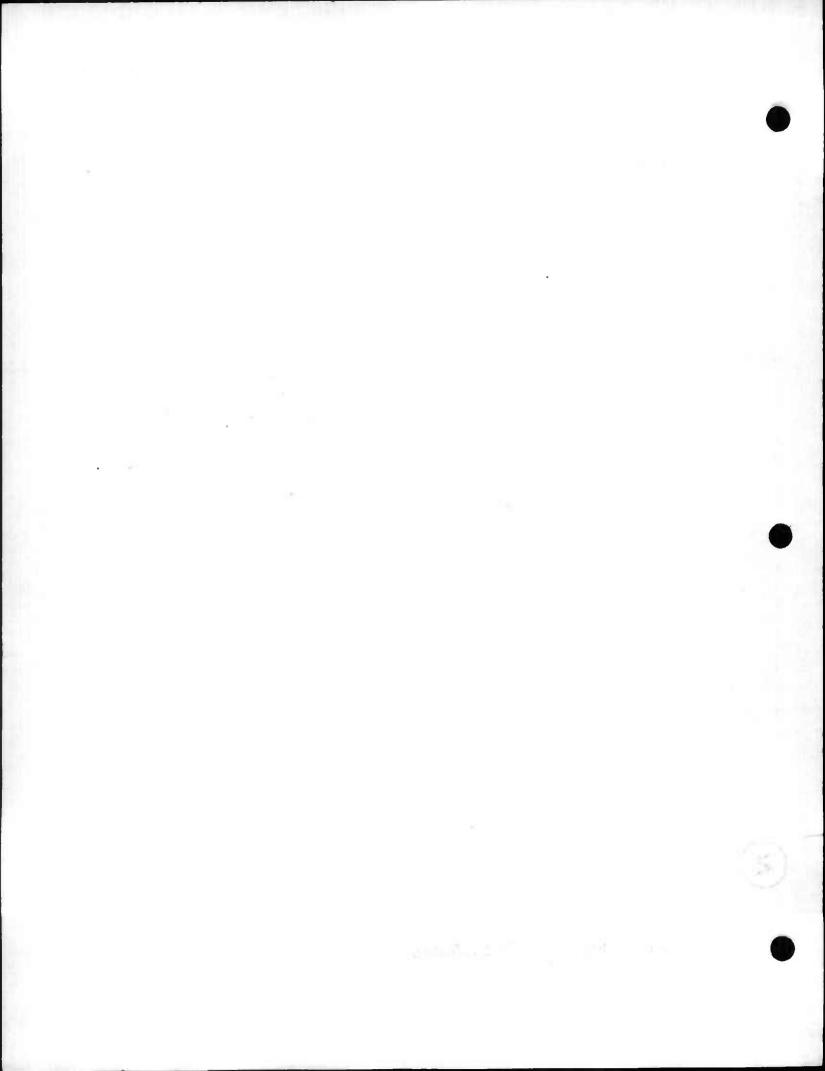
GISTRAN'S SIGNATURE LANGER

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

	ťΰ
60,	within
K 687	executed
S	20
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TIME OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
J.	death
Š	the
ב	that
KEC	requires
	AMP.
4	The
7 1	YSICIAN:
_	E
5	DING
2	ATTEN
5	O.
1	Đ.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  Kelli	S			Johnson		2. DATE OF MONTH Decem	DEATH	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218-05-1099	5. SEX	6. AGE (In yrs. 1	last birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, Da 09-1	PURTH (	Balto. Md		
стов	94. FACILITY NAME (If not institution, give s  Maryland Gener  RESIDENCE OF DECEDENT		al		9b. CITY, TOWN	Baltimo			TY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNT	Υ	-		y, town on Loc				10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER 5447 Lynview Ave			1 Da	10f. ZIP CODE				1 ½ YES 2 ☐ NO  10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 32	NO	If yes, :	21215  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2  NO Specify:			USA r No— 14. RACE — American Indien, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +		DECEDENT'S (Give kind of vite. Do NOT us	USUAL OCCUPATI work done during in the retired.)	ION lost of working	16b. KIN	ID OF BUSINESS/INDU	Black		
COA	17. FATNER'S NAME (First, Middle, Lust)							e, Maiden Surneme)			
TO BE	Kellis Johnson  19a. INFORMANT'S NAME (Type/Print)  Posters Talanguere		1	9b. MAILING	ADDRESS (Street	and Number or Duni	Route Number, C	Johnson  City or Town, State, Zip C	Code)		
-	Peggy Johnson		205 81 401		Lynvie		Balto.				
	200. PLACE AND DATE DATE 200. LOCATION — City or Town, State 200. Date (Specify) — DATE 200. LOCATION — City or Town, State company or other place)  Arbutus Memorial Park 12/30/91 Balto. Md.										
	· Leroy	10. D	ret	1	LF	OO TIDED	YETT &	SON FUNEF	TE 01.00F7		
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that List only one caus	caused the d	leath. Do n	ot enter the m	ode of dying, au	ch as cerdiec	or respiretory arres	IF 21 20 7 st, Approximete Interval Between		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	4				, infect	ed		Veeks		
N	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):  Cerebrovascular accident									
CATIC	if any, leading to immediate cause. Enter UNDERLYING		or as a consi		7):						
CERTIFICATION	CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST	DUE TO (	TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant condition	s contributing to	death but not	resulting i	n the underlyli	ng ceuse given in	Pert I. 24a.	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
N: MEDICAL							_   10	YES 2 NO	COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Large en Mari		28. F	LACE OF DEATH (CH	neck only one)				
энх	1  YES 2 XNO  27. MANNER OF DEATN	28a. DATE OF I	NJURY	2Sb. TIME	E OF 28c. IN	ne 5 🗆 Residence		BE NOW INJURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation			Тил	M 1 🗆						
ETED	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, etreal, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC ONE)  2 MEDICAL EXAMINE	CIAN: To the best of si	my knowledge, d amination and/or	eath occurre	d at the time, dat n, in my opinion,	and place, and due death occured at the	to the cause(s)	and menner as stated.	cause(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Watte	ew la	Y		29c. LICENSE NUI		29d. DATE S	12/27/91		
5	30. NAME AND ADDRESS OF PERSON WHO	hew, M.D.	E OF DEATH (ITE						12/2//31		
	31. DATE FILED (Month, Day, Year)	, 32. REGISTRAR			o Mary.	land Gene	eral Hs	opital			
	DEC 3 1 1991	The David	son-Aand	202							





TO BE COMPLETED BY FUNERAL DIRECTOR

be ned within 12 hours after death with the State Dept. of Health and Mental Hypere prior to burial, cremeton, or remove.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be natified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1 DECEMBENT'S NAME (First Middle Least)

1 DECEMBENT'S NAME (First Middle Least)

REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	MYRTLE	E.	JE	NKINS	2. DATE OF DE		YEAR 91	3. TIME OF DEATH  2 am M
4. SOCIAL SECURITY NUMBER	1		FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,	RTH Year)	1/	IPLACE (State or Foreign
99. FACILITY NAME (If not institution, give s	1 M 2 TJ F	78 YRS.		OR LOCATION OF D	12-13	5-1913	MA	RYLAND
FRANCIS SCOTT KE				IMORE CIT		9c. COL	UNTY OF D	EATH
10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCA					10d. INSIDE CITY LIMITS?
MARYLAND B	ALTIMORE			DUNDALK	<			1 TYES XX NO
7820 NEW BATTLE			16	1. ZIP CODE 2122	22	10g. CIT		U.S.A.
11. MARITAL STATUS  1 Never Merried Merried  3 Widowed 4 Divorced	N U.S. ARMED 2 (NO DATES	If yes, s	CENDENT OF HISPA Hecity Cuben, Mexic SAL NO Speci	en, Puerto Rican,	etc.)	14. RACE Black Specia	E — American Indian, k, White, etc.	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16s. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATI	ON ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 7TH GRADE	College (1-4 or 5+) N/A		etired.) E MAKER			но	ME	
17. FATHER'S NAME (First, Middle, Last)						Meiden Sumame)		
MORRIS P. TAYLOR  190. INFORMANT'S NAME (Type/Print)					NNIE E.			
ALVIN U. JENKINS,	SR.			and Number or Rural TLE GROV				MD 21222
20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Remo		PLACE AND DATE OF D	DISPOSITION (N	ame of	DATE	20c. LOCATION -	City or To	
21. SIGNATURE OFFUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY LUTDAL U	OUT OF	OULO	MAKY LAND
- Stagon	E' Keen		7922	WISE AV	NEKAL FI ENUE D	UME OF I	JUN DA VID	21222
23, PART I. Enter the diseases, or eshock, or least fallure.	omplications that cause List only one cause on e	d the death. Do not	enter the mo	ode of dying, aud	h as cardiac o	r reaplratory ar	rest,	Approximate
IMMEDIATE CAUSE (Final disease or condition								Interval Between Onset and Death
reaulting in death)	DUE TO (OR AS	L CONSEQUENCE OF	ra	cuider	ut			minutes
Sequentially list conditions,	Anterios	clerope	Car	diovas	cular	Disc	120	minutes yr.
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF):						1
CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):						
resulting in death) LAST	i							
PART ii. Other algnificant conditions	s contributing to death b	out not reaulting in t	he underlyln	g cause given in	Part I. 24a. 1	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
						YES 2 P NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_	1		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch		4.		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJ	URY AT		HOW INJURY OC	CURED	
2 Accident Investigation	2 Accident Investigation M 1 YES 2 NO							
3 Suicide 8 Could not be determined								oute Number,
290. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred a	t the time, date	end place, end due	to the cause(e) e	and menner ee stat	ted.	
2 MEDICAL EXAMINER	R: On the beals of examination	n end/or investigation, is	n my opinion, d	eath occured at the	time, date end pi	ece, end due to th	ne ceuse(e)	end menner ee stated.
256. SIGNATURE AND TITLE OF CEPTIFIER	· MD			29c. LICENSE NUI				(Month, Day, Year)
38. HAME AND ADDRESS OF PERSON WHO	COMPLETÉD CAUSE OF DE	ATH (ITEM 27) (Type Prin	nt)	may	- 400	2 6	Z-2	26-91
· ·		v. z., r.	,					
DEC 3 1 1991	32 REGISTRATE'S SIGN	AUR Jandell		-				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

MD.

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 X YES 2 NO

WHITE

12:35A

REG. NO.

FOR

FOR STATE REGISTRAR

1194

94 43

机器

31. DATE FILED (Month, Day,

3

CHANGS

ARY

1. DECEDENT'S NAME (First, Middle, Last) SAF 2. DATE OF OEATH EDWARD M. KRELLER SR. 3 Kroller EDWARD M. KRELLER SR. 6. AGE (In yrs. lest birthday) - IF UNDER 1 YEAR 7. DATE OF BIRTH APRIL Dest (Mar) 1912 IF UNDER 24 HRS. 79 1 1 M 2 | F 212-07-0251 permit. Pages 1, 2, 3 should 90. FACILITY NAME (I OCT PS HUNTON AND STORY AND ANY TOTAL) 96. CHA ETIMORE CTTY DIRECTOR HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. BALTIMORE FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE use as the burial-transit 4310 SHAMROCK AVENUE 21206 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexicen, Puerto Rican, etc.) **MARYLAND 21215-0020** FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 XMerried ВY 1 YES 2 XNO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) detached for Elementary/Secondery (0-12) College (1-4 or 5+) N/a N/a TRUCK DRIVER FOOD MARKET 17. FATNER'S NAME (First, Middle, Last) 2 픁 GEORGE KRELLER BE MARY SCHAECH notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANNA KRELLER (WIFE) 4310 SHAMROCK AVENUE, BALTIMORE, be 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 1 N Buriel 2 Cremetion 3 Removal from State funeral director, MOST HOLY REDEEMER CEMETERY 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE "SCHIMUNEK FUNERAL HOME INC. filled in by the filon, or removal. the medical 23. PART I. Pritar tha diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert fellura. List only one ceuse on eech ilns. cremation, or IMMEDIATE CAUSE (Finel disease or condition Muocardial mi completely OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in daeth) O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) in and com to burial, o pheumonie traumatic CERTIFICATION Sequantially list conditions, if any, laeding to immediate DUE TO (OR AS A CONSEQUENCE OF): the attending physician Mental Hygiene prior to cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseesa or injury or other that initieted events resulting in death) LAST OF VITAL RECORDS, P. injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by the Health and I shows any t, of t has b. Dept. 23 si PHYSICIAN: s certificate h.

1 the State De.

or Item ? 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 Linpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? with 1 marked, 1 Natural 5 Pending M DIVISION 1 YES 2 NO After t ВY Investigation 2 Accidant 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28 Is 6 Could not be COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Nomicide determined TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI DE filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) and menner as atteted. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER ullou 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MCCULOUGN 201 E UNIV, PKW E UnIV, PKWI

32. REGISHMAR'S SIGNATURE

16. MOTNER'S NAME (First, Middle, Maiden Surname) BALTO. MD. 21206 28c. LOCATION — City or Town, State BALTIMORE, MD. 3331 Brehms Lane, Baltimore, Md. 21213 Approximata intarvai Between Onaat and Daath 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 THO 28d. DESCRIBE NOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. OATE SIGNED (Months Day, Year)

1230 9 Baltimore Hd DHMH-16 Rev 1/89

11-7

Seeds - Language age 11.09.

pino

	3 3 ch	5	
	1 30	2	
	the burlat-transit nermit Pages		
	marm.		
dil.	francit		
36615	burlal		
Sillo	s the	3	
dillo.	USB 3		
	of for		
5	etache		0.00
5	be d		20
	should		fiffian
2	30e 5		00 00
5	for De		1 Sill
o Riv	direc		Der m
	funera		xami
	y the	moval	cale
	d in b	or res	med
	ely fille	nation,	the
nucleus for position of facts of the second	пре	, crem	event
	and co	bunial	atic
	ician	nor to	Iraum
	g phys	ene p	ther
	tendin	al Hyg	0r 0
	the at	Ment	nlury.
	ed by	th and	any
	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the huria	f Heal	SWO!
	as bee	lept, o	23 st
	cate h	State [	Item
	certifi	the S	1. or
	st this	th with	arke
	H. Aft	er dea	is m
	RECTO	urs aft	m 28
	AL DI	72 ho	If Ite
	FUNERAL DIRECTOR: After this certifical	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to b	TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

91 36109 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DECEMBER 30, 1991 HOWARD KNOX 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. OCTOBER 11, 1964 1 X M 2 | F HOURS MARYLAND 214-82-7979 YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL BALTIMORE 10e. STATE 18c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? BALTIMORE MD 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1100 BOLTON STREET APT, 1219 21201 U.S. OF A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 🛣 Never Merried 2 🗌 Merried BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest gr 18b. KINO OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) N/A EXERCISE EMPLOYEE HORSE RACE TRACK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BURL KNOX **VIRGIE WELLS** BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. EULA M. PERRY 6526 WOODGREEN CIRCLE BALTIMORE, MARYLAND 21207 20a, METHOO OF DISPOSITION

1 M Burlel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20c. LOCATION — City or Town, StataBALTO 20b. PLACE AND DATE OF DISPOSITION (Name of OATE WESTERN STAR CEMETERY 1/3/92 CATONSVILLE MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T.GWYNN FUNERAL HOME 21215-6393 gren BALTIMORE, MARYLAND 4517 PARK HGHTS AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) 5 EPS15 OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING ARDS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST FALLURE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE HIV INFERTION 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? NOSPITAL: OTHER: pstient 2 ER/Outpstient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED Natural
Accident 5 Pending В 1 YES 2 NO investigation 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcida 8 Could not be determined 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 295. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D15135 19 12 30 2



MPORTA

EMILUNE

1991

31. DATE FILED (Month, Day, Year) 3

SCUTT

32. REGISTRAR'S SIGNATURE

五年書

WASTER THE PARTY OF THE PARTY O

1.540

DEST AND THREE WITHER PART

HARDINESE BRINDSEE

Jan Hagy

THE MILE PLANT SOLVE YEAR OF THE PLANT

MARTINORE, MARYEAUD 451T CESS OF STANKING.

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	POSICIAN: The taw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	is certificate has been support by the amending providing and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE LOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE POLETION After this certificate has been signed by the attending physician and completely fills	by Need without 2 mounts after chain with the State Dipp, or Health and Mental Hygiene prior to burial, chemation, or removal.	IMPORTANT: If item 25 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Eunice I. Kearne	у				2. DATE OF DEATH	MY	3. TIME OF DEATH 5:20 AM M		
	4. SOCIAL SECURITY NUMBER 215-09-5286	1 D M 2 X F 73	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year) Feb. 23, 1918	8	BIRTHPLACE (State or Foreign Country)			
TOR	Pikesville Nursing		iter	Pikesvi	lle	EATH	9c. COUNT Balti	y of death IMOPE		
DIRECTOR	10e. STATE 10b. COUNT	Y		, town on Locat Baltimore	TION			10d. INSIDE CITY LIMITS? 1 V YES 2 NO		
FUNERAL		107			ZIP CODE 1239		USA CITIZE	N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR OATES	NO	13. WAS DEC If yes, spi 1 YES	ecify Cuben, Mexice	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No-	Black, White, etc.		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elamentary/Secondary (0-12) 12	CATION 16a Completed) College (1-4 or 5+)	Give kind of w life. Do NOT us Clerk	USUAL OCCUPATION of done during moderation of retired.)	DN st of working	siness/indus	cato Chips			
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Bollinger				18. MOTHER'S NA Kathryn	ME (First, Middle, Meiden Beckett	Sumeme)			
101	190. INFORMANT'S NAME (Type/Print) Kay LaHatte		19b. MAILING 612	ADDRESS (Street of Oakdean	Road Ba	Pourte Number City or Tow Itimore, M	n, State, Zip Co d. 212	20		
	20a. METHOD OF DISPOSITION  1									
		Adden		Leonard		Inc 5305 Hart				
CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS A COM	MAY C REQUENCE OF	lisease		h as cardiac or resp	iratory arras	t, Approximate interval Between Onset and Death		
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CON								
N: MEDICAL	PART II. Other significant condition	PERFOR	Part I. 244 WAS AN AUTOPSY PERFORMED? 240. WERE AUTOPSY FRIO ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO							
PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1 inpatient 2 in ER/Outpatient	r 3 □ DOA	OTMER:	ACE OF DEATH (Che					
27. MANNER OF DEATH  1 Natural 5 Pending lovestigation  2 Natural 5 Pending lovestigation  3 Suicide 6 Could not be determined  28s. PLACE OF INJURY At home, farm, street, factory, office  28s. PLACE OF INJURY At home, farm, street, factory, office  28s. LOCATION (Smed and Mumber or flural Route Number of flural Route Number or flural Route Number of flural Route N								eD .		
								floral Route Numbec		
								superal and manner as stated		
TO BE C	296. SIGNATUSE AND TITLED CENTURES	tun	•		D- 17			ONED (Month, Disk, War)		
		7690 Osler Drive	Baltimon	e, Md. 212	04			1		
	31. DATE FILED (MONTA, Day, Mar)  12. RECHSTRAR'S SIGNATURE  15. Trivial Tour Bordane  16. Trivial Tour Bordane  17. Date Filed (Monta, Day, Mar)									

Market seems of refer

hos	ache	ej
the	det	9
3	9	7
ined	onlo	fied
reta	5 5	100
2	906	9
may	J.	15
6	ecto	Ē
Pag	9	10
ath.	ner	Ē
op J	he fe	. S
afte	50	ica ica
OURS	2.	ned
4 1	filled	90
Jin 2	leiy	t,
With	ple	Nem N
uted	00	9
xeci	and	ati
pe	ian	90
ale	ySic	12
rtific	1d 5	the
90 (	ndin Li	10
deat	afte	7
the	the state	i i
hat	6	4
es t	gne	69
Į,	IS U	NO.
W re	and a	3 S
18	has	22
=	cate	ite i
CIA	Britis	6
133	is c	e e
G P	er th	ark
DIN	Aff	S
TEN	TOR	28
R A	REC	2
-	7	IN PORTE IN THE USE 2 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0.4	2	77
1	7	胜
-	10	H
0	0	님
-	,	

	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME CERTIFICA	NT OF H	EALTH AND DEATH	MENTA	L HYGIENE REG. NO.		00111	
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH	
	Knoz (	orrive Co	rrine D	. Kno	X	MONTI	DAY	M 9	O740 AM	
	4. SOCIAL SECURITY NUMBER	S. SEX B. AGE (In yrs	s. last birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.		OF BIRTN , Day, Year)	8.1	BIRTNPLACE (State or Foreign	
	219-30-1108-A 9a. FACILITY NAME (If not institution, give stre	1 M 2 DF 80			R LOCATION OF D	5/:	15/1902		AINTER, VA	
DIRECTOR	UNIVERSITY HOS				rimore			COUNTY	OF DEATH	
RE	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY	
	MARYLAND  10e. STREET AND NUMBER		BA	LTIMO	DRE ZIP CODE			- OITITEN	LIMITS?  1 X YES 2 NO  OF WHAT COUNTRY?	
ER/	2826 WINCHESTE	THE STREET		1	21216		1.0	-		
FUNERAL		12. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DECI	ENDENT OF HISPA		7 (Specify Yea or I	-	RACE — American Indian,	
ВҰ	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 VES 2  IF YES, GIVE WAR OR DATES	ANO	If yes, spe 1 TES	offy Cuben, Maxic	an, Puerto F	lican, etc.)		Black, White, atc. Specify: BLACK	
2	15. DECEDENT'S EDUCA	ATION 18a	. DECEDENT'S USUAL	OCCUPATIO	N	16b.	KIND OF BUSINE	SS/INDUST		
COMPLETED	(Specify only highest grade c	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retired	ne during mos d.)	t of working					
O	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, N	liddle, Maiden Sum	ame)		
BEC	ALFRED AYERS				MARY			,		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street an				ate, Zip Coo	ie)	
F	CYNTHIA THORNTO	N	2826 W						_MD 21216	
	20a METNOD OF DISPOSITION 1 Description 2 Cremetion 3 Remove	20b. PLA	CEANDDATEGEDISE	OSITION /Nor	noof	OATE			or Town, State	
	4 Donation 5 Other (Specify)	BAL	TIMORE	NATIC	NAL		BALT	'IMOH	RE MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE DUE	A 1 3	LEROY	O. DYE	TT &	SON F	UNEF	RAL HOME NUE 21207	
	23. PART I. Enter the diseases, or co	mplications that gaused the	death. Do not ent	ter the mod	le of dying, suc	h as cerd	iac or respirato	ry arrest,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on each	ISEOUENCE OF):						Interval Between Onset and Death	
		DUE TO (OR AS A CON	ISEQUENCE OF):				- 0			
N	Sequentially list conditions, if any, leading to immediate  D. D									
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CON	SEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury C.	DUE 70 (00 40 4 00)								
Ē	that initiated events reaulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):							
S	d.									
AL	PART ii. Other significant conditions	contributing to deeth but no	ot reaulting in the	underlying	causa givan in	Part i.	24a. WAS AN AUT		24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC	16 513	4=H THS	Fracto	148			PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH?	
ME									1 TES 2 NO	
ž l										
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН		CE OF DEATH (C	eck only one	)			
YS	1 YES 2-EL NO	Inpatient 2 - ER/Outpatient			5 - Reeldenca	8 🗆 Other	(Specify)			
표	27. MANNER OF DEATN  1- Natural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	28c. INJU WOR	IK7	28d. DEŞ	CRIBE NOW INJUR	Y OCCURE	D	
2   Accident   2   Accident   3   Suicide   4   Nomicide   5   Nomicide   5   Suicide   6   Could not be datermined   2   See. PLACE OF INJURY — At home, tarm, street, factory, office   28t. LOCATION (Street and Number or Rural Route of City or Town, Stete)   29t. CERTIFIER (Check only one)   1   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
								ural Route Number,		
2	29a. CERTIFIER (Check only	AN: To the best of my knowledge.	death occurred at the	e time, date a	nd place, and due	to the caus	sa(e) and manner	no eteled		
298. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  One)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								use(e) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					
BE	82 9 N	1			C CI I	_)   C	. 290	DATE SIG	NEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (	ITEM 27) (Type, Print)		0 10	11		141	7.41.11	
	31. DATE FILEO (Month, Day, Year)	tenne, ND	225.	Gree	IN CT.	13"	Mimor	my	1. 21261	
	DFC 3 1 1991	32. REGISTRAR'S SIGNATURI	delle							
		71	4							

102 July 102

BY

COMPLETED

BE

	0	, 6,	
		200	
	å		
	noit narmit De	2	
	moit.	ž	
Siciar	91.00	5	
phy	beer .		
nding	c the		
r atte	931	2	
ital o	for		
hosp	achar		63
the	p clat		t on
ed by	d blu		eda
retain	Sho		otifi
y be	age		be n
I hours after death. Page 6 may be retained by the	tor. B		ust
age (	direc		E III
EP.	neral		F
er de	he fu	A .	ical exami
rs afti	A	гетто	
1 hour	lled in	1, 0,	the med
in 24	ely fi	nation	t, the
d with	mplet	. crer	even
ecute	nd co	bunal	atic
pe ex	ian a	or to	auma
cate	ohysic	e price	her trauma
certifi	Duip	ygien	to.
eath	atten	ntal H	narked, or item 23 shows any injury, or other
the	the	d Me	In La
that	ed by	th an	any
ulres	sign	Heal	DWS
w rec	peer	pt. of	3 sh
The la	e has	le De	m 2
AN	tificat	e Sta	r He
VSIC	s cer	death with the St	9d, 0
G PH	er thi	ath w	narke
NDIN	R: Aft	er de	is
DR ATTEND	EC10	rs afte	п 28
L DR	L DIR	2 hour	If item 28 is
SFILE	MERA	him 7.	Ė
是一	3	med within 72 hours after de-	PORTANT: III
9	E D	Š	P. C
2	7	1	-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH December 25 Anthony Joseph Kalvin 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Oct.11, 1919 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 197-03-4746 1 X M 2 - F 72 Penn. 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY IOc. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Baltimore 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5811 A Willowton Avenue 21239 LISA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WW II 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, alc.) ВУ 1 TES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +1 12 Post Office U.S. Govt. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, George Kalvin BE Marie Maciulskiutes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Allen C. Kalvin 6 Banyan Wood Ct. Unit 104 Baltimore, Md. 21221 20s. METHOD OF DISPOSITION

1 X Burisl 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — Cily or Town, Stata DATE Dulaney Valley Mem. Dec.30, 1991 Donallon 5 Other (Specify) Timonium, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Inc. 5305 Harford Rd. 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory eath

	ahock, or heart failure	. Liat only one touse on each lin	ie.	,g,		and of respiratory sires	at,	interval Betw
	IMMEDIATE CAUSE (Finsi disease or condition reaulting in death)	· MUOCANDIAC		rettoN				Onset and De
		DUE TO (OR AS A CONSE	EQUENCE OF):					
Z	Sequentially list conditions.	a HYPENTENS	170N					10 4ns
E	If any, leading to immediate	DUE TO (OR AS A CONSE	EOUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	cDUE TO (OR AS A CONSE	EOUENCE OF):					<u> </u>
EB	resulting in death) LAST	d						
	PART II. Other aignificant condition	and contribution to death but and						
MEDICAL	anglisticality condition	ona contributing to death but not	reauting in the u	inderlying cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDIN
ă						I TYES 2 NO		MPLETION DF CAUSE DEATH?
					_		1 (	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL							
5 1	EXAMINER?			26. PLACE OF DEATH (Chi	eck only on	e)		
S	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient :	DOA 4 NL	R: Irsing Home 5 - Residence	S C Other	r (Specify)		
PHY	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY AT		CRIBE HOW INJURY OCCUI	RED	

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident

26s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lims, date and place, and due to the cause(e) and menner as stated.

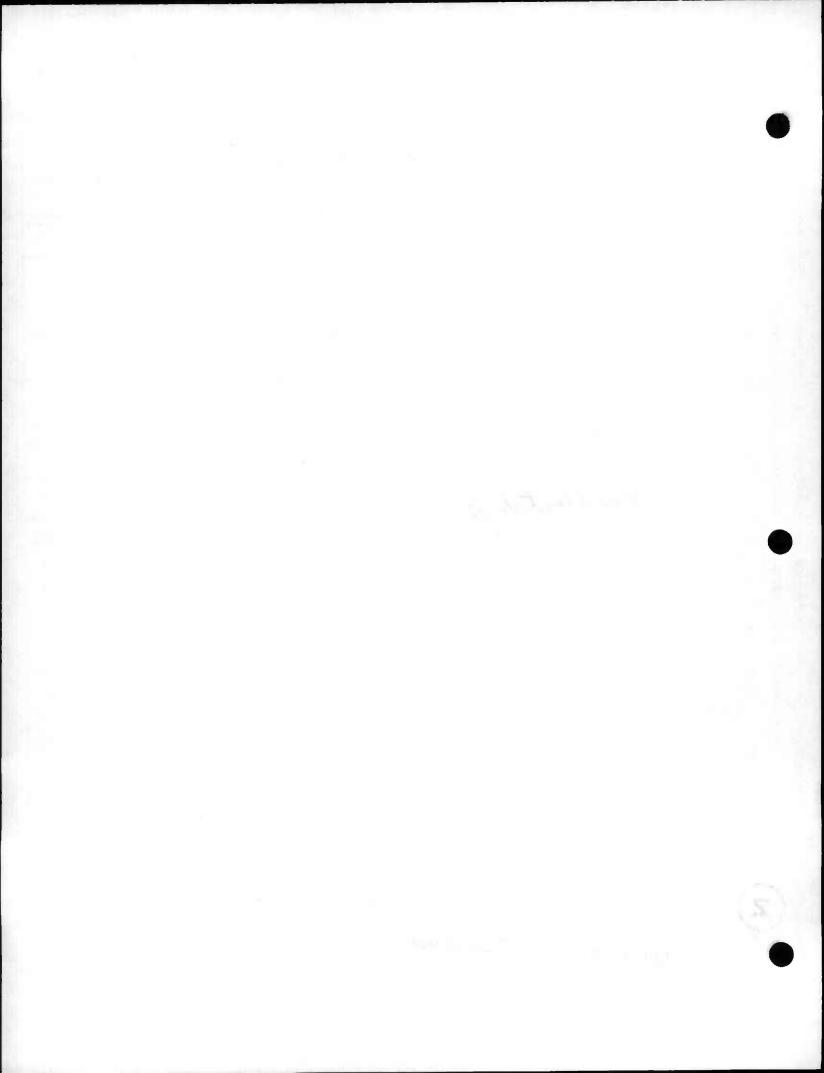
2 MEDICAL EXAMINER: On the basic of examination

Signature and title of certifier No	29c. LICENSE NUMBER 23 8 5 5	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Daniel	Feirtag	MD	5820	York	Road	Baltimore,	Md.
							,

232 REGISTRAT'S SIGNATURE LEVEL



or attending physician.	or use as the burial-transit permit. Pages 1, 2, 3 should	
uted within 24 hours after death. Page 6 may be retained by the hospital	I completely filled in by the funeral director, page 5 should be detached finital, cremation, or removal.	ic event, the medical examiner must be notified at once.
IDENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	THE PAL DIRECTOR: After this certificate has been signed by the attending physician and with the State Dept. of Health and Mental Hygiene prior to but	IANT: II item 28 is marked, or item 23 shows any injury, or other traumatic

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

	TIEGIOTTIAIT			CHIII	ICALE	UF I	DEALL	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2	. DATE OF DEATH			3. TIME OF DEATH
	ANNIE	R.		I. TTT	LEJOH	IN		- 10	MONTH D/ ▼ 2 2 6		YEAR	3:38 P M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH							
		1 M 2 D F			MONTHS DAVE MONTHS AND (Month, Day, Ye			(Month, Day, Year)		B. BIRTHP	PLACE (State or Foreign	
	217-48-8669		53	YRS.					3 5 38	5	OUTH	CAROLINA
	9e. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY, TO	WN OR	LOCATION	OF DEATH	н	9c. COUNT	TY OF DE	HTA
S.	BON SECOUR HOSE	ТТАТ			DAT	BALTIMORE						
DIRECTOR	RESIDENCE OF DECEDENT	TIME			DAL	111	MORE					
Ĕ	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR	OCATIO	)N					10d, INSIDE CITY
H	MD							[	BALTIMORE		- 1	LIMITS?
	10e. STREET AND NUMBER											1X YES 2 NO
¥	106. STREET AND NUMBER					10f, 2	ZIP CODE			10g. CITIZI	EN OF WI	HAT COUNTRY?
FUNERAL	2661 W. LAFAYETTE	AVENUE					21216	ŝ		11	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	ARMED	13 MA				ORIGIN? (Specify Yee			
	1 Never Merried 2 Merried	FORCES? 1		MO	E If y	e, spec	Ity Cuban, N	Mexican, P	Puerto Rican, etc.)	Or NO-	Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 [	YES 2	MO :	Specify:		- 11	Specify	DIACK
	15. DECEDENT'S EDUC	<b>1</b>										BLACK
1	(Specify only highest grade	completed)		Give kind of v	USUAL OCCU	PATION na most	of working		16b. KIND OF BUS	INESS/INDU	STRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5 +)	- 4	te. Do NOT us	e retired.)							
4	9TH											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					T	18. MOTHER	'S NAME	(First, Middle, Maiden :	Sumamal		
	GASKIN LIPSCOME	)							TATE	Jonnamay		
BE	19e. INFORMANT'S NAME (Type/Print)											
임									te Number, City or Town			
	PATRICIA JENNINGS		120	2502 1	VINCHE	STE	R STR	REET.	, BALTIMO	RE. M	D 2	21216
- 1	20a. METHOD OF DISPOSITION  1 M Burlet 2 Cremation 3 Hemo	and the same where	20b. PLACE	EAND DATE O	F DISPOSITIO					CATION — CI		n. State
- 1	4 Donation 5 Other (Special	Ivel from State	MAD V	rematory or of	her place) VATION	ΛΙ	MEM	PK :				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE //	THE REAL PROPERTY.	L AIND			ADDRESS (		TV			
	. // /2	100//	/					OT THOILE	"MARCH FL	JNERAL	_ HON	ME
	Vant (F)	1/m2				-	-		4300 WAE	RASH A	VENI	1F
	23. PART-I. Ehler the diseases, or c	omplications that	caused the d	leath. Do n	ot enter the	mode	of dving.	such a	a cardiac or reaple	atory arres	et Live	Approximate
	7	ist only one caua	e on each lin	ie.								Interval Between
	iMMEDIATE CAUSE (Final disease or condition	10000	0011	Dans -	60	10:0	b	- 0.			0 -	Onset and Death
- 1	reaulting in death)	AF1614(	) × CUE	140/10	· CA	イン	AVO	8 CU	LAR D	ISEA	SE	
		DUE TO (C	OR AS A CONSI	EOUENCE OF	):							
Z	Sequentially list conditions,											
CERTIFICATION	if any, leading to immediate	DUE TO (C	OR AS A CONSI	EOUENCE OF	):							
5	CAUSE (Disease or Injury											1
国	that initiated events	OUE TO (C	R AS A CONSE	EQUENCE OF	):							+
문	resulting in death) LAST											
ᆼ												+
ا بر	PART II. Other aignificant conditions	contributing to d	eath but not	resulting i	the under	iying c	ause give	n in Par	t I. 24e. WAS AN /	UTOPSY	24b. V	VERE AUTOPSY FINDINGS
EDICAL									PERFORI		1	WAILABLE PRIOR TO COMPLETION DF CAUSE
유내									1 🗌 YES 2	NO		OF DEATH?
Σ										•	1	YES 2 NO
PHYSICIAN:											1	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	6. PLAC	E OF DEATH	H (Check o	only one)			
တ္တ	1X YES 2 □ NO	HOSPITAL: 1 ☐ Inpetient 2 X E	ER/Outpatlant	3 □ DOA	OTHER:	War-	c 🗆 0					
⋛∦	27. MANNER OF DEATH	28e. DATE OF IN		28b. TIME	7	_			Other (Specify)			
	1 Netural 5 Pending	(Month, Day,		INJU	JRY	WORK	?		d. DESCRIBE HOW IN	JURY OCCU	RED	
à	2 Accident Investigation						2 NO	P				
	3 Suicide 6 Could not be	28e. PLACE OF I	INJURY - At h	ome, farm, at	reef, fectory,	office		2ai	LOCATION (Street or	nd Number or	Rural Rou	ite Number,
	4 Homicide determined		, ,						City or Town, Stete)			
ון ב	29e. CERTIFIER	IAN: To the heat of -	a transit de la	del .								
È II	(Check only one) 2 MEDICAL EXAMINER	On the best of in	y knowledga, d	eath occurre	at the time,	data an	d pleca, and	due to ti	he cause(e) and menr	er as atated.		
COMPLE		On the beele of exam	mination end/or	Investigation	i, in my opini	on, deat	h occured a	rt the 1ime	, date end piece, end	due to the c	:euse(s) a	and manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	00 ( >	)			21	9c. LICENSE	NUMBER	1	29d. DATE S	IGNEO (A	Aonth, Day, Year)
	Munt. La	Well.	1 ml				0 0	М				
2 ▮	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Print)		0.C.	M.E	•	12	127/	91
	MAKIO F GOLLE	JR. MI										
	31. OATE FILEO (Mogth, Day, Year)	1771	0 01011	PEN	N ST	REE	T, BA	LTI	MORE MA	RYLAN	ND 2	21201
	DEC 3 1 1991	32. MEGISTRADIS	Md Acon - M	indelle								
	0 0 1 1331	10	1.100.	G.ST.El								

1(25,0)15

. 44 1

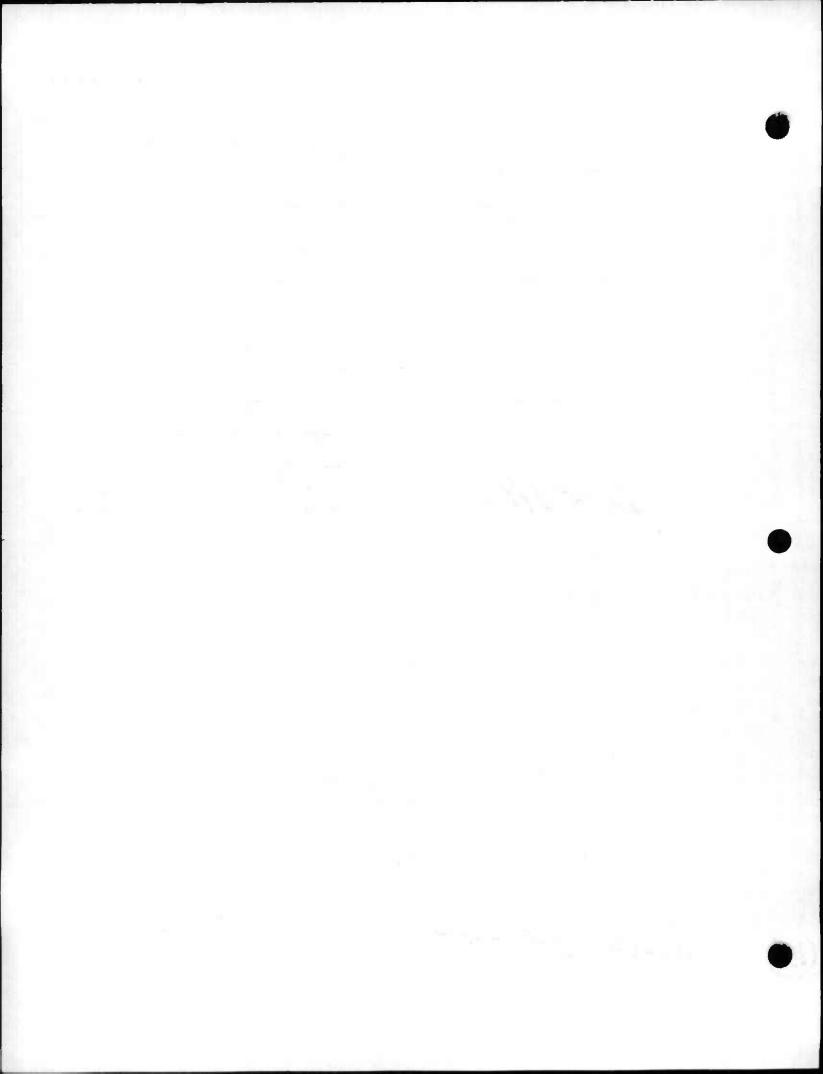
n y fi sasse.

	,
$\overline{}$	1
0	
9	
~	
68760	
(0)	
$\times$	
BOX	
$\circ$	
m	
-	
O	
P.0	
<u>α</u>	
-	
In	
-	
00	
O	
RECORDS, P	
$\sim$	
ш	
0	
_	
_	
d	
~	
OF VITAL	
2.5	
$\equiv$	
$\circ$	
_	
4	
0	
$\simeq$	
10	
47	
<u></u>	
NOISINI	

36114 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN		36114
	1. DECEDENT'S NAME (First, Middle, Last)  Marie B. Luca	s				2. DATE OF DEATH Dec. 28,	1991 '	3. TIME OF DEATH 7:00 A
3	4. SOCIAL SECURITY NUMBER 213-26-6158	1 □ M 2XXF 62		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH May 20, 1	929	BIRTHPLACE (State or Foreign Country) Maryland
TOR	98. FACILITY NAME (# not institution, give st 2308 E. Baltii	the state of the s	9		imore	ATH	9c. COUNTY	Y OF DEATN
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CI								10d. INSIDE CITY LIMITS?
								1 X YES 2 □ NO N OF WHAT COUNTRY?
BY FUNERAL	4837 Wright A	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	21205 ENDENT OF HISPAN	IC ORIGIN? (Specify Ya		S . A .
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT		If yes, sp	ecify Cuben, Maxicar 2X NO Specify	1, Puerto Rican, etc.)		Specify: White
BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina mo	ON st of working	16b. KINO OF BU	SINESS/INOUS	TRY
MPL	NA	NA NA	Check	Proces		Ва		
8	17. FATNER'S NAME (First, Middle, Last)  Joseph T. Mora	ivec				ME (First, Middle, Maiden tina Cha		
TO B	19a, INFORMANT'S NAME (Type/Print)	1 (0:	19b. MAILING AD	DAESS (Street a	nd Number or Rural R	oute Number City or Tow	n State Zin Co	ode)
	Dorothy Hollar 20a. METHOD OF DISPOSITION	205 8	2308			St., Ba		
	Name of the Company o	Ga Ga	rdens o	f <sup>ace</sup> Fait	th Cemet	tery Ba	ltimo	re,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICI	Hell-		Schin	nunek Fu	uneral H	omes,	Inc. Md. 21213
	23. PART VEnter the disesses, or conshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused it list only one cause on each of the cause on each out to the cause on each out to the cause on each out to the cause of t	in line,			as cardiac or reap	ratory arrest	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in desth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
	PART II. Other significant conditions	contributing to death but	not resulting in t	he underiving	cause given in F	Part I. 24a. WAS AN	ALITOPEV	24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
N: N						-		1 TYES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient   2   ER/Outpati		THER:	ACE OF DEATN (Chec			
PHYSICIAN:	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJU	5 ☐ Mesidence 6 JRY AT RK?	Other (Specify)  28d. DESCRIBE NOW I	NJURY OCCUR	ED
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY —		M 1 🗆 Y	ES 2 NO			
ITE	4 Nomicide 6 Could not be determined	building, etc. (Specify	)	n, motory, ornice		281. LOCATION (Street a City or Yown, State)	nd Number or F	dural Houte Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the beat of my knowled On the beats of examination a	ige, death occurred a	t the time, data	and place, end due to	o the cause(a) and mar	ner as stated.	Buss(s) and manner as eleted
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	rberg 1/1			29c. LICENSE NUME			GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO					Baltimo	re. Mo	d.
		berry, Fra		ott Ke	y Hosp.	4940 E	asteri	n Ave.
	DEC 3 I gg bar)	JE. REGISTRAN'S BIGNAT	UNE					





68760,	
BOX	
P.O.	
0	
Ö	
RECOR	
AL F	
$\vdash$	
OF VI	
Z	
INISIO	
2	

	1 - STATE REGISTRAR	STATE OF MARYL	AND /	DEPARTME ERTIFICAT	NT OF L	HEALTH AND	MENTA	L HYGIEN	E		00113	
	1. DECEOENT'S NAME (First, Middle, Last)							OF DEATN			3. TIME OF DEATH	
	EVELYN MAE	2012					DEC		199	91	5:00 A.	м
			(In yrs. lest	MONTH	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)		8. BIRTHI Country	PLACE (Stete or Foreign	n
		1 🗆 M 2 💢 F	78	YRS.	- 2014	1 22 1 2 2 2	MAY	6,1913			IMORE MD	
œ	se. FACILITY NAME (If not institution, give stre 1207 CLEVELAND ST			9b. C		OR LOCATION OF D	DEATH			TY OF DE		
18	RESIDENCE OF DECEDENT				BA	ALTIMORE						
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOW	/N OR LOCA	TION					10d. INSIDE CITY	
	MARYLAND	DATETMODE LIMITS?								LIMITS?		
FUNERAL	100. STREET AND NUMBER				101	H. ZIP COOE			10g. CITIZ	ZEN OF W	HAT COUNTRY?	_
N N	1207 CLEVELAND ST					21230				5.A.		
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	24 NC	AED O	13. WAS DEC	CENDENT OF NISPA	NIC ORIGIN	1? (Specify Yea Rican, etc.)	or No-	14. RACE Black,	- American Indian, Whits, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES			NO Specif		E3/A1-1		Specify		
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	ATION	16a. DEC	CEDENT'S USUAL	L OCCUPATION	ON	166	KIND OF BUS	INESS/INDL	USTRY		_
ET		College (1-4 or 5+)	(Give	ve kind of work do Do NOT use retired	nae durina ma	ist of working		_				
COMPLET	6TH GRADE		TELF	EPHONE	SERVI	CE OPERA	ATOR	HUTZ	LER B	ROTH	IERS	
	17. FATNER'S NAME (First, Middle, Lest)					18. MOTNER'S NA				71.0		
HH HH	LOUIS F. BAUEI	R					NIE B					
2		10				and Number or Rural						
	WILLIAM L. LUTZ			1207 CLI		ND ST.,						
	1 M Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State   cert	metery, cremi	metory or other place  COLIVE	col		OAT		ATION — C		rn, State	
	21. SIGNATURE OF JUNERAL SERVICE LIGHT	NSEE .	MOUNT	2	22. NAME AN	ND ADDRESS OF FA	12/		ALTIM	IORE		_
	> Count	Fisher		H	HUBBAR	RD FUNER	AL HC					
$\vdash$	23 PART I Enter the diseases or co.	CALVA I	d she a dad	14	107 W	WILKENS A	AVE,	BALTIM	ORE,	Md.	21229	
	23. PART I. Entar the diseases, or cor ahock, or heart fellure. Lie	ist only one ceuse on a	ach line.	th. Do not ent	ier the mo	de of dying, auc	ch as cerd	liac or respir	atory arre	est,	Approximate interval Betwe	en
	iMMEDIATE CAUSE (Final disease or condition	in to	tet	Ade	00-00	sioner	An A	18.	-/-	11	Onset and Dat	
	resulting in deeth)	DUE TO (OR AS A	A CONSEC	HENCE OF:	onuc.	awne.	men.	1 4	lylor	lus	12 yri	F
z		Name of the last o		, , , , , , , , , , , , , , , , , , ,				,				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	A CONSEOU	JENCE OF):								
2	CAUSE (Disease or Injury											
	thet initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEOU	JENCE OF):								
18	d.											
AL.	PART II. Other significant conditions	contributing to deeth b	out not res	suiting in the	underiyinç	g ceuse given in	Part I.	24s. WAS AN		24b. \	WERE AUTOPSY FINDING	GS
임								PERFORM		(	MAILABLE PRIOR TO COMPLETION OF CAUSE	<u>:</u>
MEDIC											OF DEATH?	
ž											, [] , 60 - []	
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only on	9)				
PHYSICIAN:	1 - YES 2 NO	1   Inpatient 2   ER/Outp	patient 3	DOA 4 N	IER: Numing Nome	e 5 Residence	8 Other	(Specify)				
PH	27. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. INJL WOR	URY AT	28d. DE\$	CRIBE HOW IN	JURY OCCL	JREO		_
8	2 Accident Investigation			М	1 🗆 Y	rES 2 NO						
8	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY building, etc. (Speci	— At home	e, ferm, street, fa	actory, office	F	281. LOCA City o	ATION (Street and Town, State)	d Number o	or Rural Ro	ute Number,	
<u> </u>												
COMPLET	(Check only	AN: To the best of my knowle	iedge, death	h occurred at the	e time, date	end piecs, and due	to the cau	se(s) end mann	er as atated	d.		_
	one) 2 MEDICAL EXAMINER:	On the beele of exemination	and/or Inv	reatigation, in my	ø opinion, de	eath occured at the	time, date	and place, end	due to the	cause(a)	end menner as atated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	a Mal				29c. LICENSE NUM			29d. DATE	SIGNED (A	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WNO C	COMPLETED CALLES OF DE	TANK STERM			10203	396		1	48:	0(4)	
		-Loch Raven			imore	. MD.				/		
l la		23 DESISTANCE SHOW			LINO L C	, 110.						
	31. DATE FILEDRYMONTH, AND 1971	T 15 & COERS STUDING A - PATH.	ALCOHOL:									

Add Hound

3. TIME OF DEATH

2. DATE OF DEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	DOUR
	24
60,	d within 2
(687	executed
$\tilde{a}$	9
ĕ	ate
0.	certifica
S, P	death
	the
O.B.	that
RECO	requires that the death certil
_	AMP.
TA	I: The law rec
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN:
VISION	DR ATTENDING PHYSICIAN
=	BO
	HOSPITAL

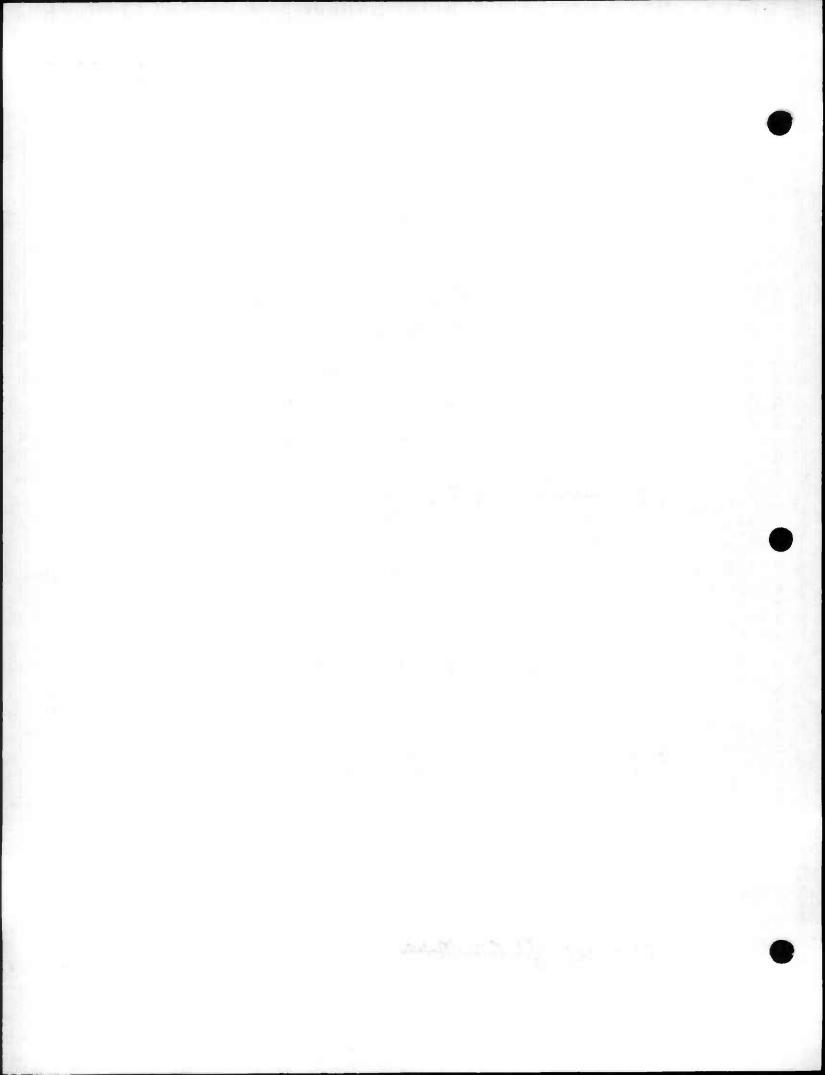
DECEMBER 25,1991 **HERMAN** LONG 6:30 A M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 213-03-0732 TXXM 2 | F HOURS 101 JUNE 11,1890 PENNSYLVANIA director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR CHARLESTOWN RETIREMENT CENTER CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 405 OLD ORCHARD ROAD 21229 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 TES XX NO Specify: 3√X Widowed 4 ☐ Divorced Specify WHITE COMPLETED 18e, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or Elementery/Secondary (0-12) College (1-4 or 5+) 8 SERVICE REPRESENTATIVE BURROUGHS CORP. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) HERMAN LONG notified at ELLA BESHORE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARTHA L. SHACKELFORD (DAUGHTER) 405 OLD ORCHARD ROAD, BALTIMORE, MARYLAND 21229 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Cametery, crematory or other place LOUDON PARK CEMETERY 12/28/91 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Lussacear 0 removal. 1630 EDMONDSON AVENUE, CATONSVILLE, MD. medicai filled in by 1 23. PART I. Entar the diseasea, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrast, Approximate ahock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Daath completely filled rial, cremation, the disease or condition Pheumonia robable resulting in death) event burial. other traumatic CERTIFICATION physician and Sequantially list conditions, DUE TO (OR AS A CONSEDUENCE OF) Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated eventa resulting in death) LAST 10 has been signed by the atter Dept. of Health and Mental shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO OF DEATN? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 28. PLACE OF DEATN (Check only one) certificate h OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Oulpatient 3 | DOA marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED with FUNERAL DIRECTOR: After this within 72 hours after death with 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — Al home, ferm, street, factory, office S 3 Suicide 28f. LOCATION (Street and Number or Rural Routa Number, City or Town, State) COMPLETED 8 Could not be 28 4 Nomicide item 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee steted. MPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE FIED mp D340+3 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Applebaum 711 Maiden Choice Cone HEGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) 3 1 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH





	REGISTRAR			EHIIF	ICALE	: OF	DEAL	Н		REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE	OF DEATN	MY	YEAR	3. TIME OF DEATH
	Ellen M							MONTH DAY YEAR				2430 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH , Day, Year)		. BIRTNP	LACE (State or Foreign
	212-20-2289	1 M 2 XXF		75 YRS.		- CHIO	HOOMS	mira.		-16-16	5		Pa.
	9s. FACILITY NAME (If not institution, give :						OR LOCATIO		EATN		9c. COUNT	Y OF DE	ATN
0	Union Memori	al Hospit	:al		Bal	Lto.	City	7					
<u></u> [	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	v		Lacon	Y, TOWN O								
DIRECTOR	Md.				111		ION						10d, INSIDE CITY LIMITS?
5	10e. STREET AND NUMBER			B	alto.						γ		YES 2 NO
FUNERAL						101	. ZIP CODE				10g. CITIZE	N OF W	IAT COUNTRY?
Ä	2608 Goodwood Rd	7					2121					USA	
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. A	NO	13. \	MAS DEC	ENDENT O	F HISPAI	NIC ORIGIN	? (Specify Yes	s or No- 1	I. RACE - Black.	- American Indien, White, etc.
B₹	3 🖾 Widowed 4 🗋 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 NO	Specif	y:	, , , , , ,			White
	15. DECEDENT'S EDU	ICATION	160.5	ECEDENT'S	LIGHTAL OF	CHIDATIC			1				·
	(Specify only highest grade	completed)		Give kind of v	vork done o	furing mos	st of workin	g	16b.	KIND OF BU	SINESS/INDUS	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	.)							. 1			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Secur	LEV		10 MOTA	ED'O MA		Id. Na liddle, Maiden	tiona.	L Ba	nk
	Unknown										Surname)		
8	19s. INFORMANT'S NAME (Type/Print)			95 MAILING	ADDRESS	(Street e	Ann	ie C	eceli	a	m, State, Zip C		
2	Margaret A. McCl	011an											
	20s. METNOD OF DISPOSITION		20b BLACI	EANDDATE	GOOD	WOO	d Rd	Ва	Ito.	Md	21214 CATION — CI		
	1 Burisi 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	cametary, c	rematory or of	her place)	L	me or	1.0	20 OI	206. LO	lto.,	y or low	n, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Gait	Tells (	22.1	AME AN	ID ADDRES	S OF FA	30-91	Ва	Ito.,	Md.	
	No h	1	. ==						r Inc				
	The same of the sa	7	10	~	64	15	Belai	r R	d. Ba	lto.,	Md. 2	2120	6
	23. PART I. Enter the diseases, or ehock, or heert failure.	complications the	ceused the d	teeth. Do n	ot enter	the mod	de of dyl	ng, euc	h as cerd	ec or reep	ratory arres	it,	Approximate
	IMMEDIATE CAUSE (Finel	•	. 1										Onset and Death
	disease or condition resulting in death)	a. Scholmu	c Hear	t dise	au								
		DUE TO	OR AS A CONS	EQUENCE OF	):								
8	Sequentielly list conditione,	a Chronic	Mengal	Hulun	٠								
F	if any, leading to immediate cause. Enter UNDERLYING	ONTO	(OR AS A CONS	EQUENCE OF	);								
5	CAUSE (Diseese or injury	c. OUE TO	(OR AS A CONSI	EOUENCE OF	٠.								
E	that initiated events resulting in death) LAST	GT D	Pard	EUGENOE OF	).								
CERTIFICATION		d. U 3 40	uia_										
A	PART ii. Other significent condition	e contributing to	death but not	rasulting i	n the und	derlying	cause g	ivan in	Part I.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
EDICAL									_	1 YES 2		1	WAILABLE PRIOR TO COMPLETION OF CAUSE
													F DEATH?
z I												'	- I - I - I - I
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Ch	eck only one	)			
Sign	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		5 🗆 Res	Idence	6 Other	(Specify)			
PHYSICIAN: M	27. MANNED OF DEATH	28s. DATE OF (Month, Da		28b. TIME	OF	28c. INJU	JRY AT				NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	(monar, or	iy, reary	INJI	M	WOF	ES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE Of	F INJURY — At h	ome, ferm, s	treet, facto	ry, office			28f. LOCA	TION (Street a	and Number or	Rural Ros	ute Number,
COMPLETED	4 Nomicide determined	odilality,	etc. (Specify)						City o	r Town, State)			
7	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	leath occurre	d at the tir	ne, date :	and place	and due	to the caus	e(e) and man	nor so stated	-	
<u>S</u>	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination and/or	investigation	, in my op	olnion, de	ath occure	d at the	time, date :	and place, en	d due to the c	auso(s)	and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
BE	NIDAN	at 111					29c. LICE	NSE NUN	RUER		29d. DATE S	IGNED (A	Aonth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WIT	D COMPLETED CALIS	E OF DEATH //T	FM 27) /5m-	Print)		_				12	16	1/71
			- or pentit (III	an an intro	, , , , , , ,								
-	31. DATE FILED (Month, Day, Year)	82. REGISTRA	R'S SIGNATURE										
	DEC 3 1 1991	a chande	hands	92									

E E %

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

OECEDENT'S NAME (First, Middle, Last)

1 -

	ı
	Z
0	
9	4
8	
3	
P.O. BOX 68760	
$\times$	
0	٠
m	
-	,
<u>~</u>	1
Ų	
Δ.	
-	
S	•
0	
~	1
<u> </u>	
RECORDS	
O	
ш	1
~	
	,
4	
<b> </b>	į
-	3
>	3
LL.	1
0	1
0	i
7	ì
~	1
2	į
in	i
-	Ì
>	
-	1
DIVISION OF VITAL	
	i
	1

Margaret C. Lochner 12 91 6:30 P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SFX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 🔯 F DAVE 216-52-9351 4/3/1899 Penna use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Loch Raven Nursing Center Baynesville Balto 10a. STATE 10h COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto. 1 YES NO Towson FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 414 Alabama Road 21204 U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Maxican, Puarto Rican, etc.)
1 U YES 2 NO Specify: RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 32 Wildowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William J. H Mundy Mary A. Ralston 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alice M. Ringger Same as 10e pe 20s. METHOD OF DISPOSITION

14 Burlal 2 Cremation 3 Ram

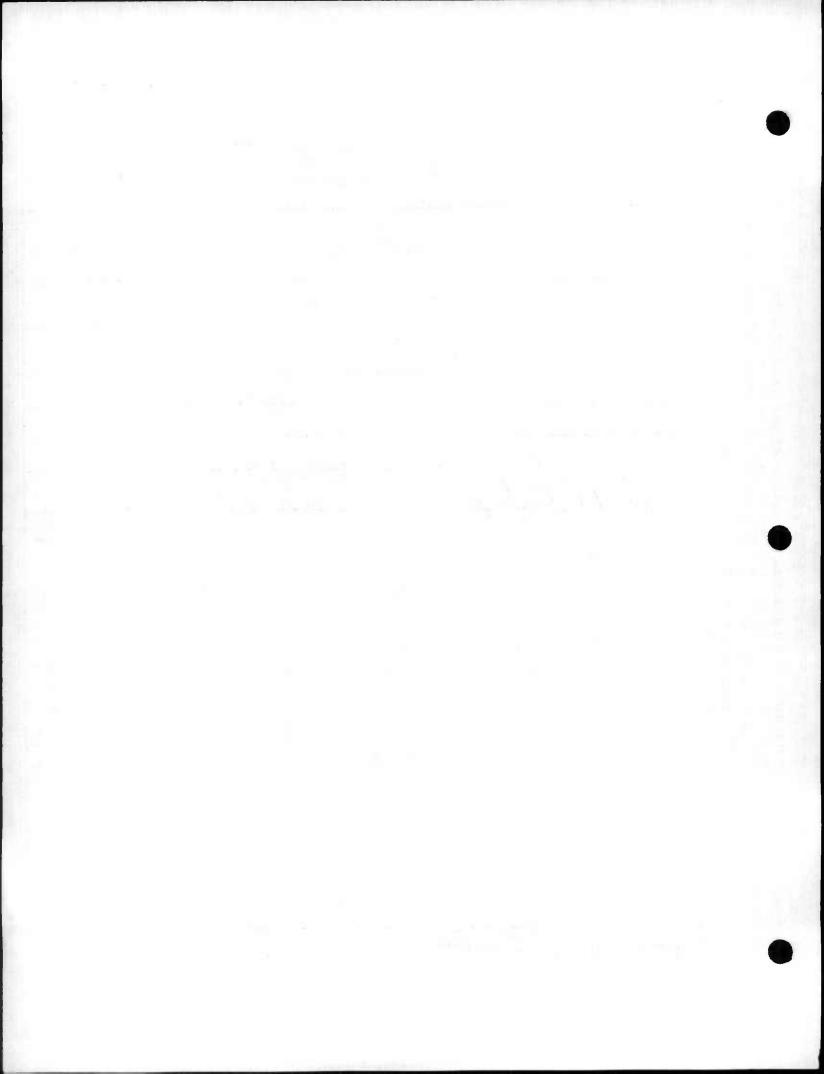
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must director, Cemetery Maria 12/30/91 Towson, Md. examiner 21. SIGNATURE OF FINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral 24 hours after death. 1050 York Rd. 21204 on ell filled in by the fi Ruck Towson Funeral Home, Inc. medical 23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreat, abock, or heart failure. List only one ceuse on each line. Approximata 0 interval Batween IMMEDIATE CAUSE (Final **Onset and Death** this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition within event. reaulting in death) executed traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury other that initiated events resulting in death) LAST UO 200021 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any PERFORMED? 1 TES 2 NO 1 - YES 2 00 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item EXAMINER? 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA Irsing Home 5 Realdence 8 Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, Natural 2 Accident DIRECTOR: After the hours after death w BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) COMPLETED 8 Could not be determined 200 4 Homicide Item 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. HOSPITAL OR FUNERAL ( = TO THE HOSPITATO THE FUNERA De filed within 7. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Triplumen 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Yeaf 6 306 D 12 -2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sireeshe Tripurquene M.D. 6304 Kenwood Ave. 21237 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SUNATUREDE DEC 3 1 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEATH REG. NO.

2. DATE OF DEATH DAY

3. TIME OF DEATH

YEAR



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after nearly with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certific	IMPORTANT: If Item 28 is marked, or if

	FOR  1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGI		1 30113		
	1. DECEDENT'S NAME (First, Middle, Last)			PHINE M		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH		
9	ESTEV 171					12	30 9	6,30MM		
	206-10-2732	5. SEX 6. AGE (In yrs. 1 □ M 2 1 □ F. 93		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 4/12/18	398	BIRTHPLACE (State or Foreign Country) Pennsylvania		
1 4	9a. FACILITY NAME (If not institution, give atre	· ·		DE. CITY, TOWN O	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
TOR	Good Samaritan Hospital Baltimore City n/a									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. Pennsylvania Lackawanna County Carbondale 10									
FUNERAL	100. STREET AND NUMBER 147 Wyoming Street		Ď	2.5	ZIP CODE 18407		10g. CITIZEI	U.S.A.		
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 M NO Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc. 7:	Yes or No— 14	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 8 YTS •	ompleted) Callege (1-4 or 5+)				16b, KIND OF	BUSINESS/INDUS	TRY		
N	17. FATHER'S NAME (First, Middle, Last)			-01	18 MOTHED'S NA	ME (First, Middle, Ma				
BE CC		Ryder	11-			ina Saul	oen sumame)			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	and Number or Rural I	Route Number, City or	Town, State, Zip Co	ide)		
TO	Frederick Miller							and 21218		
	20a. METHOD OF DISPOSITION  1  Buriel 2  Cremation 3  Remove 4  Donation 5  Other (Specify)	rel from State 20b. PLA of cemete A D 11	ce and date of ary, crematory of ngton h	of disposition cother place) 1111S C		1	S.Abin	gton Twns. PA.		
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AL	ND ADDRESS OF FA	CILITY				
	John G. Reitz	John Ske	4			edefeld H		ryland 21212		
	23. PART I. Entar tha diseases, or co	mulications that caused tha at only one causa on each i		t enter tha mo	da of dying, auc	h ss cardiac or n	espiratory arrea	t, Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	Respue	fory sequence on	fore	luce	- e hyp	Tenno	Onset and Deeth		
TION	Sequantially list conditions, if sny, laeding to immediata	DUE TO JOH AS A CON	NEQUENCE OF	San	d UG	Z Ble	eding			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Dissess or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF)							
山山										
MEDICAL	PART il. Other algnificant conditions	contributing to deeth but no	ot resulting in	tha undarlyin	g cause given in	PE	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
Z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
S ≥	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient	28b, TIME			8 Other (Specify)				
ВУ РЬ	1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJU	RY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE H	OW INJURY OCCU	HED		
<u>.</u>	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, st	reet, factory, offic	:0	281. LOCATION (Si City or Town, S		Rural Route Number,		
COMPLET	cont only	IAN: To the best of my knowledge, : On the basis of examination and								
TO BE C	29b. SIGNATURE AND JETLE OF CERTIFIER	oui,	1.1		29c. LICENSE NU	MBER	29d. DATE 5	SIGNED (Month, pay, Year) 2/30/9/		
		COMPLETED CAUSE OF DEATH (						, - , , ,		



SOC

In other will be

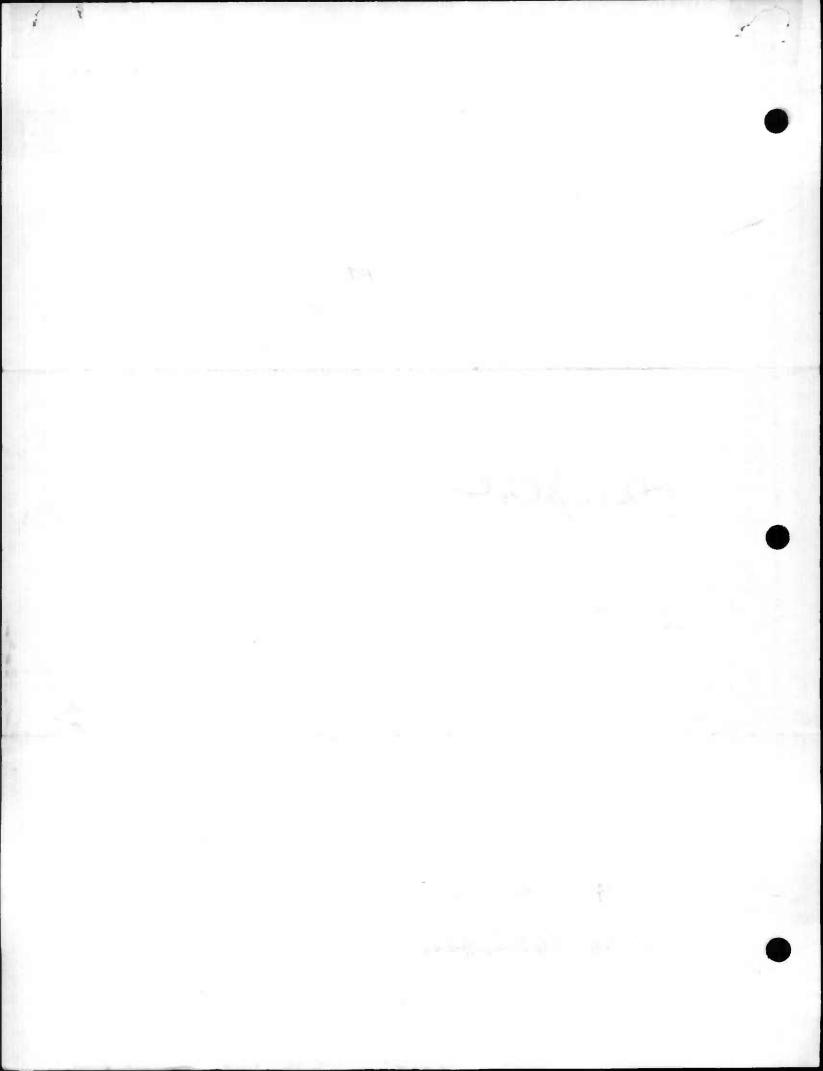
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF A	MARYLANI	) / DEPAR CERTIF	RTMENT	OF H	EALTH DE AT	AND	MENT/			1	36120
	1. DECEDENT'S NAME (First	^	10rton	1	OLITT.	IVAL	- OI	DEA	<u> </u>	2. DAT MON		AY	YEAR 3.	TIME OF DEATH
OR	4. SOCIAL SECURITY NUMBER 1239-12-2  90. FACILITY NAME (If not in Mercy)	1853 Institution, give s Medi	1	6. AGE (In yrs	YRS.	IF UNDER MONTHS  9b. CITY,	DAYS	HOURS OR LOCATE	MIN.	(Mor	OF BIRTH Mh, Day, Year) (4)		Country)	ACE (State or Foreign H CAROLI)
DIRECTOR	RESIDENCE OF DE	10b. COUNT	7		10c. CIT	Y, TOWN O	OR LOCAT				70(1)		10	d. INSIDE CITY
	10e. STREET AND NUMBER	0		. 1		Ka	101	. ZIP CODE	12			10g. CITIZE		YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO		f yes, sp	ENDENT O	F HISPAN n, Mexice Specify	n, Puerto	IN? (Specify Yes Ricen, atc.)	or No — 1	4. RACE — Black, W Specify:	American Indian, rhite, etc. Record
COMPLETED	(Specify online Elementary/Secondary (Control of the control of th		CATION completed) College (1-4 or 5 +		DECEDENT'S (Give kind of life. Do NOT un	work done a se retired.)	CCUPATIO during mo	ON ost of workin	ng .	16	Cons	siness/indu		
BE CO	Joseph Me	orton						V	IOL	A M	Middle, Maiden ORTON			
5	Mary O. Mo	orton			501	E. 1	Pre	ston	or Rural F	Poute Num	nber, City or Tow 127 B	n, State, Zip C alto.	ode) , Mo	d. 21202
	20a. METHOD OF DISPOSIT    Puriel 2 Crematic  4 Donetion 5 Other  21. HOMATIME OF FUNERA	On 3 🗆 Rem		cemetery.	ceand date: crematory or o	sther place)	r C	emet			28 Ca	tons		
	o Den	L	.Cyl	2				MCC		C	hatme St. B	n - alto.	Har:	ris F.H. d. 21217
	23 PART I. Enter the d ahock, or h IMMEDIATE CAUSE (find disease or condition resulting in death)	cast latitute.	List only one cau	on each i	line.	16	the mo	de of dyl	ng, such	h as car	diac or reapi	ratory arres	it,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in daath) LAS	diate ING Iry	DUE TO	(OR AS A CON										
MEDICAL	PART II. Other algnifica	nt condition	a contributing to	death but no	ot resulting	In the unc	derlying	cause g	liven in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2/1/NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	eck only o	ne)			
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	Pending	28e. DATE OF (Month, Da	INJURY	28b. TIM	4 Nursi			sidence		SCRIBE HOW I	NJURY OCCU	RED	
red BY	2 Accident 3 Suicide 8	Investigation Could not be determined	28e. PLACE Of building,	F INJURY — At etc. (Specify)	home, ferm, s	M street, fecto	f U Y		NO		CATION (Street a or Town, State)	nd Number or	Rural Route	Number,
COMPLETED			CIAN: To the beet of R: On the beele of ex											d manner se stated
B	29b. SIGNATURE AND TITLE							29c, LICE		_			IGNED (Mo	onth, Day, Year)
70	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (I	TEM 27) (Type,	4	0	. 0 0	)	. (	Balt	MA	120	1111
	DEC 3 1 190	Year)	32. REGISTRAI	r's SIGNATURE		<u>, 51 - </u>	la	11 1	100		Dark	. 1-10	۷	1505





FOR STATE

REGISTRAR

1 -

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 12 JANIE MAE MURRAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Mopth, Day, Year DAYS HOURS 1 M 2 DF VDS the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not ins 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1436 WARD ST BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 3ALTIMORE IN FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21230 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Maxican, Puerto Rican, stc.) FORCES? 1 Naver Married 2 Married FORCES? 1 YES 2 NO BY 1 YES 2 100 Specify 3 Widowed 4 Olvorced ETED 16a. DECEDENT'S USUAL OCCUPATION

(Given kind of work done during most of working 15. DECEDENT'S EDUCATION (Give kind of work done life. Do NOT use retired.) ry (0-12) College (1-4 or 5+) COMPL 06K 17. FATHER'S NAME (First, Middle, Last) E 0 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 ABE examiner must be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (No Them. 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the medical 23. PART I. Enter the dieeesee, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest shock, or heert failure. Liet only one ceuee on each line. **IMMEDIATE CAUSE (Final** diseese Dr condition this certificate has been signed by the attending physician and completely thin the State Dept, of Health and Mental Hygiene prior to burial, cremation riked, or item 23 shows any injury, or other traumatic event, the PERTENSIVE AKTERIOSCLEROTIC resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initieted events reculting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 20 NAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA g Home 5 K Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked. 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending BY м 1 YES 2 NO After death 2 Accident TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If item 28 is m 28a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Sulcide COMPLETED 6 Could not be 4 Homicide detarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner ea stated. 2 X MEDICAL EXAMINER; On the basis of tion and/or investigation, in my opinion, death occured at the time, data and placa, end dua to the cause(a) and manner as stated. 290. SIGNATURE AND TITLE OF CENTURIES BE 29c. LICENSE NUMBER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

O

JR.

GOLLE

30. NAME AND ADDRESS OF PERSON

MARIO F.

DEC 3 1 1991

CERTIFICATE OF DEATH

91 36 21 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 3. TIME OF DEATH YEAR 91 9:50 A M 8. BIRTHPLACE (State or Foreign Sound ARO INH 9c. COUNTY OF OEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Approximete interval Between Onset end Death CARDIO VASCULAR 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



포

2 9 2

2

29d. DATE SIGNED (Month, Day, Year)

.C.M.E.

111 PENN ST. BALTIMORE, MD.

DECEMBER 27,199

i e

0
9
68760
θ
×
ВОХ
$\simeq$
111
-
0
ď
-
S
00
$\overline{a}$
$\approx$
O
RECOI
$\alpha$
TAL
4
_
>
OF
0
-
_
0
S
N N
_

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the jurislativancie name of 2 a name of 2 and
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME												3. TIME OF DEATH		
	Harriet Evelyn Morrison									Dec. 29,	199	YEAR	W	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.			8. AGE (In yrs. las	of birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7 DATE OF BIRTH			HPLACE (State or Foreign		
	217 48 352	7	1 □ M 2 🔯 F	2 1X F 86 YRS.			DAY8	HOURS	MIN.	NOV. 21,	1905	Count	" N. Y.	
OR	90. FACILITY NAME (# not h					96. CITY, TOWN OR LOCATION OF DEATH TOWSON  96. COUNTY OF DEATH Baltimore								
5	RESIDENCE OF DE													
DIRECTOR	10a. STATE MD	10b. COUNT	timore		10c. CIT	Y, TOWN OF	OWS						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER						OWS	2011					1 TES 2 NO	
FUNERAL	632 Yarm		Road				101	. ZIP CODI	2120	)4	10g. CIT	U S	WHAT COUNTRY?	
E	11. MARITAL STATUS	Mondo	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. W	AS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Y	a or No-	14. RACI	E — American Indian, k, White, etc.	
BY	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE V			1	YES	2 X NO	Specify	n, Puerto Ricen, etc.)			white	
											JSINESS/INI		***************************************	
COMPLETED	Elementary/Secondary (f		College (1-4 or 5	(Gi	ve kind of v Do NOT us	vork done du	ring mo	st of working	g		,	DOSTRI		
₫ l				<u> </u>	Но	memak	er							
ő	17. FATHER'S NAME (First, M							18. MOTH	IER'S NAI	ME (First, Middle, Malde	n Sumame)			
BE (	Oliver	P. Ray	mond						Clar	a Maeser				
TO E	196. INFORMANT'S NAME (TyperPrint) Mrs. Lynn Parks  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 1651 Wentworth Road Baltimore, Md. 21234													
	20e. METHOD OF DISPOSIT	n/3 - Rem	oval from State	20b. PLACE A	ND DATE (	F DISPOSIT	ION /Na	me of	Cdno	1 1 - 11 -		— City or Town, State		
	4 Donation 5 Other		ENGER	Dula	ney								Ma.	
	120	Jula.	10 0111	in V		MI	TCF	ELL-	WIED	EFELD HOM	E, IN	IC.		
	COSHer		nny, Jr.	M00145		65	00	York	Roa	d Baltim	ore,	Md.	21212	
	23. PART I. Enter the diseases, or complications that debed the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Mataratic Causama of the disease of condition ones a consequence of the consequence o													
CERTIFICATION	Sequentielly list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. Due to (or as a consequence or):  Due to (or as a consequence or):  Due to (or as a consequence or):  d.													
	PART II. Other significa	nt condition	s contributing to	death but not re	sulting I	n the und	rlylno	COURA O	iven in i	Part I. 24a. WAS AI	ALITOREY	1 245	WERE ALLEGAND CARRIED	
MEDICAL	A501/7	)	_				,,,,,,	couou g	iveir iii i	PERFO		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	1 HE							NO		OF DEATH?				
11	1/2 /1/p									-			1 TES 2 NO	
NA I	25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE OF DE	ATH (Ohe	ck only one)				
Sic	EXAMINER?		HOSPITAL:	EB/Outpetlant 2	7.000	OTHER:								
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF		28b. TIME		g Home Bc. INJU	_	sidence (	8 Other (Specify) 28d. DESCRIBE HOW	IN HIRW CO.	N IDED		
ВУ Р		Pending Investigation	(Month, Da		INJ		WOI 1 Y	RK?	NO	200. DESCRIBE NOW	INJUNY OCI	CORED		
	3 Suicide 8	Could not be	28e. PLACE Of building.	INJURY — At horr	ne, ferm, a	treet, factor	, offica		1	281. LOCATION (Street City or Town, State	and Number	or Rural R	loute Number,	
		determined		(1,7,00,7)						City or lown, State				
7	29e. CERTIFIER CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge, des	th occurre	d at the tim	, data	and place,	and due I	to the cause(a) and ma	nner aa stat	ed.		
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the basis of ay	inhination endio in	vestigation	n, in my opi	ilon, de	ath occurs	d at the t	lime, date and place, a	nd due to th	e cause(e)	end manner as stated.	
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	FORAL.	Alli	111	10		29c. LICE	NSE NUM	BER 7/7	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF		COMPLETED CAUS	E OF DEATH (ITEM	27 (Туре,	Print)		V	1	TIT		0/3	00/9/	
	A / 1C/Q.  31. DATE FILED (Month, Day, 1)		00/-Fole	1 201	EU.	nver	SIL	y PI	kwy	Balk	MD	210	218	
	DEC 3		32. REGISTRA	S SIGNATURE			0							
	000 3	1 1991	1 Guna L	aurdron-h	ndell	•								



1 the state of 

68760,	
BOX 6	
P.O.	
RECORDS	
F VITAL	
DIVISION	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

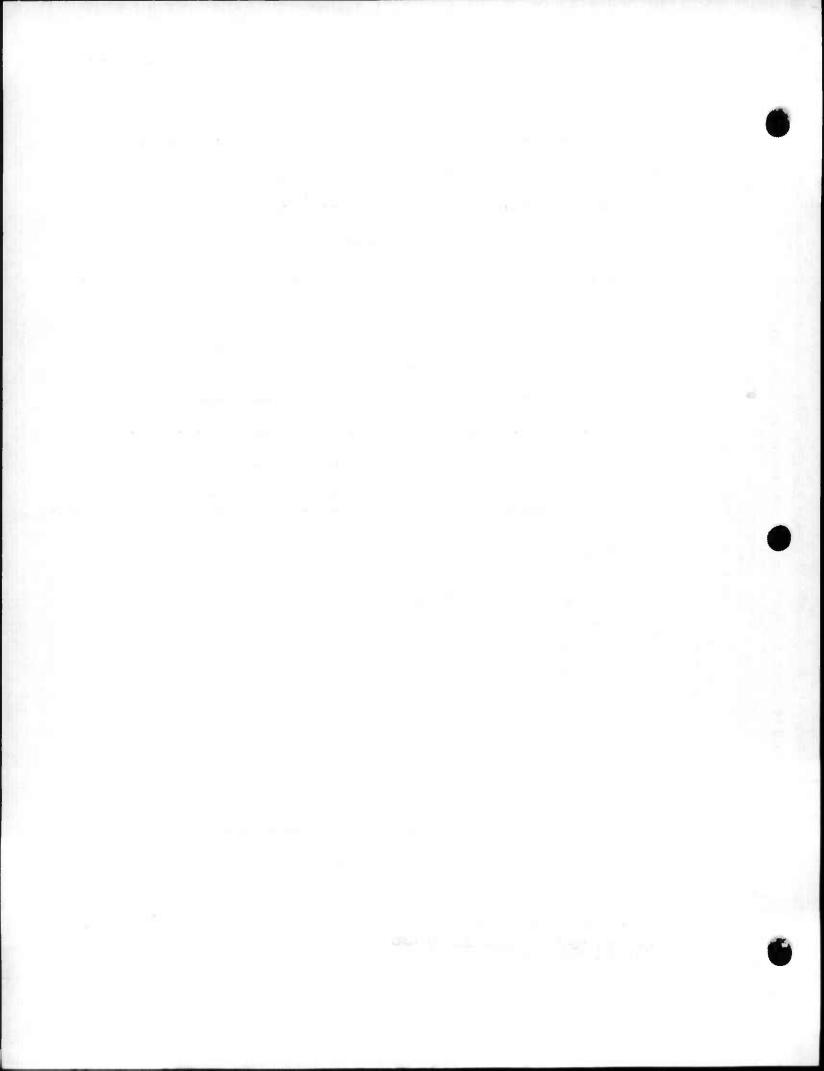
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Ε	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

James C. Metz Jt.  James Jt.  Ja		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENT	AL HYGIEN REG. NO.	E	-				
Tables C. Metz Jr.  - Section of the control of the							E OF DEATH			3. TIME OF DEAT	TH.			
A SOCIAL SECURITY MANUSCRY  2.15.0.3 - 3.12.8   X, XXX 2   2   8 2   7 m.	3		Jr.			De	ec. 25	,199	YEAR					
The street make of a summon of the control of the street of the country of the street of the country of the cou		4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6.1											
THE STATE OF CHARGE POR STATE AND PART IN COUNTY TOWN ON LOCATION BAILTIMOTE  18. CITY TOWN ON LOCATION  18. BAILTIMOTE  18. BAILTIMOTE  18. CITY TOWN ON LOCATION  18. BAILTIMOTE  18. BAILTIMOT				82 YRS.	MONTHS DAYS	HOURS MIN.		(Month, Day, Year) Country)						
STREET AND NAMED   3.46.4 C A red mass Avenue   10. 20 No. 20 COOR   3.46.4 C A red mass Avenue   11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  13. WAS DOCCOPPT EVER IN U.S. ANABOD  14. WAS DOCCOPPT EVER IN U.S. ANABOD  15. WAS DO		9e. FACILITY NAME (If not institution, give street	t and number)		96. CITY, TOWN	OR LOCATION OF	DEATH							
STREET AND NAMED   3.46.4 C A red mass Avenue   10. 20 No. 20 COOR   3.46.4 C A red mass Avenue   11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  13. WAS DOCCOPPT EVER IN U.S. ANABOD  14. WAS DOCCOPPT EVER IN U.S. ANABOD  15. WAS DO	СТОВ	3464 Cardenas Ave. Baltimore												
STREET AND NAMED   3.46.4 C A red mass Avenue   10. 20 No. 20 COOR   3.46.4 C A red mass Avenue   11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  11. MANTAL STATUS  12. WAS DOCCOPPT EVER IN U.S. ANABOD  13. WAS DOCCOPPT EVER IN U.S. ANABOD  14. WAS DOCCOPPT EVER IN U.S. ANABOD  15. WAS DO	#	100.000111		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY			
The State of Decoration of Page 1 and State of Decoration of Decoration of State of Decoration of Decoratio				B	altimo	re								
The State of Decoration of Page 1 and State of Decoration of Decoration of State of Decoration of Decoratio	M	10e. STREET AND NUMBER			10	. ZIP CODE								
The State of Decoration of Page 1 and State of Decoration of Decoration of State of Decoration of Decoratio	剪	3464 Cardenas A	venue			2121	3		U	. S	. A.			
The State of Decoration of Page 1 and State of Decoration of Decoration of State of Decoration of Decoratio	2		. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISE	PANIC ORIG	IN? (Specify Yes	or No. 14. RACE - American Indian.			ın,		
Sequentially list conditions, or complete continuous to the classes or complications that coursed the death but not resulting in the underlying cause given in Part I.  22. PARTYLE Either the diseases, or completations that coursed the death but not resulting in the underlying cause given in Part I.  23. PARTYLE Linker the gignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24. West Course or Completations and Course Course of Course of Course			IF YES, GIVE WAR OR	DATES	1 Tyes, sp	ecify Cuban, Max 2 X NO Spe		Rican, etc.)			ck, Whita, atc.			
Amelia Grill  Table More Manager Manage (Proposes)  Table Manager Manager (Proposes)  Madeline T. Merz (Wife)  Table Manager Manager (Proposes)  Madeline T. Merz (Wife)  Table Manager Manager (Misser)  Table Manager Manage											White	e		
Amelia Grill  Table More Manager Manage (Proposes)  Table Manager Manager (Proposes)  Madeline T. Merz (Wife)  Table Manager Manager (Proposes)  Madeline T. Merz (Wife)  Table Manager Manager (Misser)  Table Manager Manage	1	(Specify only highest grade con	iON npleted)	(Give kind of w	rork done during mo	ON ast of working								
Amelia Grill  Table More Manager Manage (Proposes)  Table Manager Manager (Proposes)  Madeline T. Merz (Wife)  Table Manager Manager (Proposes)  Madeline T. Merz (Wife)  Table Manager Manager (Misser)  Table Manager Manage	7				*									
Amelia Grill  Table More Manager Manage (Proposes)  Table Manager Manager (Proposes)  Madeline T. Merz (Wife)  Table Manager Manager (Proposes)  Madeline T. Merz (Wife)  Table Manager Manager (Misser)  Table Manager Manage	×		NA	Paint	er					tio	n			
182. INFORMANT'S HAME () proprieto  182. INFORMANT'S HAME () proprieto  183. INFORMANT'S HAME () proprieto  183. INFORMANT'S HAME () proprieto  184. INFORMANT'S HAME () proprieto  185. INFORMANT'S HAME () proprieto  186. INFORMANT'S HAME () propr	8								Sumame)					
NAME   NAME   Properties   18th MALINA ADDRESS (Simet work handwor or Read Room Auritons, City or Town, State   24 Candenas Ave., Balto., Md. 21213   346.4 Control of the properties of the pr	H		<i>C</i> .											
20. METHOD OF DISPOSITION  20. METHOD OF DISPOSITION  20. METHOD OF DISPOSITION  21. STRING OF DISPOSITION  22. STRING OF DISPOSITION  22. STRING OF DISPOSITION  23. STRING OF DISPOSITION  24. DORAGE AND DATE OF DISPOSITION  25. STRING OF DISPOSITION  26. STRING OF DISPOSITION  27. STRING OF DISPOSITION  28. STRING CLUCKNEE  29. STRING OF DISPOSITION  20. STRING OF DISPOSITION  20. STRING OF DISPOSITION  20. STRING OF DISPOSITION  20. STRING OF DISPOSITION  21. STRING OF DISPOSITION  22. STRING OF DISPOSITION  22. STRING OF DISPOSITION  23. STRING OF DISPOSITION  24. STRING OF DISPOSITION  25. STRING OF DISPOSITION  26. DOI: TO (OR AS A CONSEQUENCE OF):  26. DUE TO (OR AS A CONSEQUENCE OF):  27. STRING OF DISPOSITION  28. WAS CASE REFERENCE TO MEDICAL  28. WAS CASE REFERENCE TO MEDICAL  28. WAS CASE REFERENCE TO MEDICAL  29. STRING OF DISPOSITION  20. DUE TO (OR AS A CONSEQUENCE OF):  21. VES 27/M.D.  22. WAS CASE REFERENCE TO MEDICAL  28. WAS CASE REFERENCE TO MEDICAL  29. WAS CASE REFERENCE TO MEDICAL			(*** 5 )	19b. MAILING	ADDRESS (Street a	nd Number or Run	al Route Nui	mber, City or Town	, State, Zip	Code)				
Cardense   Constitution   Constitu			z (Wife)	3464	Carde	nas Av	e.,	Balto	., M	d.	21213	31.00		
21. SIGNATURE OF FURTHAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY S Ch 1 munek Funeral Homes, Inc. 3331 Brehms Lane, Balto., Md. 21213  Approximate intervel Between John Concept Control Education and Destination of State Plants (Specify)  Approximate intervel Between John Control Education of State Plants (Specify)  Approximate intervel Between John Control Education of State Plants (Specify)  Approximate intervel Between John Control Education of State Plants (Specify)  Approximate intervel Between John Control Education of State Plants (Specify)  Approximate intervel Between John Control Education of State Plants (Specify)  Approximate intervel Between John Control Education of State Plants (Specify)  Approximate intervel Between John Control Education of State Plants (Specify)  Approximate intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate Intervel Between John Control Education of State Plants (Specify)  Approximate John Control Education of Texts (Specify)  Approximate John Control Education of Texts (Specify)  Approximate John Control Education Office Interveloped John Control Education Office Interveloped John Cont		20a. METHOD OF DISPOSITION  1XIXBurial 2 □ Cremation 3 □ Ramoval	1rom State	Ob. PLACE AND DATE O	F DISPOSITION (Na	me of	DA	TE 20c. LOC	CATION —	City or To	wn, State			
22. MAME AND ADDRESS OF FRACHITY   Schimulate Funeral Homes, Inc.   3331 Brehms Lane, Balto., Md. 21213				Gardens	of Fai	th Cem	eter	y Bai	ltim	ore	, Md.	. 1		
23. PARPI. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, which, or heart feliure. List only one cause on each fine.    Approximate the disease or condition of the death of the deat		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AI	ID ADDRESS OF	FACILITY							
NOTION To the set fellow. List only one cuese of the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, intervel Between chock, or heart fellows. List only one cuese on each line.    Approximate conditions on the fellows. List only one cuese on each line.   Approximate conditions on the fellows. List only one cuese on each line.   Approximate conditions on the fellows. List only one cuese on each line.   Approximate cause. Entervil Between Onset and Death State of the fellows.   Approximate cause. Entervil Between Onset and Death State on Conditions.   Approximate cause. Enter NINDERLY INTERVELOPMENT CAUSE (Disease or Injury the intilated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   A.   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   C.   DUE TO (OR AS A CONSEQU		162-7	//		30n1	munek	Fune	ral Ho	omes	, I:	nc.			
IMMEDIATE CAUSE (Final disease or condition)  Sequentially list conditions, life and location of the significant conditions, life any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury)  DUE TO (OR AS A CONSEQUENCE OF):  226. WAS AN AUTOPSY PRIORIOS ANALABLE PRIORI TO COMPLETEN OF CAUSE OF DEATH (Check only one)  1   YES 2   NO  227. MANNER OF DEATH    MOSPITAL:     NOSPITAL:     NOSPITAL:   NOSPITA		23. PART I. Enter the diseases, or com	plicatione that caus	ed the deeth. Do n	of enter the mo	de of dylon e	S La	ne, Ba	TLO	• , M				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the under		iMMEDIATE CAUSE (Final disease or condition	only one ceuee on	eech line.		,,,,,		The state of teach	arbiy airi		intervel Be	tween		
PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr injury thet initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. WANNER OF DEATH  28. DATE DE INJURY At North 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  27. WANNER OF DEATH  28. DATE DE INJURY North 1 North 1 North 1 North 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE DE INJURY North 1 North 1 North 1 North 1 YES 2 NO  28. PLACE OF INJURY AT NORTH 1 YES 2 NO  28. PLACE OF INJURY At home, tarm, street, factory, office  28. PLACE OF INJURY At home, tarm, street, factory, office  28. PLACE OF INJURY At home, tarm, street, factory, office  29. SIGNATURE AND HITLE OF CERTIFIER  29. Victoria Vanik, Brehms Lane, Med. Ctr., 3401 Mannasota Ave.		PART ii. Other eignificent conditions of	Dotribution to doub	had and a state of										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?    1		The state of the s	microuting to death	but not resulting is	1 the underlying	j ceuse given i	n Part i.			24b.				
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATUSE AND WITLE OF CERTIFIER 29b. SIGNATUSE AND WITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Newton Day Year) 27 2 4 9 10 10 10 10 10 10 10 10 10 10 10 10 10	ă										COMPLETION OF CA			
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATUSE AND WITLE OF CERTIFIER 29b. SIGNATUSE AND WITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Newton Day Year) 27 2 4 9 10 10 10 10 10 10 10 10 10 10 10 10 10	ž											0		
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATUSE AND WITLE OF CERTIFIER 29b. SIGNATUSE AND WITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Newton Day Year) 27 2 4 9 10 10 10 10 10 10 10 10 10 10 10 10 10	ž I													
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATUSE AND WITLE OF CERTIFIER 29b. SIGNATUSE AND WITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Newton Day Year) 27 2 4 9 10 10 10 10 10 10 10 10 10 10 10 10 10	ᅙ		OSPITAL .			ACE OF DEATH (C	Check only o	ne)						
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATUSE AND WITLE OF CERTIFIER 29b. SIGNATUSE AND WITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Newton Day Year) 27 2 4 9 10 10 10 10 10 10 10 10 10 10 10 10 10	YS!	1 YES 2-10				Mealdence	8 🗆 Oth	er (Specify)						
29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATUSE AND WITLE OF CERTIFIER 29b. SIGNATUSE AND WITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Newton Day Year) 27 2 4 9 10 10 10 10 10 10 10 10 10 10 10 10 10	표	4				JRY AT			JURY OCC	URED				
3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, term, street, fectory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND BITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Number) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Victoria Vanik, Brehms Lane, Med. Ctr., 3401 Mannasota Ave.	- 68													
296. SIGNATURE AND RITLE OF CERTIFIER  296. LICENSE NUMBER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Victoria Vanik, Brehms Lane, Med. Ctr., 3401 Mannasota Ave.		o occur its be	28e. PLACE OF INJUR building, atc. (Sp	RY — At home, tarm, at ecify)	reet, fectory, offici		261, LOI City	CATION (Street and or Town, State)	d Number o	or Rural Ro	oute Number,			
296. SIGNATURE AND RITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Moral) Foot (17 (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	ון ב	29a. CERTIFIER CERTIFYING PHYSICIAN	: To the best of my kno	wiedge death occurre	d at the time date							$\rightarrow$		
296. SIGNATURE AND RITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Moral) Foot (17 (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Ž	one) 2 MEDICAL EXAMINER: O	n the besis of exeminati	on and/or investigation	. In my opicios d	erid piece, and du	re to the ca	use(s) and mann	or an atate	d.				
The signed (March 1) and the signed (March 1)			1		, my opinion, th			who place, and				rted.		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Victoria Vanik, Brehms Lane, Med. Ctr., 3401 Mannasota Ave.	H H	TICHOLO CERTIFIER	au Limo			29c. LICENSE N	JMBER		29d. DATE	SIGNED	Month, Day, Year)			
Dr. Victoria Vanik, Brehms Lane, Med. Ctr., 3401 Mannasota Ave.	o L	30 NAME AND ADDRESS OF PERSON WITH	mary III			D30	720	!	P	10/2	7191			
DFC 3 1 1991 32 REGISTRATES SIGNATURA AND STATE OF THE ST		Dr. Victoria Van	ik, Breh	ms Lane	, Med.	Ctr.,	alti 340	more, 1 Manr	Md.	ta A	Ave.			
		DFC 3 1 1991												





BALTIMORE, MARYLANI	r death. Page 6 may be retained by the hos	he funeral director, page 5 should be detacheral.	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours atter death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	WARYLAND /	/ DEPAR	ITMEN	T OF H	IEALTH DEAT	AND I	MENTAL	HYGIEN REG. NO		1 3	36124		
	1. DECEDENT'S NAME (First, Middle, Last) VERNON	E. MC	RAN						2. DATE O	OF DEATH		991	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-22-4159	5. SEX	6. AGE (In yrs. Ia	est birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month,	F BIRTH Day, Year)		6. BIRTHI Country			
TOR	98. FACILITY NAME (If not institution, give a 2684 ST. BENEDIC	treet and number)	02			Y, TOWN (	OR LOCATION MORE	ON OF DE		23,1	·	MAI	RYLAND		
DIRECTOR	10a. STATE 10b. COUNTY	r		10c. CIT		OR LOCAT							10d. INSIDE CITY LIMITS?		
	MARYLAND  100. STREET AND NUMBER				BA	LTIM	ORE				1		1 X YES 2 NO		
FUNERAL	2684 ST. BENEDICT	CTDEET				101							HAT COUNTRY?		
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.A.	DMED	1 12	WAS DEC		1223	NIC ORIGIN?		Ī	J.S.A			
BY	1 📉 Never Married 2 🗌 Merried 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1 IF YES, GIVE W	YES 24	NO	- 1	If yes, sp	ecity Cuba	n, Mexica	in, Puerto Ric	(Specify Yes	or No-	14. RACE Black Specif	- American Indian, White, etc.		
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	ECEDENT'S	USUAL C	CCUPATIO	ON		16b. i	KIND OF BUS	SINESS/IND	DUSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of a e. Do NOT us	se retired.)	dunng mo	St of workin	g							
₩	H/S GRAD		P	LUMBI	ER				TA	YLOR	MANOF	R HOS	PITAL		
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Mi						
出	EDWARD F. MOR	RAN					ANN	IA H	. COO	K					
ဥ								et and Number or Rural Route Number, City or Town, State, Zip Code)							
	CHARLES L. MORAN	20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION													
	1 S Burial 2 Cremation 3 Rame 4 Donetion 5 Other (Specify)		cemetery, cre	ematory or or	ther place!	)			01/0		LTIMO		vn, State		
	► Ht						VILKE	NERA NS A	AL HOL	BALTI	MORE.	MD.	21229		
NOI	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reepiratory arrest, shock, or heart feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,														
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Lymphede wa VENDUS INSUFFICIENCY  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
A I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Che	eck only one)						
Sic	1 YES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	DOA DOA	OTHEI	R:			8 Other (						
ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY					JRY AT RK?			DESCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not be datermined	28e. PLACE Of building.	F INJURY — At ho etc. (Specify)	me, ferm, s	treet, fact	tory, office	,		28f. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural Ro	ute Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSIC DESCRIPTION ON 2 MEDICAL EXAMINER												and menner ae stated.		
2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and many and title of certifier  295. LICENSE NUMBER  296. LICENSE NUMBER  297. DATE SIGNED (Month, b) 12-30															

9501 OLD ANNAPOLIS RD, SUITE 200, ELLICOTT CITY, MD 21042

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. JOSEPH GIBBONS
31. DATE FILED (Month, Day, Year)
DEC 3 1 1991

DHMH-16 Rev 1/89

Leaves timed cell consumers of the day purpostor

Kindinganian stendy - managhaly

Distribute that

038296

12 18 -21

X

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Pages, 1, 2, 3 should

0-66-640

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND N	NENTAL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
LOUISE	MAY	MILES			12 27	Y YEAR 1991	9.17 pM		
4. SOCIAL SECURITY NUMBER 214-48-0297	5. SEX 6. AGE 1 M 2 X F 4		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG 03 19	Cour	THPLACE (State or Foreign		
9e. FACILITY NAME (If not institution, give str	eet and number)	96	CITY, TOWN	PR LOCATION OF DE		9c. COUNTY OF			
THE JOHNS HOPKINS	HOSPITAL		BALTIM	ORE CITY					
MARYLAND BAL	TIMORE		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	1 YES 24 NO WHAT COUNTRY?		
2767 NORFEN RO.				21227		USA			
1 XX Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 Tyes IF YES, GIVE WAR OR D	2 (XNO	tf yee, sp	ENDENT OF HISPANI ocity Cuben, Mexicen 24 NO Specify:		Ble	CE — American Indian, ck, White, etc. city: WHITE		
15. DECEDENT'S EDUC/ (Specify only highest grade of	ATtON completed)	16e. DECEDENT'S USU (Give kind of work	done durina mo	IN st of working	16b. KIND OF BUSI	NESS/INDUSTRY			
Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	NEVER W	ired.)	a or working	N/A				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Meiden S	Surname)			
MILTON EDWARD 1	MILES			LOUISE		CHARD			
JOANNE FISHER					ELLICOTT		D 21042		
20a. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remove	val from State 20h	PLACE AND DATE OF DI	SPOSITION /Na	me of	OATE 20c. LOC	ATION — City or T	own, Stata		
4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		EDAR HILL (		D ADDRESS OF FACE		KLYN PA	RK, MARYLAND		
· M. Mest	Colonar	,	HUBBAI	RD FUNERA	L HOME, IN VE, BALTIM		21220		
23. PART i. Enter the diseases or co	mplications that caused	the death. Do not e	nter the mo	de of dying, such	aa cardlac or respire	ntory arreat,	Approximate		
ahock, or heart fajfure. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death) a.	Single W		, V j	ransp	osition	of gu	Interval Between Onaet and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSCH DUE TO JOR AS A	Hal he consequence of):	art	dz		U 435	15 45 yrs		
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other aignificant conditions	contributing to death b	ut not reaulting in th	e underlying	cause given in P	art I. 24s. WAS AN A	IIMPSV 241	b. WERE AUTOPSY FINDINGS		
					PERFORM	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
					-		1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PL	ACE OF DEATH (Chec	k only one)				
1 TYES 2 NO NO 27. MANNER OF DEATH	1 1 Inpatient 2 ER/Outp	atient 3 DOA 4	Nursing Home	5 Residence 8					
1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME OF INJURY	M 1 Y		28d. DESCRIBE HOW IN.	JURY OCCURED			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streat	, factory, office		281. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,		
29e. CERTIFIER (Check only 2 MEDICAL EXAMINER:	AN: To the best of my knowl On the beels of exemination	edge, death occurred at	the time, date	and place, end due to	the cause(a) end menn-	er ee stated, dus to the ceuse/	e) end manner ee steted.		
296. SIGNATURE AND TITLE OF GENTYPER	muyer	mo		29c. LICENSE NUMB			(Month, Oay, Year)		
Deborah E.	Sellmer	NTH (ITEM 27) (1900, Print	SH	4 Bai	1 timort	mI	2		
" DEC 3"1° 1991	DEC 3 1 1991 A Surface Pender								

D-D+3-3d-03 00

e law requires that the death certificate be executed within the sure after death. Page 6 may be retained by the hospital or attending physician.	IN FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	it, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple the signed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cre-	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

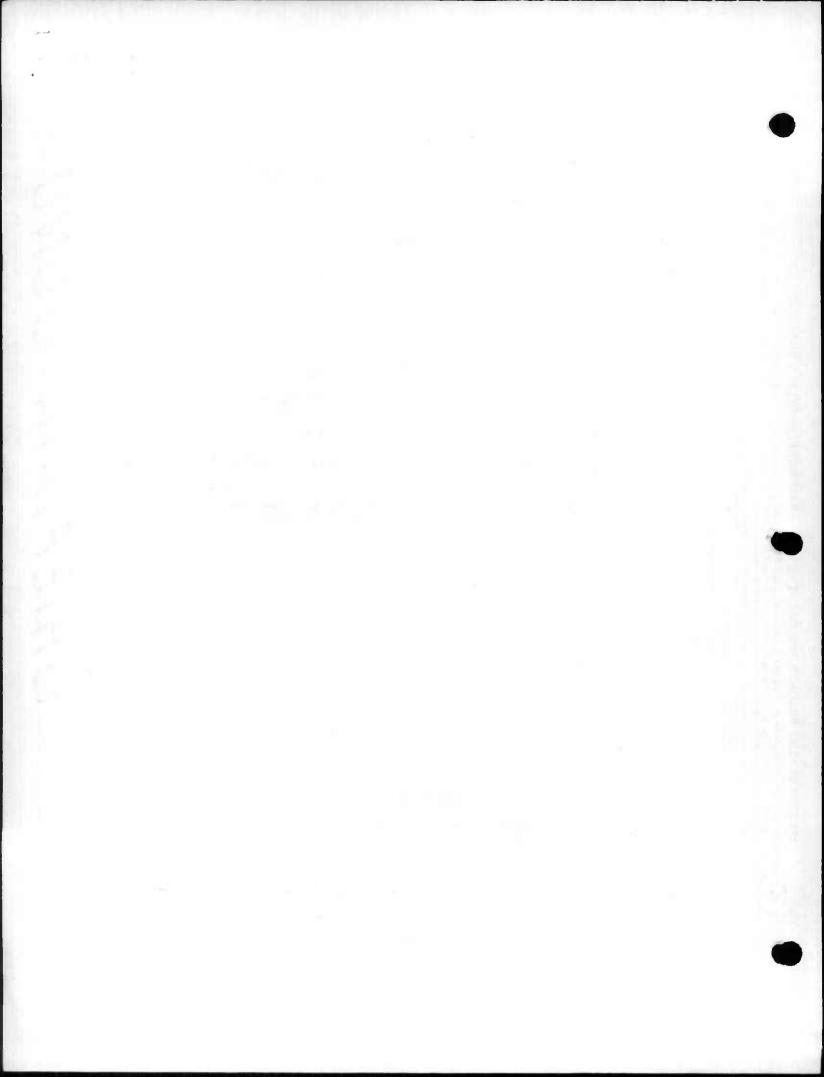
										91	36   26		
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND A				EALTH AND	MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)					DEATH	2. DATE	OF DEATH		3.	TIME OF DEATH		
	William P m	alseed willi	- D	Mol		1	MONT	H DA		AR	a 30		
		SEX 6. AGE (In yrs. Ia		IF UNDER		IF UNDER 24 HRS	7 DATE	OF BIRTH	7	-	ACE (State or Foreign		
		M2 0 F 60	YRS.	MONTHS	DAYS	HOURS MIN.	(0.0	h, Day, Year)		Country)	MIT		
	9e. FACILITY NAME (If not institution, give street	1		9b. CITY	. TOWN O	R LOCATION OF	DEATH	////	9c, COUNTY	OF DEA	TH.		
10R	0.000	us paital			7	W501			B	/	tinore		
DIRECTOR	10a. STATE 10b. COUNTY				OR LOCAT					10	Dd. INSIDE CITY LIMITS?		
			Bal	timo		City				1	YES 2 NO		
A A	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WI												
1 11	6225 York Rd. A	pt. N-405				21212				U.S	Δ.		
BY FUNER	3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 T IF YES, GIVE WAR OR DATES			If yee, spe	ENDENT OF HISI colle Cuben, Max 2 NO Spe	ican, Puarto		or No- 14.	RACE — Black, V Specify:	American Indian, white, atc.		
8	15. DECEDENT'S EDUCAT		ECEDENT'S	USUAL O	CCUPATIO	N	168	. KIND OF BUS	SINESS/INDUST	RY	MILLE		
	(Specify only highest grade cor Elementery/Secondary (0-12)	mpleted) (( College (1-4 or 5+)	Give kind of a le. Do NOT us	work done se retired.)	during mo	st of working							
립	7	-103E 1 P / OH	anage	r				Produc	e Dept	. S1	uper Mkt.		
once.	17. FATHER'S NAME (First, Middle, Lest)				Middle, Maiden								
be notified at once TO BE CON		haas				Fligs	ho+h	Dite	6011				
2 8	19a INFORMANT'S NAME (Type/Print)	George C.E. Malseed Elizabeth Russell  19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
<b>₹</b> 2				Same as 10e									
90	Mrs. Bettie A. Mals		OF DIRRO					1 00- 10	047/04/ 014		04-4-		
tsn	1 Burial 2 X 27 matton 3 Removal from the other place)										, State		
E		4 Donation & Dotter (Specify) Hill top Service Corp. 12/31/91 Towson, Md.											
examiner must	1 1 10 10 1	1050 York Rd. 21204											
еха	Ruck Towson Funeral Home, Inc.										22201		
ie -	23. PART I. Enter the diseases, of con	olications that caused the deeth. Do not enter the mode of dying, such en						diec or reepi	ratory erreet		Approximete		
E I	shock, or heart fellure. Lis	shock, or heert fellure. List only one ceuse on each line.											
a l	IMMEDIATE CAUSE (Fine) disease or condition resulting in desth)  6.  CASTREINTESTINGE HEMORRHUGE												
E.	resulting in desth) e	DUE TO (OR AS A CONSE	POWENCE	140	MAK	runer					SDAYS		
or other traumatic event, the medical					1						11100010		
r other traumatic	Sequentielly list conditions, b. S	DUE TO (OR AS A CONSE	-) WCG	2/	ENGT	RATING	INTO	HERD O	FPANCA	645	I Week		
A P	ceues. Enter UNDERLYING												
취임	CAUSE (Disease or injury	DUE TO (OR AS A CONSI	EQUENCE O	E.							<del> </del>		
티트	that initiated events resulting in death) LAST	50E 10 (011 A5 A 001131	EGOENCE O	٠,.							İ		
SE SE	d										<u> </u>		
	DART II Other significant conditions	contributing to deeth but not	resulting	In the u	nderlyln	Cause given	in Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS		
shows any inju	AMENIOSCLEMOSIC	EMPHYSEMA	-111	A 1000 V	71/2	1100-		PERFOR			WAILABLE PRIOR TO OMPLETION OF CAUSE		
E 0	ANTENIO SCLENOSIS, EMPHYSOMA, CONGESTIVE HOPET 1 YES 2 NO COMPLETION OF CAUSE OF DEATH?												
N N	FAICURE, KENAL	FAILUNG.						ŀ		1	YES 2 NO		
23 A													
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPIFAT:		OTHE		ACE OF DEATH	(Check only o	ne)					
ySICI,	1   YES 2   NO   1	☐ Inpatient 2 ☐ ER/Outpatient	3 DOA	4 Nu		a 5 🗆 Rasiden	ce 6 🗆 Oth	er (Specify)					
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF	28c. INJ	URY AT	28d. DE	SCRIBE HOW I	NJURY OCCUP	ED			
marked, BY PH		,, -3,,,		М		YES 2 NO							
₹ Q	2 Centetele	28a. PLACE OF INJURY — At h building, etc. (Specify)	noma, tarm,	atreet, fac	tory, offic	n		CATION (Street		Rurel Rou	ite Number,		
8 발	4 Homicide datermined						City	or Town, State)					
Item 2	29a, CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge	feath occur	and at the	time det-	and place, and	due to the co	manufat and ma	nner se state d				
MPL	(Check only one) 2 MEDICAL EXAMINER:	ICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. ER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as state								nd manner sa stated			
N S								- arra Pieros, en					
MPORTANT: If item  D BE COMPLE	296. SIGNATURE AND THEE OF CENTIFIER					29c, LICENSE				,	Aonth, Day, Year)		
¥ o	The second of	JIMESTON, DE			1.	P14	873		12/	30	191		
	30. NAME AND ADDRESS OF FERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 273 / 500	Drint!						-			

RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. AUGISTRATE SIGNATURE PANCELLE

JAMES W. (31. DATE FILED (Month, Day, Year)
DEC 3 1

WIERCH

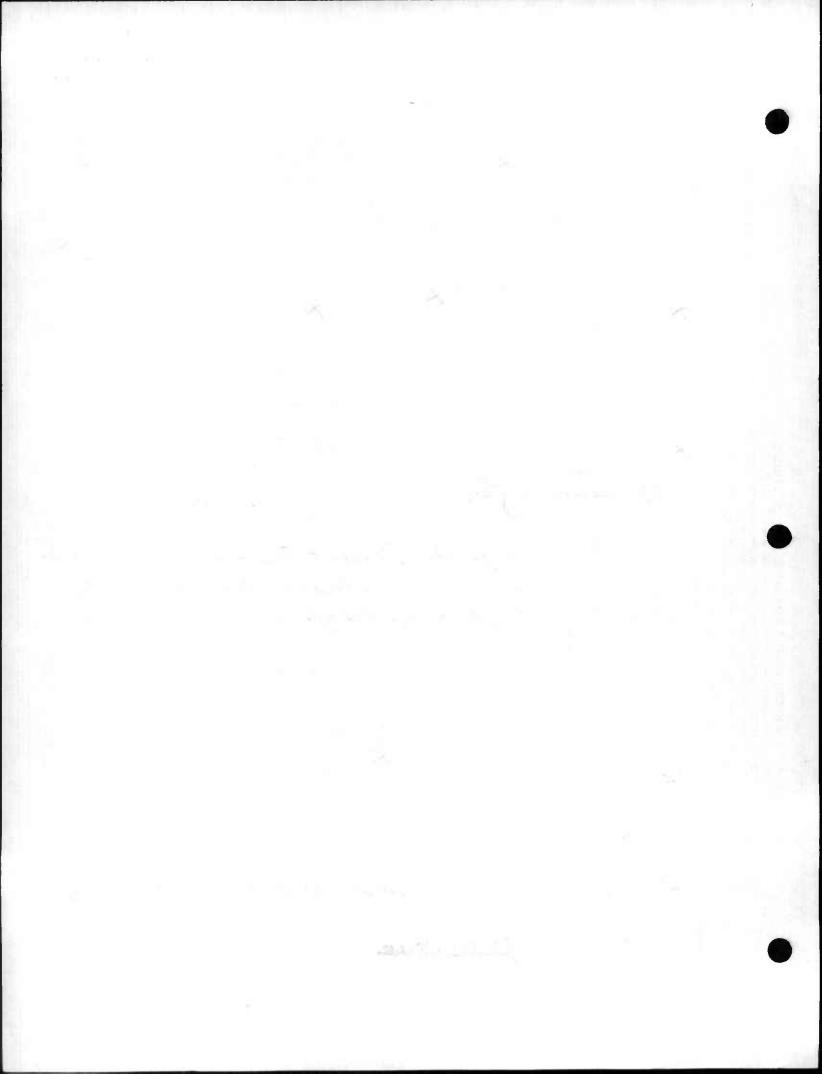


	Ξ	3
	24	129
,	withIn	natatah
	ecuted	no pu
<	8	0
)	P	Spinis
	rtificate	o phae
	8	odio
5	death	affe a
	the	th
	that	A pa
	quires	n cinn
	9	Pop
1	NE I	920
	Ĕ	40
	SICIAN:	nartifica
)	PHY	thic
	DING	Attor
	ATTEN	ECTINE.
	OR	DIA
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tri	FUNERAL DIRECTOR: After this partificate has been closed by the attending physician and completely diled

	Pages	
10 I HE HOSPITAL OF A LENDING PHYSICIAN. The Taw requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury or other insumalic event, the medical assuminar must be notified as once

	FOR 1 - STATE		STATE OF I	MARYLAND	DEPAI	RTMEN	T OF H	IEALTH	AND	MENTAL	HYGIEN	E		56121
	REGISTRAR  1. DECEDENT'S NAME (First	Adjulation diseases		<u>C</u>	ERTIF	ICAT	E OF	DEA	TH	-	REG. NO.			
	ELLA									2. DATE (	F DEATH DA	M.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	~	MYE							DECEM		8, 19	91	6:30 p м
	212-24-9413		5. SEX	6. AGE (In yrs. Ia		IF UNDE	DAYS	HOURS	R 24 HRS.	7. DATE 0 (Month,	F BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
			1 🗆 M 2 🔀 F	92	YRS.				INDITA		H 20 1	1899	10000	MARYLAND
œ	90. FACILITY NAME (If not in					9b. CITY	r, TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF D	EATH
ᅙ	MERIDIAN NU		HOME				CAT	ONSV	ILLE			BA	LTIM	ORE
E C	10e. STATE	10b. COUNT	Υ		10c. CIT	TY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MARYLAND	BA	LTIMORE			CATC	ONSV	TTTE						LIMITS?
	10e. STREET AND NUMBER					OAL		ZIP COD	E			10a CITI	ZEN OF W	1 TYES 2 NO
ER/	300 BLOOMSE	BURY	AVENUE					2122						
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AJ	RMED	13.	WAS DEC			NIC ORIGIN?	(Specify Yee	or No I	.S.A	- American Indian,
	1 Never Married 2		FORCES? 1	YES 2	Ю		If yes, sp	ecify Cube	en, Mexica	an, Puerto Ri	cen, etc.)	Or 140-	Black	, White, etc.
ВУ	3 Widowed 4 Divo	rced		- III OII DAILO			I [] TES	ZONO	Specif	ny:			Speci	WHITE
	15. DEC	EDENT'S EDU	ICATION Completed	16a, DI	CEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0		College (1-4 or 5		live kind of Do NOT u	se retired.)	aunng mo	St of Worki	ng		EALTH			
MP	8			N	URSE					S	CATE C	F MA	RYLA	ND
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18, MOT	HER'S NA	AME (First, Mi	ddle, Maiden	Sumeme)		
BE (	WEBSTER		BURDET	TE				M.A	ARY	CA	CHERIN	E	TAB	T.ER
2	19a. INFORMANT'S NAME (1			19	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural i	Route Numbe	r, City or Town	, State, Zip		DDK
-	ELLA NORA H	HOERL	(DAUGHTER	()	30	00 BI	LOOMS	BUR	Y AV	E. CA	TONSV]	LLE	MD	21228
	20e METHOD OF DISPOSITI	ION	comi from State	20b. PLACE	ANDDATE	OF DISPOS				OATE		CATION —		
	4 □ Donation 5 □ Other	(Specify)	Tom State	SPRIN	IGF IE	LD place)	CEME	TERY		12/3	191 S	YKES	VTITI	E MARYLAND
	21. SIGNATURE OF FUNERA	SERVICE LIC	CENSEE	1		22. T E	NAME AN	D ADORE	SS OF FA			LICEDO	V 4-1414	CATONSVILLE
- 3	Kun	succe	were	EL		16	SO EL	MONTO	SCAL VI	MITZKE	FUNERA TIMORE	L HOME	E OF C	CATONSVILLE
	23. PART i. Enter the di shock, or he	seasea, or c	complications the List only one cau	t caused the de	eath. Do i	nDt enter	the mo	da of dy	ing, auc	h aa cardi	ac or respir	ratory arr	est,	Approximate Interval Between
	iMMEDIATE CAUSE (Fin disease or condition	ai	1			7/			-		/			Onset and Death
	resulting in death)	<b>→</b>	a. Conce	TOR AS A CONSE	e	No	ar	1	H	an	m			Sape.
			0	- COMBE	QUENCE O	"	01		-36	-21	,	-	1	-
CERTIFICATION	Sequentially list conditi		b. DUE 10	(OR AS A CONSE	UENCE O	6	m	Long	uc	Mes	ral	me	len	- Type
AT	if any, leading to immed cause. Enter UNDERLY!		Me	4	0	0	1-	/	٠.	1				-
프	CAUSE (Disease or inju that initiated events	ry 🥻	DUE	OR AS A CONSE	DUENCE OF	ne	000	you	20	te de				142
F	resulting in death) LAS	T												1
8		_	*-											1
¥	PART II. Other significa	nt condition	s contributing to	death but not a	esulting	in the un	derlying	cause o	given in	Part I. 1	PERFORI		240.	WERE AUTOPSY FINORIGS
음										_ 10	YES 2			AWJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
뿔														1 YES 2 NO
ä														District Committee
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH /Ch	reck only one)			_	
S	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OT HER		S C Re	rsktence	6 [] Other	Specifyl			
H	27. MANNER OF DEATH		28a. DATE OF (Month, D	BUURY to West	28b. TIM		28c. INJU	JRY AT			RIBE HOW IN	JURY DOC	URED	
BY		Pending nwellgation	, marat, an		1143	M	1 Y	ES 2	NO					
	3 Suicide & C	Could not be	28e. PLACE O	F INJURY At ho etc. (Specify)	me, form, s	street, fact	ory, office			28f. LOCAT	ION (Street ar	nd Mumber	or Runii Ri	oute Number
2	4 Homicide c	setarmined		eur (returne)						City or	Rown, State)			- 1
7 1	29e. CERTIFIER	IFYING PHYSI	CIAN: To the best of	my knowledge de	ath occurr	ed at the ti	me dete	and place	and due	4- 45	4.4			
COMPLETED														end manner ee stated.
	29b. SIGNATURE AND TITLE				32.10	, 0					- prece, and			
BE	11)25	20	M			21.	100	29c. LICE	NSE NUM	WBER				(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHI	O COMPLETED CALLS	E OF DEATH (ITE	1 27/12	Pripe)	-	111	78	//		- [	1-3	0-91
	DAVID MOSEM	AN M.I	5205 5	EAST D	RIVE,	, ARB	UTUS	, MAR	RYLAN	ND				
ŀ	31. DATE FILED (Month, Day, )	(bar)	32. REGISTRA	R'S SIGNATURE			_							
	31. DATE FILED (Month, Day,	3 1 199	31 gulia	Davidson	Ande	12								





Pages 1, 2, 3 should

permit.

as the burial-transit

use

Þ

page 5 should be detached

director,

the funeral

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

DEC 3 1 1991

Dayle

SORITRO

contino

30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

SORIAM

NOCAL

B	24 hours after	/ filled in by the tion, or removal
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal
DIVISION OF VITAL	HOSPITAL DR ATTENDING PHYSICIAN: The law	FUNERAL DIRECTOR: After this certificate has within 72 hours after death with the State Dept

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MOIR 810 AM WOR MATA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 1751254 DAYS HOURS 51 1 M 2 - F YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6000 SMARTAN BATTHORE, MD DIRECTOR HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? 1 YES 2 - NO Md Baltimore City FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21218 1622 North wich Rd 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 ND Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify BY 3 Widowed 4 Divorced Blk COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Moir notified at Georgia A. Beavers 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1622 Northwick Bd Farlyne Gibson Moir 21.218 g 20s. METHOD OF DISPOSITION

1 Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE DF DISPOSITION (Name DATE examiner must of cemetary, crematory or Metro crematory Balto. Md 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE medicai 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert fellure. List only one cause on each line. Approximate intervai Between **Onset and Death** IMMEDIATE CAUSE (Finel the diseese or condition resulting in death) other traumatic event, FAILURE/ROVAL FAILURE HEART GETTIVE CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 - YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Hem HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 8 | Other (Specify) 1 TES 2 NO nt 2 - ER/Outpetient 3 - DOA 0 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datarmined 8 ED 4 Nomicide 28 ET Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL = 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II

MEDICAL

5601

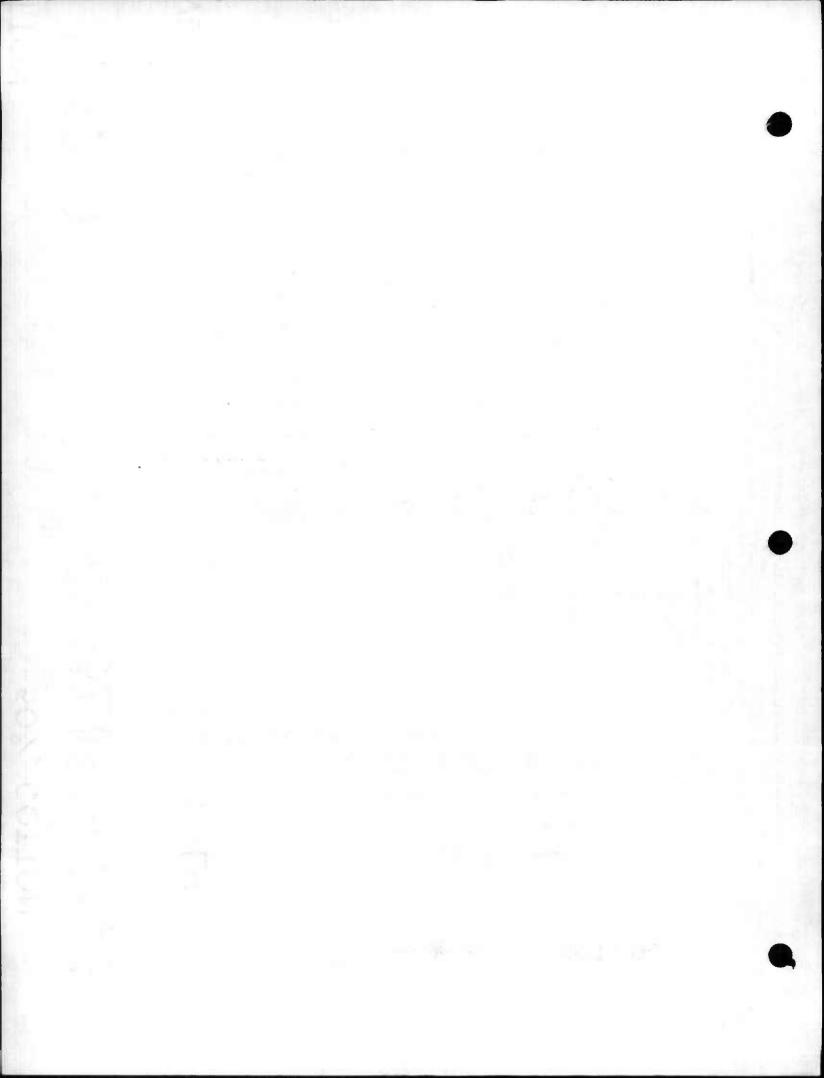
32: REGISTRAR'S SIGNATURE

INTERN

29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

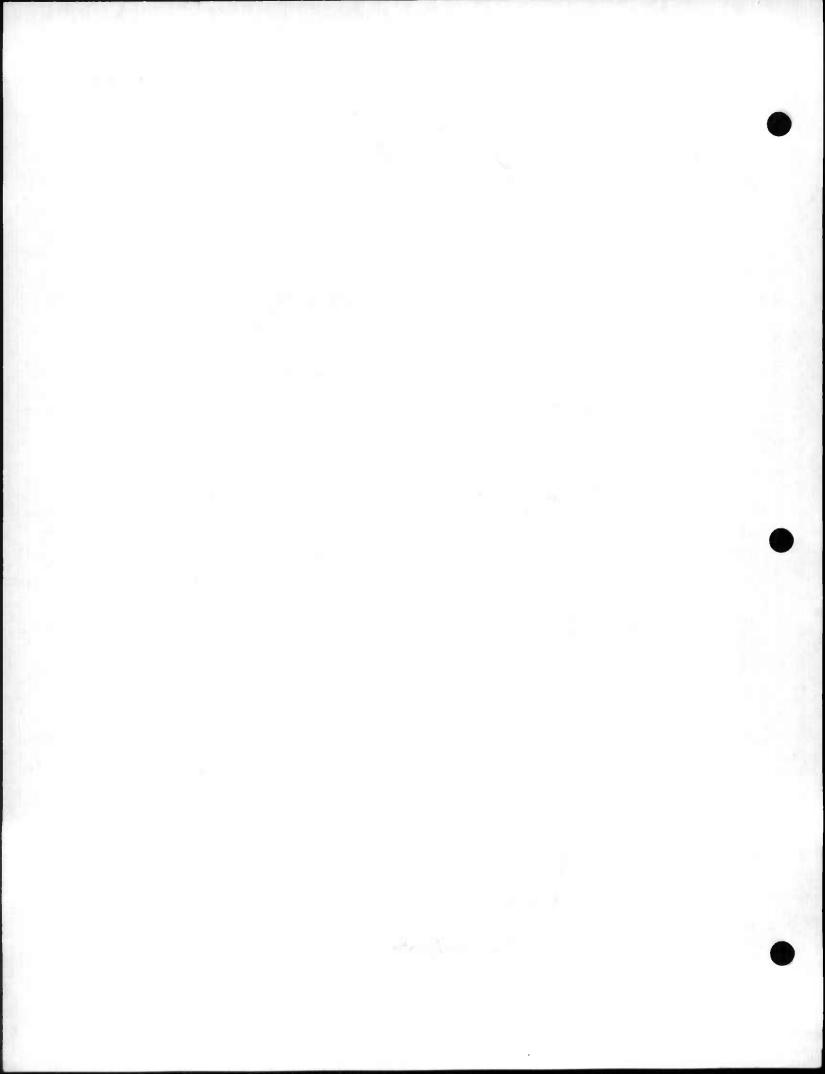
LOCAT RAVEN BUP.



0,	within
6876	executed
X	be
O. B(	law requires that the death certificate be executed
S, P.	death o
Ö	#
H C	that
RECO	requires
_	AMP.
Z	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The I
O	DING
NIS.	ATTEN
	R
	SPITAL

91 36129 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GWENDOLYN F. MOON DECEMBER 26,1991 5. SF R. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign FEB. 28, 1942 49 YRS. 1 - W 2 -XX VIRGINIA for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES EXT NO MARYLAND HOWARD ELLICOTT CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3016 D OAK GREEN COURT 21043 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2XXNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black. White, etc. 1 Never Merried 2 Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 TES 2XXNO BY Specify: 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementery/Secondery (0-12) SOCIAL SECURITY ADMINISTRATION 5+ CLAIMS EXAMINER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) W. RUDOLPH MOON 100 AZIA SHORT BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RHONDA M. ZECHINI (SISTER) 415 WESTOVER BLVD., LYNCHBURG, VIRGINIA 24501 Pe 28e-METHOD OF DISPOSITION
1 4 Burlat 2 Crametion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE FT. HILL CEMETERY 12/30/91 LYNCHBURG, VIRGINIA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 ussell completely filled in by the medicai 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete ehock, or heert feilure. List only one ceuse on each line. **IMMEDIATE CAUSE (Finsi** the **Onset and Deeth** disease or condition resulting in death) () Rus event. DUE TO (OR AS A CONSEQUENCE OF) burial. other traumatic and CERTIFICATION Sequentially list conditions, Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate ceuse. Enter UNDERLYING physician CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST attending 0 the atten Mental I PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part i. MEDICAL 24a, WAS AN AUTOPS 14b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED shows any 1 TES 2 NO OF DEATH? 1 TES 2 NO been it. of h PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item State HOSPITAL OTHER: 1 TYES 2 THO 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) with t 28c. INJURY AT marked, 28d. DESCRIBE HOW INJURY OCCURED М 1 YES 2 NO BY After death 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28 is 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: A COMPLETED 4 Homicide item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. FUNERAL within 72 h = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAM ed at the time, data and place, end due to the ceuse(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CENTIL 29d. DATE SIGNED (Month, Day BE Your 26





permit. Pages 1, 2, 3 should

use as the burial-transit

once.

늄

notified

pe

must

ğ	Ö		4
Death. P	funeral		examin
The of the control of the saw required that the acest controls of executed within 24 mous after beatiff. Page	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	II. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
4.7	filler	Ou.	he
I WILLIAM	mpletely	, cremati	event, t
CASCUIG	n and co	to burial	ımatic
5	Sicia	prior	trai
COLUMN TO STATE OF	ding phy	ygiene	other
Carl	atten	ntal H	y, or
2	the	1 Me	injer
1011	od by	h and	any.
2010	signe	Healt	8.4
200	been	1. 0	sho
0	has	Depl	1 23
	icate	State	Her
	pertif	the	0
,	this	With	ked
	After	leath	E
-	DR: 1	ter	8 18
č	ECH	rs a	Д 5
5	DIE	Poe	ite
2	RA	2	
r	144	4	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WILBERT S. **MEARS** December 991 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign 1 🛛 M 2 🗌 F 215-05-6014 93 Mar. 21, 1898 Cambridge. Md 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2909 Westfield Ave. Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2909 Westfield Avenue 21214 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerio Rican, etc.) BY 1 YES 2 NO Specify 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Coffege (1-4 or 5 +) Accountant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William J. Mears BE Annie Creighton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>Melva Milauskas</u> 2909 Westfield Ave. Baltimore, Md. 20a. METHOD OF DISPOSITION

1 X Burlet 2 

Cremetion 3 

Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State 4 Donation S Other (Specify) Moreland Memorial Park 12/31/91 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Roy H. Cather

Roy J. Cather

Leonard J. Ruck, Inc. 5305 Har

23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Baltimore, MD Leonard J. Ruck, Inc. 5305 Harford Rd. Approximata shock, or haart failure. List only one cause on each line. Interval Between Failure IMMEDIATE CAUSE (Final Onset and Dasth disease or condition KIDHEY 1 year resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Diseasa or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS eart disease AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, ferm, street, fectory, office COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ea stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, esth occured at the time, date end place, end due to the ceuse(a) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
DO 5820 29d. DATE SIGNED (Month. Day, Year) BE andorf Lonald

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7403 Harford Rd.

THE SISTEMBER SHOULD AND A SECOND AND A SECOND AS A SE

R. Donlad Jandorf, M.D.

FOR STATE REGISTRAR

1

	12
တ်	With
, P.O. BOX 13146,	flad
n	26
Ξ.	ğ
×	2
2	200
	Hifi
o	ā
n.	4
_	do
S	tho
OF VITAL RECORDS,	hat
0	200
Ö	- in
쁬	100
-	34.6
7	9
=	F
5	AN
11	Olo
$\overline{c}$	3
_	0
Ž.	1870
$\underline{\circ}$	2
DIVISION	Ė
≥	0
	0
	PUTAL OF ATTENDIATE DUVELOIAN. The law requires that the death cartificate he exerting within

1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR SARAH R MITCHELL 12 1991 11:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS Dec. 12" 1909 (Miny) 216-74-5264 1 M 2 X F detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CITIZENS NURSING HOME DIRECTOR HAVRE DE GRACE HARFORD 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Abingdon Mi. 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE USA 21009 100 Long Meadow 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, While, aic. FORCES? 1 | YES 2 | IF YES, GIVE WAR OR DATES X 1 Never Married 2 Married 1 TYES 2 NO Specify: White BY 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ontary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Carmela Giarding Venerando Badolato een signed by the attending physician and completely filled in by the funeral director, page 5 should be of Heath and Mental Hygiene prior to burial, cremation, or removal. notified at BE 19a, INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
323 Royal Oak Drive, Bel Air, Md. 21015 2 Anthony Mitchell pe 20b. PLACE OF DISPOSITION (Name of cometer), crematory or MOPETAND Memorial Dec. 30, 1991 20c. LOCATION — City or Town, State Baltimore, Md. must 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ladden Leonard J. Ruck Inc. 5305 Harford Road 21214 develo medical 23. PAST i. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. intervai Between Onset end Death IMMEDIATE CAUSE (Final or item 23 shows any injury, or other traumatic event, the diseese or condition resulting in death) DUE TO (OF AS A CONSEQUENCE OF): ementia . 0 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resuiting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO latier COMPLETION DE CAUSE 1 YES 2 NO 1 - YES 2 NO DIRECTOR: After this certificate has been a hours after death with the State Dept. of H Item 28 is marked, or Item 23 shor PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 V Nursing Home 5 - Residence 6 - Other (Specify) HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Natural 5 Pending Investign 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ED 6 Could not be 4 Homicide Ē CERTIFFIER (Check only one)

CERTIFFIER (Check only one)

CERTIFFIER (Check only one) COMPL NERAL hin 72 I MANTE II 2 MEDICAL EXAMINER: On the ba ition and/or investigation, in my opinion, death occured at tha time, deta end place, end dua to tha ceuse(a) and manner se stated. Pi. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Home 28/9 2 264 2 HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5100 Bel 32. REGISTRATE AND ATTUM ON CARE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

36 | 3 |

REG. NO

ĕ	2	21
ie ie	=	0
100	발	3
‡	Me	클
8	and	=
ed	5	8
Sign	Hea	\$ X
een	0	Sho
S	ğ	63
Ę	ŏ	-
cate	State	iten
ertif	the	6
this	with	rked.
Affer	leath	ma
÷	5	.00
Ē	affe	28
DIREC	I hours after death with the State Dept. of Health and Mental Hyg	If Item 28 is marked, or item 23 shows any injury, or o
Z.	R	=
Į	1	14 14 14 14 14 14 14 14 14 14 14 14 14 1

### MARS   MARS		REGISTRAR  1. DECEDENT'S NAME (	First, Middle, Last)			3-1111	FICATE	01	DEA	1	2. DATE OF			3. TIM	E OF DEA
SOUL SECURITY NUMBER   5. SEC   S. AGE (or pres to prescape )					SIGLI	A					MONTH	D.	991	YEAR	
213-18-30/2 Marvi and 2-10-1902 Marvi and 2-10									-		7. DATE OF	BIRTH		8. BIRTHPLACE	
26.24 St. Paul St. Apt. 1A  Baltimore  100 April 10 April					89	YRS					2-10		2		nd
Mary   and   Mary   and	E.	N .			4 0					ON OF DEA	TH		9c. COUN	NTY OF DEATH	
Mary   and   Mary   and	CTO	RESIDENCE OF D	PECEDENT	. Apt.	IA		Ba	Itii	more						
DELITION WITH COLUMN CONTROL STATE COLUMN CO	Œ	F-201	10b. COUNT	Υ					ION					10d. (N	ISIDE CITY
TAMPITAL STATUS  1. MARTIAL STAT			IER .			B	<u>altimo</u>							1 11	
MARTIAL STATUS   Married	8			Ant	1 Δ			101.							OUNTRY?
South   Sout	S	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ARMED	13. W	AS DECI			C ORIGIN?	Specify Yes	U.S.		erican Indi
15. DECEMBER'S EDUCATION  16. DECEMBER'S BUILDANDON  17. FATHER'S NAME (First, Michiga, Leat)  17. FATHER'S NAME (First, Michiga, Leat)  18. MOTHER'S NAME (First, Michiga, Leat)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga Michiga)  20. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  19. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  20. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  20. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  21. MARINA ADDRESS (Steme and Number or Reset Robes Michiga)  22. MARINA ADDRESS (Steme and Number or Reset Robes Michiga)  23. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  24. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  25. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  26. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  26. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  27. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  28. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  29. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  29. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  29. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  29. MALINA ADDRESS (Steme and Number or Reset Robes Michiga)  29. MALINA AD	>			IF YES, GIVE	MAR OR DAT	2 (X)NO TES	111	yes, spe	ecify Cubar	n, Mexican	Puerto Rici	in, etc.)		Black, Whita,	
Constitution of work of work devices during most of working from the design material processing from the design from material processing from the design from material processing from the design from material processing from the design from the design from material processing from the design from the design from the design from the design from the design from the design from the design from the design from the design from the design from the design from the design from the design from the design from t	0			CATION							_				
TO TO TO TO TO AS A CONSCOUENCE OF:  Sequentially list conditions contributing to death but not resulting in death)  PART II. Other algorificant conditions contributing to death but not resulting in the underlying couse given in Pert I.  22. MAS CASE REFERENCE TO CONSTRUCT CONSTRUCTION OF OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CO	H 1	(Specify	only highest grade	completed)		(Give kind a	f work done du	ring mos	on st of working	g	16b. KI	ND OF BUS	SINESS/IND	USTRY	
Thomas Madden  19. MATHER'S HAME (First, Middle, Last)  Thomas Madden  19. MALING ADDRESS (Store and Marker of Paul Resulting Copy Town, Stells (Apt. 17)  19. MALING ADDRESS (Store and Marker of Paul Resulting Copy Town, Stells (Apt. 17)  26. METHOD OF TOWN CROSS (Store and Marker of Paul Resulting Copy Town, Stells (Apt. 17)  26. METHOD OF INDERSTITION  1) Burdle 2 of Crimetion 3   Removal from Stells (Apt. 17)  20. PLACE AND ATE OF DIPPOSITION (Name of 17)  20. PLACE AND ATE OF DIPPOSITION (Name of 17)  21. SIGNATURE OF PUREALS SERVICE LICENSEE  22. NAME AND ADDRESS OF FACULTY  23. PART I. Enter the diseasea, or complications that coused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, interval I Onset and Stells (Store of Part I)  23. PART II. Enter the diseasea, or complications that coused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, interval I Onset and Stells (Store of Part I)  24. MARKET CAUSE (Fine)  25. WAS CAUSE REFEREND TO MEDICAL CONTINUE CO	MPL				'	Clerk									
The Informant's Name (ppurphind)  199. MALINO ADDRESS (Store and Number of Plant Role Number (City or Town, Stein, Zip Coole)  200. PLACE AND DATE (1)  200. PLACE AND DATE of DISPOSITION (Immed)  200. PLACE AND DATE of DISPOSITION (Immed)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ROY H. Cathery  22. PART I. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition.  23. PART II. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition.  24. PART II. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition.  25. PART II. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition.  26. PART II. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition.  27. PART II. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition.  28. PART II. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition.  29. PART II. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition.  20. PART II. Enter the diseases, or complications that crossed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval diseases, or complications that crossed the death. Do not enter the mode of dying is such as cardiac or respiratory arrest, interval disease or conditions.  20. DUE TO (OR AS A C	00								18. MOTH	IER'S NAM	E (First, Mick	tle, Maiden	Surname)		
ROSEMATIC Phillips  2624 St. Paul St., Balto., Md. 21218 (Apt. 1/2)  269, METHOD OF DISPOSITION 1/8 BURIS 2   Cremeters 1/2   Canada   Date   200 LOCATION - City or Town, State   4   Donation 5   Other (Specify) 21. SIGNATURE OF FURENELL SERVICE LICENSEE  ROY H. Cather  ROY H				en		and the second									
200, METHOD OF DISPOSITION (Name of 1) Band 2   Cerementors 3   Removes from State 2   Cerementors 3   Removes from State 2   Cerementors 3   Cerementors 4   Cerementors 4   Cerementors 4   Cerementors 5	2			ips											4.5
New Cattled   Secretary   Se		20a, METHOD OF DISPO	SITION		20b. I	PLACE AND DAT	FOE DISPOSITI	ION /Nor	me of	, Da					
22. NAME AND ADDRESS OF FACILITY  Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md.  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferred inferr		4 Donation 5 Ot	her (Specify)		- Ceme	w Cather	ral Cem	eter	y	12-31	<del>+</del> 91				
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, ehock, or heer fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR												1 -0.2	001, 11	~	
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, ehock, or heer fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR		I V J		`			22. NJ	AME AN	D ADDRES	S OF FACI	LIT				
The initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d		23. PART I. Enter the ehock, or	diseeses, or or heert fellure.	complications the	it ceused	tha death. Do	Leon	nard	J. R	uck, Ir	nc.,530	5 Har	ford R	eat, A	pproximaterval B
AMALBLE PRIOR  TO PERFORMED?  The standard of the standard of	SATION	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list conif any, leading to immanue.	disease, or or heert feliure.  Finel  ditions, mediate LYING	e. A SC	OR AS A	CONSEQUENCE	Leon not enter the	nard	J. R	uck, Ir	nc.,530	95 Har	ford R	eat, A	pproximaterval B
There is no in patient 2   ER/Outpatient 3   DOA   - CERTIFI	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comit amy, leading to immicause. Enter UNDERI CAUSE (Disease or in thet initiated eventa resulting in death) Li	ditiona, mediate LYING njury	e. A SC DUE TO DUE TO DUE TO d.	(OR AS A C	CONSEQUENCE CONSEQUENCE	Leon not enter the option of t	nard	J. Ri	uck, Ir	aa cardlad	or reapl	retory arre	eat, A	pproxim nterval B nset and	
There is a content of the period of the peri	MEDICAL CERTIFI	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list conditions, leading to improve the cause. Enter UNDERICAUSE (Disease or in the Unitiated eventa resulting in death) Lipart II. Other algniff	discess, or or heert fellure.  Finel  dittions, mediate LYING njury AST	e. A SC DUE TO DUE TO DUE TO d. e contributing to	(OR AS A C	CONSEQUENCE CONSEQUENCE	Leon not enter the option of t	nard	J. Ri	uck, Ir	aa cardlad	a. WAS AN.	AUTOPSY MED?	24b. WERE A AVAILAB COMPLE DF DEAT	pproximaterval Brinset and
2   Accident 3   Sulcide 4   Homicide   Sea. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)    29a. CERTIFVING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner early one)   2   MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner early one)   29a. DETERMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner early one)   29a. DETERMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner early one)   29a. DETERMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner early one)   29b. DETERMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner early one)   29b. DETERMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner early one)   29b. DETERMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner early one)   29c. LICENSE NUMBER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Da	MEDICAL CERTIFI	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comit any, leading to immediate. Enter UNDERICAUSE (Disease or lithet initiated eventa resulting in death) L.  PART II. Other algniff	discess, or or heert fellure.  Finel  distions, mediate LYING njury  AST	e. A SC DUE TO DUE TO d. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A C	CONSEQUENCE CONSEQUENCE	Leon not enter the company of the co	nard	J. Ri	uck, Ir	ort I. 24	a. WAS AN.	AUTOPSY MED?	24b. WERE A AVAILAB COMPLE DF DEAT	pproximaterval Brinset and
Accident   Investigation   Suicide   Society	SICIAN: MEDICAL CERTIFI	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comif any, leading to immediate. Enter UNDER CAUSE (Disease or inthe tinitiated eventare uniting in death) L.  PART II. Other algniff  ACCUMA  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO	discess, or or heert fellure.  Finel  distions, mediate LYING njury  AST	e. A SC DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A C	CONSEQUENCE CONSEQUENCE CONSEQUENCE T not resulting	DEP: OTHER:	nard	J. Rida of dyla	uck, Ir	ert I. 24	a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE A AVAILAB COMPLE DF DEAT	pproximaterval Brinset and
4 Homicide determined statement of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ea stated.    City or Town, State	PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comit any, leading to immediate. Enter UNDER CAUSE (Disease or lithet initiated eventa resulting in death) L.  PART II. Other algniff  PART II. Other algniff  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	discesses, or or heert fellure.  (Finel	e. A SC DUE TO	(OR AS A C	CONSEQUENCE CONSEQUENCE CONSEQUENCE  T not resulting Consequence  T not resulting Consequence	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursin  ME OF   26	nardina moc	J. Rida of dyle	iven in Position of the seldence 6	ert I. 24	a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE A AVAILAB COMPLE DF DEAT	pproximiterval Brinset and
29a. CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piace, and due to the cause(a) end menner ea stated.  (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) and manner early one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) and manner early one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) end menner ea stated.  29a. SIGNIFICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) and manner early one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) and manner early one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) and manner early one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) and manner early one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) and manner early one and the cause(a) and manner early one and the cause(a) and manner early one and the cause(a) and manner early one and the cause(a) and t	BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or in the initiated events resulting in death) L.  PART II. Other algniff  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5 [	disease, or or heert fellure.  (Finel	Examplications the List only one cet.  A S C DUE TO	(OR AS A COOR AS A CO	CONSEQUENCE CONSEQUENCE CONSEQUENCE t not resulting Consequence t not resulting Consequence t not resulting Consequence	OF):  OF):	nardina moc	J. Rida of dyle	iven in Position 6	ert I. 24  brt I. 24  change of the control of the	a. WAS AN PERFOR	AUTOPSY MEO7 NO	24b. WERE A. AWALLAB COMPLE OF DEAT	pproximaterval Brancet and
29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  D 2 89 87  D 30 91	TED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comit any, leading to immediate. Enter UNDERICAUSE (Disease or in the Unitaled events reaulting in death) L.  PART II. Other algniff  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Accident  3 Suicide 6	discesses, or or heert fellure.  Finel  dittons, mediate LYING njury  AST  Icent condition  TO MEDICAL  Pending investigation  Could not be	Examplications the List only one cet.  A S C DUE TO	(OR AS A COOR AS A CO	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  It not resulting  Light 3 DOA  28b, Ti	OF):  OF):	nardina moc	J. Rida of dyle	iven in Position 6	ert I. 24  brt I. 24  change of the control of the	a. WAS AN PERFOR	AUTOPSY MEO7 NO	24b. WERE A. AWALLAB COMPLE OF DEAT	pproximaterval Brancet and
0 2378/	ETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the ehock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comit any, leading to immediate. Enter UNDERICAUSE (Disease or lithet initiated eventa resulting in death) L.  PART II. Other algniff  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 6 Homicide  29a. CERTIFIER (Check only)  1 CE	disease, or or heert fellure.  Finel  ditions, mediate LYING njury  AST  Cont condition  TO MEDICAL  Pending Investigation  Could not be determined	Examplications the List only one cet.  A S C DUE TO	(OR AS A COOR AS A CO	CONSEQUENCE CONSEQUENCE CONSEQUENCE  It not resulting Consequence  Con	DF):  OF):  OF):  OF):  OTHER: 4   Nursin ME OF JUNY M  street, factory	Partial Research Control of the Cont	J. Rida of dylar da  iven In Position of the Internal of the Internal of In	ert I. 24  brown one)  Other (Sized, DESCRI	a. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCCU	24b. WERE A AVAILAB COMPLE DF DEAT 1  YE	UTOPSY FILLE PRIOR CTION OF CTION	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the ehock, or IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list comit any, leading to improve the cause. Enter UNDERI CAUSE (Disease or intert initiated eventa reaulting in death) Lipart II. Other algniff  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 [ Accident 3 Suicide 6 [ Check only one) 2 MM	discess, or or heert fellure.  Finel  ditions, mediate Lying njury  AST  Icent condition  TO MEDICAL  Pending investigation  Could not be determined  ERTIFYING PHYSIGEDICAL EXAMINE	Examplications the List only one cet.  A S C DUE TO	(OR AS A COOR AS A CO	CONSEQUENCE CONSEQUENCE CONSEQUENCE  It not resulting Consequence  Con	DF):  OF):  OF):  OF):  OTHER: 4   Nursin ME OF JUNY M  street, factory	26. PLA g Home sc. INJU WOR 1   Yi r, office	J. Rida of dyle	iven in Post ATH (Check lidence 6 No 2 and due to det the tire	ert I. 24  brt I. 24  conly one)  Other (S)  cell LOCATIC  City or R	a. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCCU	24b. WERE ALAWALLAND OF DEAT 1 YE	pproximaterval Branset and

-may 15 - 1 mark - 120 ( 201 ( 2013)

	2, 3 should	
	mit. Pages 1,	
al or attending physician.	for use as the burial-transit permit. P	
e hospit	etached	once.
d by th	d be d	to to
retaine	5 shou	notifie
ad yer	, page	ust be notified
30e p	director	E
eath.	funeral	t, the medical examine
arrer c	by the	ical e
DOURS	lled in	med
67 DIG	etely fil	nt, the
M Dal	comple ial. cre	eve
CARCI	to bur	umati
certificate be exect	ohysicia e prior	er tra
200	Hygien	r oth
mean a	signed by the atter Health and Mental	ury, o
וופון יוו	b and	any in
w reduice and an	n signi	23 shows any inj
Jaw In	as bee	23 sh
W. Inc	State	Item
SIGN	is certi	10 , Dr
אם בים	III: After this certificate ha	marke
No.	A HOM	SI 82
500	DIFFEC Yours	llem 2
Series.	E TO	NT: If them 28 is marked, or item 23 shows any injury, or other traumatic
-61	-	-

Natural

BY

COMPLETED

298 BE

5 Pending

36133 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12month GYEAR Barbara Mildred Norris 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 1 - M 2 - F MD 213-34-4731 54 37 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR 152 Palormo Avenue Baltimore 10e. STATE Baltimore 10h COUNTY 10d. INSIDE CITY MD 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3800 W. Belvedere Avenue Apt. 212 21215 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ∑ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 1 TYES 2 X NO Specify: 3 Widowed 4 X Divorced Black COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 9th College (1-4 or 5+) Disabled 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Earl Scott BE Elaine Bright 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Crystal Norris Moore Woodington Road. Balto., 21229 MD 20s. METHOD OF DISPOSITION
1A Burlet 2 Cremetton 3 Removat from State 12/30 20c. LOCATION - City or Town, State
Baltimore, MD 20b. PLACE AND DATE OF DISPOSITION (Name of comoundorry Parkisc Cem. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY
MARCH FUNERAL HOME WEST lad 4300 Wabash Ave., Balto., 21215 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or heart feilure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disesse or condition MASIATIC resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initisted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 NO HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

М 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify) 3 Sulcide 8 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 29a. CERTIFIER

1 DCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end pieca, and due to the cause(e) and menner ae stated. (Check only one)

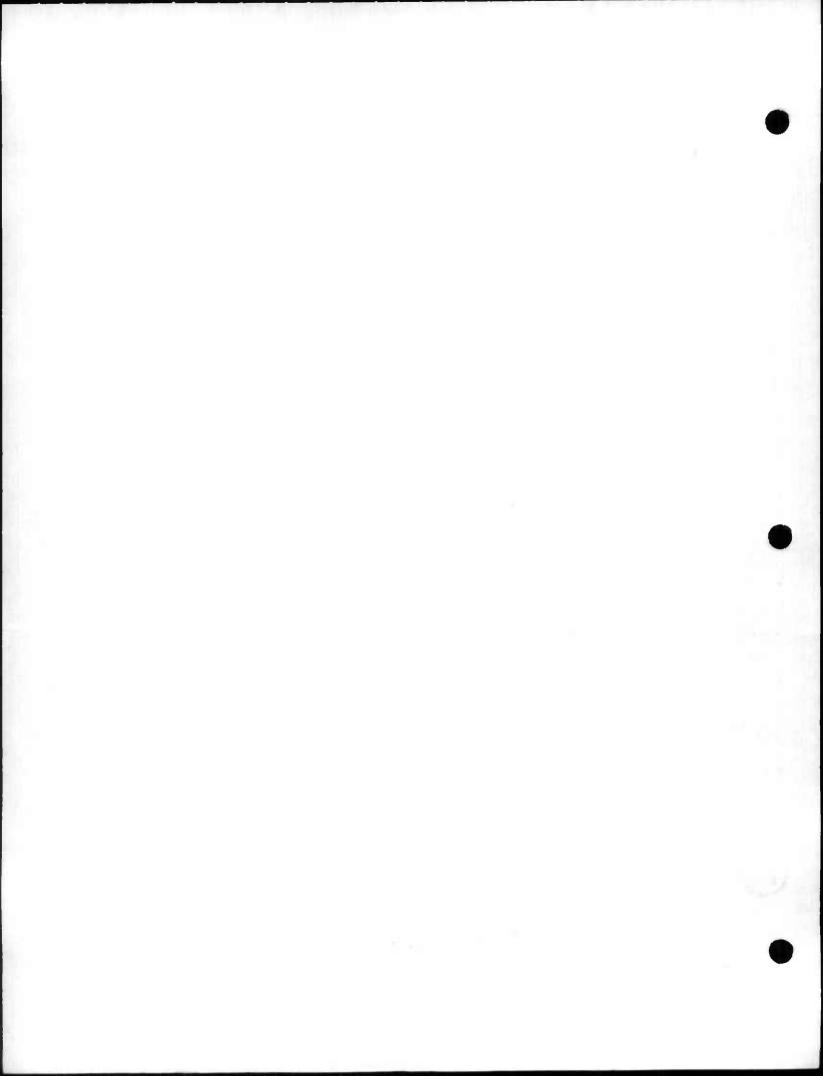
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, desth occured at the time, date end place, end due to the cause(e) end menner as stated.

SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 017207	29d. DATE SIGNED (Month, Day, Year)

M 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

600 NHOlfeST. HODEINS ONCOlogn Center

32. ANGISTRAR SIGNATURE



ğ

once.

3	Pe		at
AL ON ALLENDING THIS DOWN THE TAM TENDENCY THE TAM THE DESCRIPTION WHITE A HOUR STILL GRAIN. PAGE O MAY BE FEIGHTED BY	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
De L	0e 5		9 30
May	C Da		st b
0 9	recto		E
E.	al d		iner
death	fune:		екап
A IC	y th	nova	cal
Sin	in b	r rer	hed
111 47	filled	ion, o	the r
MILITA	pletely	2 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	rent, 1
nain	COM	nal.	9 3
CACC	and	nd o	mati
3	ician	rior 1	Iran
Calc	phys	ne pi	ler 1
200	guit	ygie	oth
alla	rtten	tal H	10 '
ממ	the a	Men	halu
101	6	and	ny is
200	gnec	ealth	60
nha	en s	of H	how
240	is be	ept.	23 8
2	te ha	nte D	E
2	tifica	e St	=
5	S cer	th th	d, o
	r this	h wil	arke
2	Afte	deat	ES
	TOR:	after	28
2	IREC	SING	E
1	AL D	2 ho	=

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH William Nishchuk YEAR 1400 12 29 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 075-26-6533 MXM 2 | F DAYS HOURS MIN. YRS 1/1/30 Ukraine 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland <u>Baltimore</u> Citv NYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 313 S. Ellwood Ave. 21224 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Maxican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Olvorced Korean War White COMPLETED 15. OECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Specify only high 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) ege (1-4 or 5+) 2 yrs 12 yrs checker Eastern Stainless Steel 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) Kapiton Nishchuk Nadia Krawchuk BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anna Nishchuk 313 S. Ellwood Ave. Balto.Md. 21224 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Burlel 2 Cremetion 3 Donellon 5 Other (Specify) · Michael Ukr. Cem.1/2/92 Balto.County St. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. FH · Catherine M. 1901 Eastern Ave.Balto.Md. 23. PART I. Enter the diseases, or complications that ceueed the deeth. Do not enter the mode of dying, euch as cerdiac or respiretory arrest, Approximate ehock, or heart failure. Liet only one ceuse on each line. **IMMEDIATE CAUSE (Finel** Onset and Death diseese or condition a. My coter suor DUE TO (OR AS A CONSEQUENCE OF): 3 hrs recuiting in deeth) Bleeding 24 hour CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE S C 1 | YES 2 |-NO OF DEATH? seasl 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 TNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation ВУ 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. 3 Sulcide 8 Could not be 4 Homicide 29e. CERTIFIER

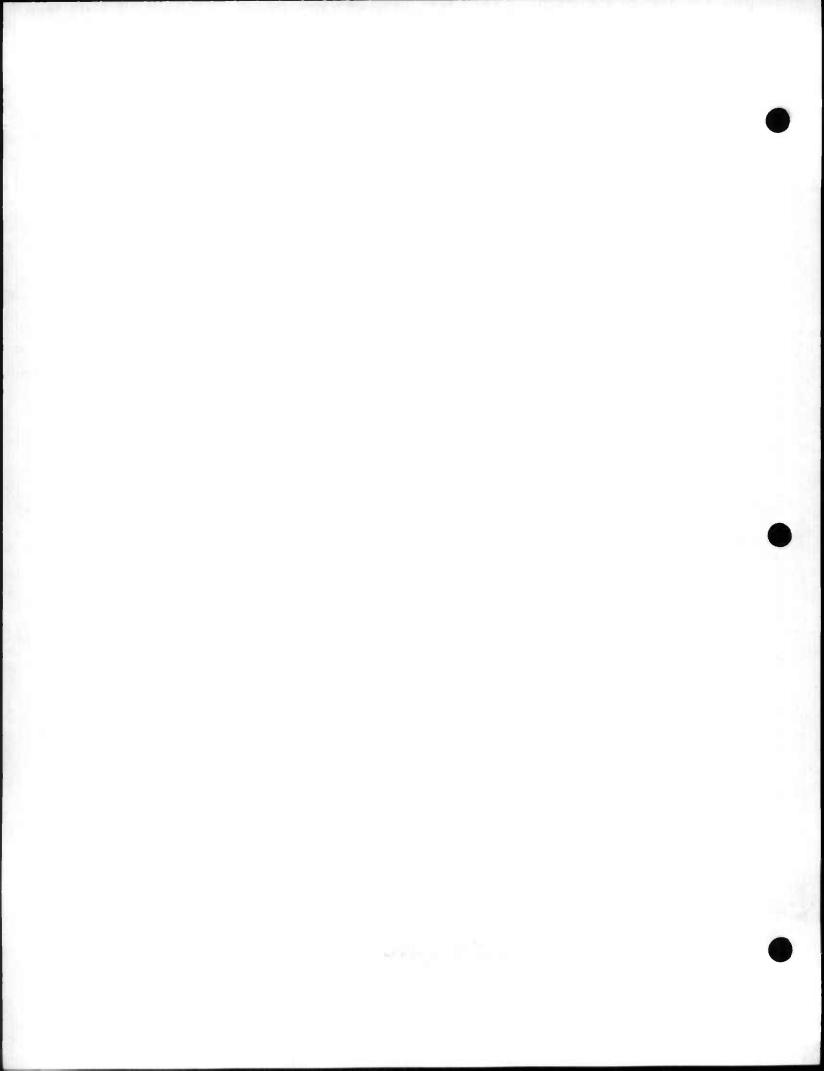
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner ee stated. COMPLE 2 MEDICAL EXAMINER: On the beele of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner ee attend. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) ol S. 1991 N29212 Dec 29

MPORTANT 23 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year)

THE

32. REGISTRAR'S SIGNATURE

DEC Lulia Savidson-Randell 1991



J	
60,	1
687	
XO	
O. B	
Р.	
SOI	
L RECORDS, P.O. BOX 68760,	
RE(	
AL	
VITAL	
0	Mile or shop
SION	opposite the
VIS	of other named order
á	-

BY

4 Homicide

BE COMPLETED

	Should should		
	Pages 1, 2,		
an.	ransit permit.		
nding physicia	s the burial-t	-	
spital or atte	ed for use a		
ed by the hos	ild be detach	ed at once.	
ay be retained	page 5 shot	t be notifie	
am. Page 6 n	neral director,	miner mus	
OUTS ATTEL DE	d in by the fu or removal.	medical ex	
u within 24 r	inpletely fille cremation,	event, the	
ile De execule	rsician and co prior to buria	traumatic	
neam cerumo	attending phy ental Hygiene	ry, or other	
mes mai me	signed by the Health and M	ws any inju	
har wer aut	ate has been late Dept. of	lem 23 sho	
	or this sertifica	is marked, or ite	
CONTINUE OF ALLESAUME	L DIRECTOR: After this certific ? hours after death with the S	=	
Marine a	JAKERAL, DIP ithin 72 hour	WE II Item 23	

91 36135 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 29 MONTH 12 Marcus A. Page 7:36 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 217-31-0233 1 X M 2 - F 345° HOURS 1-27-91 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Union Memorial Hosp. Balto. Md. 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 TYES 2 NO 10e. STREET AND NUMBER 10g CITIZEN OF WHAT COUNTRY? 914 Belgian Ave. APT. 1B U.S.A. 21218 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (6-12) College (1-4 or 5 +) N/A N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DWIGHT C. PARKS BE Carolyn Page 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CAROLYN PAGE 914 Belgian Ave., Balto. Md. 21218 20q, METHOD OF DISPOSITION
1 💢 Burial 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State RANDALLSTOWN, MD DATE "KI'NG" MEMORTAL PARK 4 Donation 6 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSÉE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART i. Enter the diseases, or compileations that caused the dash. Do not enter the mode of dying, such as cerdiec or respiratory arrest. Approximate ehock, or haert fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Oneat and Daeth disease or condition Broncho pulum reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): le PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (DR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other aignificent conditione contributing to death but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 VES 2 NO OF DEATH?

1 YES 2 NO Hydro cephales 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 St Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNED OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, straet, fectory, offica building, etc. (Specify) 3 Suicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner se stated.

296 SIGNATURE AND TITLE OF CENTIFIER	DIS354	29d, DATE SIGNED (Month, Day, Year)  >12 - 2 - 9 - 9

30. NAME AND ADDRESS OF PERSON WHO COMPT ED CAUSE OF DEATH (ITEM 27) (Type, Print)

CAR LOS M. PRICHAEL, M. D. 201 E. Un

201 E. University Parkway, Balto. Md. 21218

32. REGISTRAR'S SIGNATURE

8 Could not be determined

DHMH-16 Rev 1/89

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Fig. 357 of 

BALTIMORE, MARYLAND 21215-0020
A frouts after death. Page 6 may be retained by the hospital or attending physician.

INISION OF VITAL RECORDS, P.O. BOX 68760, B

TO THE HOSPITAL MATERIANG PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL INFORMATION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

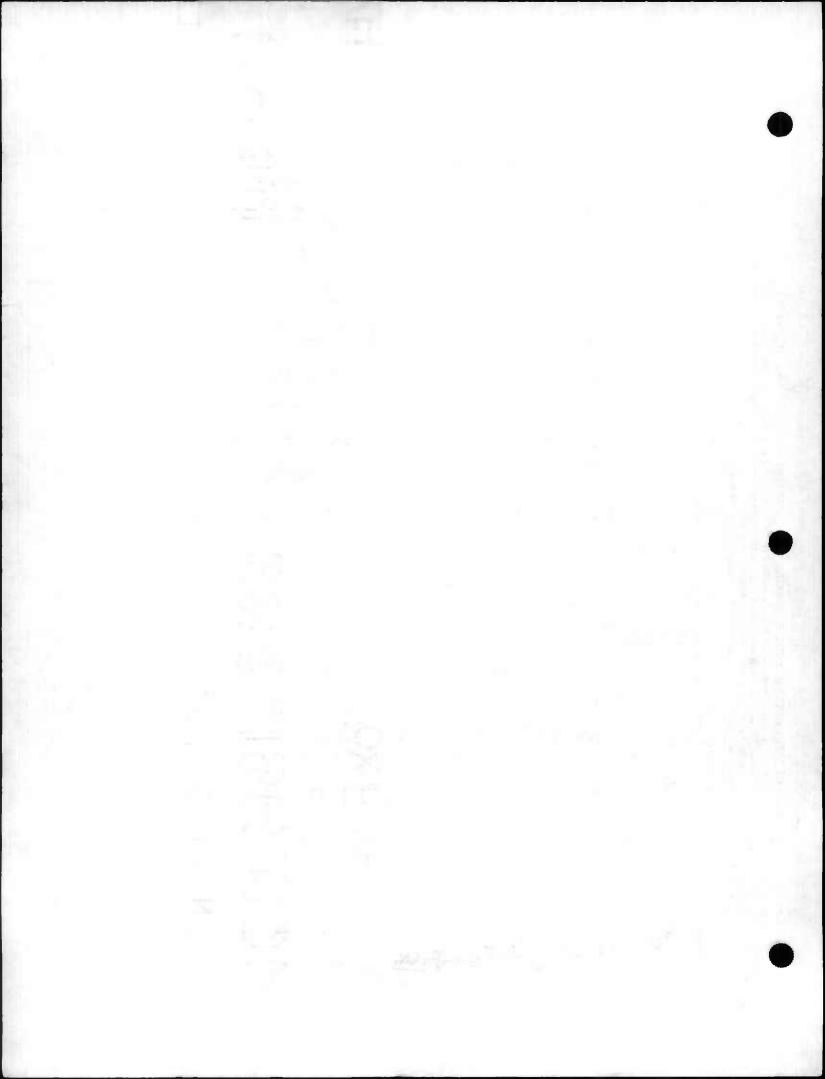
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) ROSA L	; E /	POPE	4 1	2. DATE OF DEATH MONTH DAY	YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  237 - 30 - 0640  9a. FACILITY NAME (If not institution, give structure)	1 DM 2 XF 8	3 YRS. MONTH	IDER 1 YEAR IF UNDER 24 HRS.  IN DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Dey, Year) 5 25 08	Coun	H CAROLINA
Liberty Medic		er 8	Br Himore n	nd	SC. COSNIT OF	
MD 10a. STATE 10b. COUNTY		10c. CITY, TOV	N OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER  2210 W. LEXINGTON			10f. ZIP CODE 21223		USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 /NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, stc.)	r No- 14. RAC Blac Spe	E — American Indian, ck, Whita, atc. city: black
15, DECEDENT'S EDUC. (Specify only highest grade of Elementary/Becondary (0-12)		16e. DECEDENT'S USUA (Glass And of work of the. Do MOT user retin	griding most of working	18b, KIND OF BUSIN	NESS/INDUSTRY	é
JOSEPH SUMMLER				AME (First, Middle, Maidwr St AM ANN CULPE		
TOW. INFORMANT'S NAME (Appellated) FANNIF L. WINSTON	SU.	200000000000000000000000000000000000000	LEXINGTON ST	Route Number, City or Town,		ID 21223
20s. METHOD OF DISPOSITION 1 ○ Burlel 2 □ Cremetlyly 3 □ Remo 4 □ Donation 5 □ Other(Specify) 21. SIGNATURE OF FUNDAL SERVICE LICE	vei from State of co	PLACE AND DATE OF C INDETEST, CROSSIATORY AT ART MG MFMOR IA	er place)	/3/92 RANDA		
23. PART Enter the diseases, or control of the cont	ist only one cause on each	COPD  CONSEQUENCE OF):			story arreat,	Approximata Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	failure			
PART II. Other significent conditions Hypert		it not resulting in the	e underlying cause given i	n Part I. 24a. WAS AN A PERFORM	ED?	ID. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	Check only one)		
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpetient 2   ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 5 GResidence 28c. INJURY AT WORK?  M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED	
2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, street,		281. LOCATION (Street an City or Town, State)	d Number or Rura	l Route Number,
one)	Contraction by the second		the time, date and place, and do			(a) and manner as stated.
	co 6 m.1		29c. LICENSE N	project of the second	29d. DATE SIGNI	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	completed cause of Dea	Cent				
31. DATE DE C'III 1991	32 REGISTRAR'S SIGNA					

4.4 0 mm

2

DHMH-16 Rev 1/89



permit. Pages 1, 2, 3 should use as the burial-transit detached for funeral director, page 5 should be notified at pe must attending physician and completely filled in by the intra Hygiene prior to burial, cremation, or removal. medical the event, traumatic or other signed by the attend Health and Mental H shows any injury, has been s Dept. of H Item 23 the State THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the State 10 is marked, 28 TO THE FUNERAL IT DE filed within 72 h

rurs after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

91 36137 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 91 <u>Ann W. Palmer</u> 12 9:37PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER ! YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 YRS. 03 15 Germany 057-06-6236 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore DIRECTOR Manor Care Rossville Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Sussex 1 YES 2 X NO Sussex New Jersey 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 78 Fountain Square 07416 Germany 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE - American Indian, Black, White, stc. FORCES? 1 YES ZYNO 1 Never Married 2 Married Specify: White 1 TYES 2 X NO Specify: BY 3 Widowed 4 Divorced ETED 15. OECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Women's Wear Buyer NA NA Dept. Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Williams Sophie Enders BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Dunsinane Dr., Balto, Md. 21236 John L. Palmer Jr. (son) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or METHOD OF DISPOSITION
Buriat 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State Faith Cemetery Baltimore, Gardens of Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. de 9705 Belair Rd., Balto, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heert fellure. Liet only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition hrowic resulting in deeth) CERTIFICATION Sequentially list conditions, If any, leeding to immediate ceuse. Enter UNDERLYING hile CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide

29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

Lok

Julia Savidson-Randale

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DK. JOHN J.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

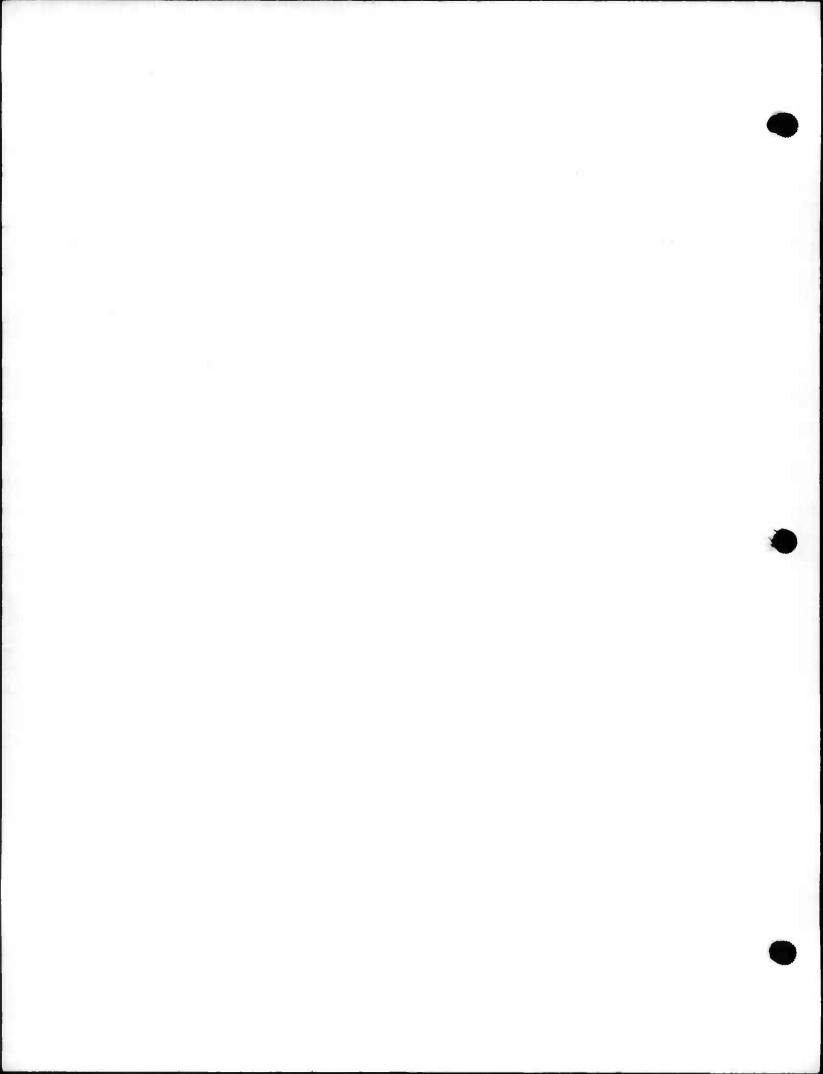
29c. LICENSE NUMBER

2

29b. SIGNATURE AND TITLE OF CERTIFIER

29d, DATE SIGNED (Month, Day, Year)

C



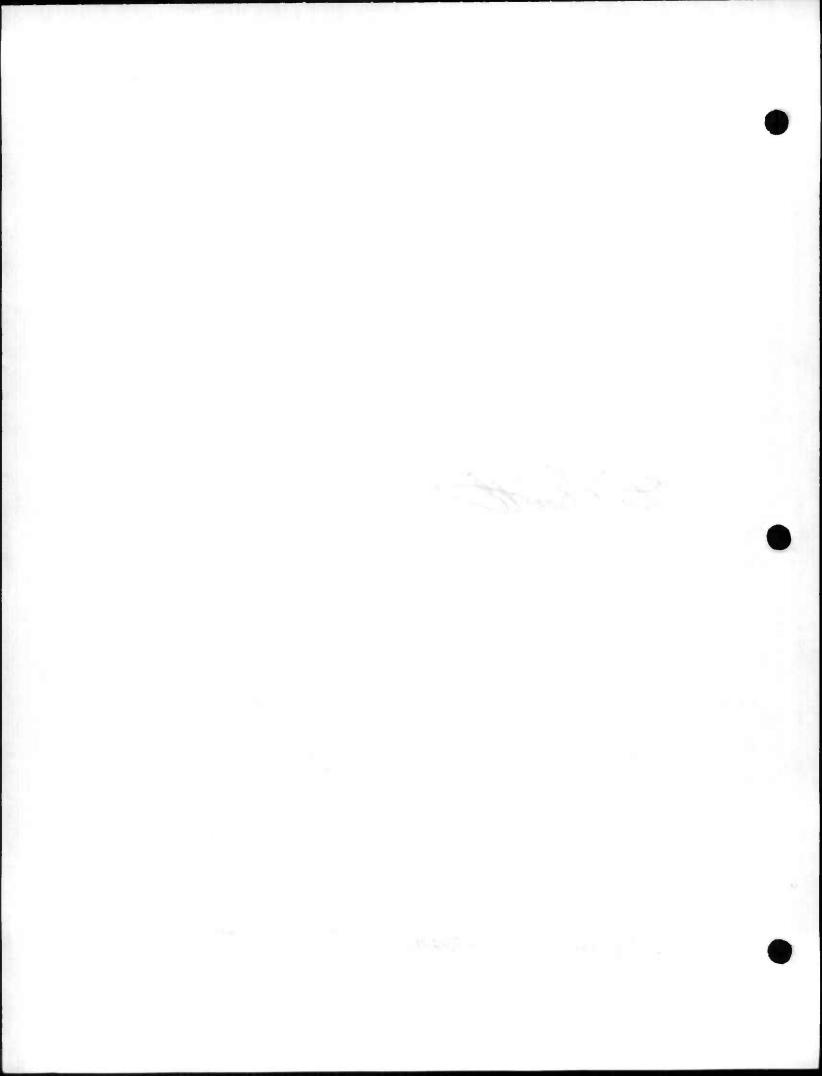
FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Deot, of Health and Mental Hydiene prior to burial, cremarion, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF H	EALTH AND DEATH		YGIENE 9	36138
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	3. TIME OF GEATH
	JAMES H.	PEARRE, SR.				12	27 9	YEAR 10:45 P. M
		5. SEX 6. AGE (In yrs. In	MONT	HE DAYS	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,		BIRTHPLACE (State or Foreign Country)
	1	1 🔀 M 2 □ F 74	YRS.			OCT.11	,	MARYLAND
<u>~</u>	90. FACILITY NAME (If not institution, give stre 625 WARWICK ROA		9b. 0	BALTI	R LOCATION OF D	DEATH		TY OF DEATH
2	RESIDENCE OF DECEDENT			DALII	MOKE		BAI	LTIMORE
DIRECTOR	10e. STATE 10b. COUNTY		t0c. CITY, TOW	N OR LOCATI	ION			tod, INSIDE CITY
\ \frac{1}{2}	MARYLAND BALT	IMORE	BA	LTIMO	RE			LIMITS?
A.	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	625 WARWICK ROAD				21229		U.	S.A.
5		12. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS DECE	ENDENT OF HISPA	NIC ORIGIN? (Spi	ecify Yee or No-	14. RACE — American Indian.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 VI IF YES, GIVE WAR OR DATES	INO	If yes, spe t \( \text{YES}	cify Cuben, Mexic 2  NO Speci		atc.)	Black, White, etc.
					Λ.			Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) (	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire	ne during mos	N it of working	16b. KIND	OF BUSINESS/INDU	JSTRY
2	Elementary/Secondery (0-12) H/S GRAD	College (1-4 or 5+)						
M	17. FATHER'S NAME (First, Middle, Last)	AU	TO PARTS	SALES				JTO PARTS
Ö	CHARLES PEARRE						Maiden Surneme)	
H	190. INFORMANT'S NAME (Type/Print)					EN HUTCH		
2	MARGARET D. PEA						y or Town, State, Zip i	
	200. METHOD OF DISPOSITION		OZO WAK				E, MD. 21	
- 0	1 X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State cometery, or	rematory or other pla DN PARK	CEMENT	ne of		20c. LOCATION — C	
	21. SIGNATURE OF FUNERAL SERVICE COL	SEE LOUD			LKY DADDRESS OF FA	12/31	BALTIMO	RE
	1.68	1			D FUNER		, INC.	
-	Mour ( )	ness.		4107 W	ILKENS	AVE, BA	LTIMORE,	MD 21229
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ot only one cause on each lin	ell Ca	of 4	erg	m as cardiac o	r respiratory arre	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE						
MEDICAL	PART II. Other significant conditions of	contributing to death but not	resulting in the	underlylng	cause given in		MAS AN AUTOPSY PERFORMED? YES NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLA	CE OF DEATH (Ch	eck only one)		
PHYSICIAN:		OSPITAL:	DOA 4   N		5 Reeldence	8 C Other (Spec	ifv)	
3	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJU	RY AT		HOW INJURY OCCU	JREO
BY	1 Natural 5 Pending 2 Accident Investigation	(Markin, Day, 10a)	M	1 YE	S 2 NO			
	3 Suicide 8 Could not be determined	28e, PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, f	ectory, office		281. LOCATION City or Town	(Street and Number on, State)	r Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIA	N: To the best of my knowledge, de	eath occurred at th	e time, date e	nd place, end due	to the cause(e) e	and manner ee atated	1.
		Of the basis of examination and/or	investigation, in m	y opinion, des	ith occured at the	time, date end pi	ace, end due to the	cause(s) and manner ee stated.
B	296. SIGNATURE AND TURLE OF DERTIFIER	MA			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF TRANSPORT				2/85	Xt	13	30/97
	30. NAME AND ADDRESS OF BERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	ata	1 Av	e B	et n	71) 2009
	DEC 31 1991	THE HEUSTRAP'S SIGNATURE	02					

36138

91



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE C	F DEATH	MENT	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH		DORSE	Y PEI	DDICORD	2. DA	TE OF DEATH 1	2-21	-91 YEAR	3. TIME OF DEATH 9.45 M
4. SOCIAL SECURITY NUMBER 219 38 7632	The state of the s	-	IF UNDER 1 YE		7. DAT	TE OF BIRTH onth, Day, Year) 1-20-192	0	6. BIRTH Country	PLACE (State or Foreign y)
98. FACILITY NAME (If not institution, give stre St. Agnes Hospit				wn or Location of D altimore	EATH			NTY OF D	na na
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY									
Maryland		10c. C111,	TOWN OR LO	CATION					104. INSIDE CITY LIMITS? 1 YES 2 NO
Charlestown Retire	ment Commun	ity		10f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	II yes	DECENDENT OF NISPA i, specify Cuben, Mexic YES 2 NO Specific	an, Puart	GIN? (Specify Year o Rican, etc.)	or No-	14. RACE Black Specifi	— American Indian, , White, etc.
15. DECEDENT'S EDUCA	TION	no			no				White
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	18e. DECEDENT'S Us (Give kind of wor life. Do NOT use	SUAL OCCUP rix done during retired.)	ATION 7 most of working	1	6b. KIND OF BUSI	NESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First	, Middle, Maiden S	iumame)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stre	et and Number or Rural	Route Nu	mber, City or Town,	State, Zip	Codel	
P. Dickson Jones	Cousin			Drive, To			1204		
20a. METNOD OF DISPOSITION  1 □ Burlel 2 □ Cremation 3 □ Remov  4 🎮 Donation 5 □ Other (Specify)		. PLACE AND DATE OF etery, cremetory or othe	DISPOSITION		_		ATION —	City or Tov	vn, State
21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald Wa	de Dir	22. NAMI	E AND ADDRESS OF FA	CILITY	State	Anat	- Om••	Poard
Samuel 166	Keen 12-1	23-91		W. Baltin		St, Ba	lto.	, MD	21201
23 PART I. Enter the diseases, or conshock, or heart fellure. Li	mplications that ceused st only one cause on e	the deeth. Do not	t enter the	mode of dying, aud	h es ca	rdiec or reepira	atory err	eat,	Approximata
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	M.1								Interval Between Onset and Death
	C V /	CONSEQUENCE OF):							
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other algnificant conditions	contributing to death b	ut mat man state a 1							1
	contributing to death bi	ut not resulting in	the underly	ying ceuse given in	Part I.	24a, WAS AN A PERFORM 1 YES 2	ED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
								1	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	IOSPITAL:		THER:	PLACE OF DEATN (Ch					
1 YES 2 NO 1	28a. DATE OF INJURY	28b. TIME C		Injury AT					
1 Natural 5 Pending	(Month, Day, Year)	INJUR	TY .	WORK?	2ad. Di	EŞCRIBE HOW INJ	JURY OCC	URED	
2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	- At home, term, stre			28f. LO	CATION (Street and	d Number	or Rumi Pa	nute Mumber
4 Homicide determined	building, etc. (Speci	ry)	,.		Cit	y or Town, State)	- ++9116/01		STO MUNICIPAL,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED:	IN: To the beat of my knowle	edge, death occurred a	at the Ilme, d	lete and place, and due	to the co	suse(a) and mann	er as atate	od.	
2 MEDICAL EXAMINER:	On the Devic of examination	and/or investigation,	in my opinior	n, death occured at the	time, dat	e and place, end	dua to the	cause(a)	and manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER  C. A. I.P.P.	ch o	>		29c. LICENSE NUN	18ER		29d. DATE	SIGNED (	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CATON				BALTIM	1019	LE M	D	21	224
31. DATE FILED (Month, Day, Year)	32 REGISTRAR S BIGHA		0						



TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

urs after death. Page 6 may be

retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

certificate has been the State Dept. 23 Hem 6 marked, this c

The law requires that the death certificate be executed within

BOX 68760.

RECORDS, P.O.

**DIVISION OF VITAL** 

DR ATTENDING PHYSICIAN:

SPITAL

After

28 is ETAL DIRECTOR: A
72 hours after of

COMPLETED

BE

9

91 36140 Items: 23 part I, 27, 28a,b,d,c,d,e,f per MEO 1/17/92 FOR STATE G-REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE G-683 reb 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 7:55 p 2 1 DAY 199YHAR PERRY ABNER p M . 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1XXM 2 TF 216-62-8391 DAYE HOURS 1955 Virginia YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF BEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR GREATER LAUREL-BELTSVILLEHOSP LAUREL PRINCE GEORGE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Glen Burnie Anne Arundel 1 TES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7978 Solley Rd USA 21060 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 10 BMA Inc. Machine Operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Abner M. Perry Margareż 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James W. King Solley Rd Glen Burnie 20a. METHOO OF DISPOSITION
1 □X Burlel 2 □ Cremetion 3 □ Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Glen Haven 4 Donation 5 Other (Specify) Cemeteru 12-24-91 Glen Burnie 21. SIGNATURE OF FUNEBAL-GERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stallings Funeral Home PA 3111 Mountain Rd. Pasadena Md 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiretory errect, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Narcotic Intoxication resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 24a. WAS AN AUTOPSY YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:

X XInpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 X XES 2 □ NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 2-20-91 BY 6:00 PM 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number City or Town, State) 6 Could not be 4 Homicide 8810 Washington Blv

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as atated. XIX MEGICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. ATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 12 1991 OCME 23 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Cocke

111 PENN STREET

Van

BALTIMORE, MARYLAND, MARYLAND

31. DATE FILED (Month, Day, Year) 1991

determined

- 1 5-1

조작들이 보고 1 1년 2년

6 21

BALLIMORE, MARYLANI	tter death. Page 6 may be retained by the hos	the funeral director, page 5 should be detached	al examiner must be notified at once.
	hours a	led in by	medic
DIVISION OF VILAL RECORDS, P.O. BOX 88760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach in filled in by the funeral director, page 5 should be detach in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOSPIT	THE FUNERA	MPORTANT:

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	TMENT OF H	EALTH AND	MENTAL HYGIEN		36141
	1. DECEDENT'S NAME (First, Middle, Last) Anna M.	Petzold				2. DATE OF DEATH DO DEATH	g g	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-30-0609	1 □ M 2 🔯 F 78	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-23-19	6. B	IRTINPLACE (State or Foreign ountry) Balto., Md.
TOR	90. FACILITY NAME (If not institution, give s Union Memorial RESIDENCE OF DECEDENT				more Cit		9c. COUNTY O	OF DEATN
DIRECTOR	100. STATE 10b. COUNTY Maryland N/		1000	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?  1 TYPES 2 NO
FUNERAL	100. STREET AND NUMBER 3205 Clarence Av	ZODIJO.		101	ZIP CODE			OF WNAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	U.S. ARMED		21213 ENDENT OF NISPAI	NIC ORIGIN? (Specify Yes	U.S.	
ВУ	1 Never Merried 2 Married 3 X Widowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DATE		If yea, sp	ecify Cuben, Mexice 2 X NO Specif	n, Puerto Rican, atc.)	5	RACE — American Indian, Black, White, etc. Specify: 11te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5 +)	_	ork done during mo retired.)	ON st of working	16b. KIND OF BU		
OME	17. FATNER'S NAME (First, Middle, Last)		Seamstre	ess	18 MOTNED'S NA	Miller F ME (First, Middle, Malden		5
BE C	Charles Frederic	k Grap				lizabeth V		
10 E	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural I	Ploute Number, City or Tow	n, State, Zip Code	· I
	Beverly A. Buck	T205.0	8023 D	ouvall A	venue, E	altimore,		
	1 Suriel 2 Cremation 3 Remote 4 Donetion 5 Other (Specify)	oval from State cemetr	ery, crematory or othe Ke View	er piace) Cemeter	me or V	1/1 Balt	CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LIC	7. Mundy	/	John 6415	D ADDRESS OF FA C. Mille Belair R	r, Inc.	more, N	Maryland 21206
	IMMEDIATE CAUSE (Finsi	e. Respirat	ory Far	t sntsr ths mo	de of dying, suc	h as cardiac or reapi	ratory arrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
AL		in larcer	not resulting in	ths underlying	cause givsn in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDIC	Bn	east Cancer				-		1 TES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YNO	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
ЖЖ	27. MANNER OF DEATN	1 Inpatient 2 ER/Outpate 28e. DATE OF INJURY	28b, TIME	OF 28c IN.II		6 Other (Specify) 28d. DESCRIBE NOW II	JURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJŪI	M 1 🗆 Y	ES 2 NO			
							nd Number or Rui	rel Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC DESCRIPTION OF THE CONTROL O	CIAN: To the best of my knowled R: On the beele of examination e	ge, death occurred	at the time, date	end place, end due	to the ceuse(e) end man	ner ee stated.	se(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER RENNALL D VO	A			29c. LICENSE NUM			IED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		N (ITEM 27) (Type, P.	rint)			12/2	77 (
	31. DATE FILED (Month, Day, Year)	Men MS  32. REGISTRAR'S SIGNATU	Kenne		Cochnav	umo Uni	on Memo	orial Hospital
		VI. NESIGINAN S SIGNAN	orné .					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		HYGIENE (REG. NO.	31 3	36142
	1. DECEDENT'S NAME (First, Middle, Last ALEXAN	DER	RI	λX	2. DATE	OF DEATH	7 1	0 SO O AM
	4. SOCIAL SECURITY NUMBER 225-36-5988	V _ /	yrs. last birthday)   FL   MON	INDER 1 YEAR IF UNDER THE DAYS HOURS	MIN. (Month	DE BINTH Day, Nam)	6. BIRTHPI Country)	LACE (State or Foreign
TOR	South Bal	to. Gener		Ba H	ON OF DEATH	9c. C0	OUNTY OF DE	ATH .
DIRECTOR	10a. STATE 10b. COUN	A.A.Co.	10c. CITY, TO	WN OR LOCATION  LEN BU	rnit			IOd. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER	Dak St.		101. ZIP CODI	21061	10g. C	USA	IAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF It yes, specify Cube 1 YES 2 NO	n, Mexican, Puerto F	? (Specify Yea or No- tican, atc.)	Black,	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use red)	tone during most of working	16b.	KIND OF BUSINESS/		
BE COM	17. FATHER'S NAME (First, Middle, Lest)	Rux	Ofale	7.2	HER'S NAME (First, A	Aiddle, Maiden Surname	orm	ick
TO B	19a. INFORMANT'S NAME (Type/Print)	Rux	6 414	L Oaks	ar al	T.		d. 21061
	20e, METHOD OF DISPOSITION 1 P. Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE AND DATE OF emetary, crematory or or	ther place)	13	20c, LOCATION	14	n, State
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	ton	James	A. Mort	on & So		id. 21217
	IMMEDIATE CAUSE (Final disease or condition	. List only one cause on a	the death. Do not a ach line.	inter the mode of dy		flac or reapiratory		Approximata interval Batween Onset and Death
z	resulting in death)	OUE TO OUR AS A	CONSEQUENCE OF	VLMOI	NALE			
CERTIFICATION	Sequantially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	3 CHRO	CONSEQUENCE OF):	SSTRUC	TIVE	PULM	ONAF	7.
ERTIF	that initiated events resulting in death) LAST	HYPERT	ENSIV	EARTE	RIO_S	CLERO	Tic	
AL	PART II. Other significant conditions of the CONGES	one contributing to death to	HEART	FALLU	RE.	PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DIABETE 25. WAS CASE REFERRED TO MEDICAL	SMEI	LITU	S				1 YES 2 NO
IYSICI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		atlent 3 DOA 4	HER: Nursing Home 5 R		r (Specify)		
ВУ РН	1 Natural 5 Pending 2 Accident Investigation		28b. TIME OF INJURY	WORK?	ОМ	SCRIBE HOW INJURY		
	3 Suicide a Could not b	building, atc. (Spec	— At home, farm, stree	t, factory, office	28f. LOC City	ATION (Street and Nun or Town, State)	iber or Rural Ro	oute Number,
COMPLETED	onel	YSICIAN: To the best of my know NER: On the basia of examination					S	to frequence
BE	296. SISNATURE AND TITLE OF CENTIF	EMD, Atte	rding Ph	Malian 29c. LIC	ENSE NUMBER	60 Þ	12	29191
5	30. NAME AND ADDRESS OF PERSON	NGH, M.D.	5410-A	RITCH	IE HG	HWAY	BAL	TIMORE
	31. DATE FILED (Month, Day, Year)	Julia Davidson-Man	ATURE					0,003.



JANUAR PROTEIN DE JUMONALE The Je JUTD GT TO VIA THOSE GOTTO BETTER BUT TO THE THE THEORY SHOTISH ASHE ON HOUSE THEYAH BALTIMORE, MARYLAND 21215-0020

BOX 68760,

P.0.

DIVISION OF VITAL RECORDS.

TO THE

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ĕ notified be Must examiner medical 6 the cremation, event. other traumatic 2 attending physician ntal Hygiene prior to 6 the atten Mental I shows any Injury, signed by t Health and been : Oept. HOSPITAL OR ATTENDING PHYSICIAN: The law tem r this certificate h h with the State ( 10 he marked, After the 8 OIRECTOR: Journ after of Item 28 Is IMPORTANT: It item FUNERAL within 72 h

91 36143 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Kenneth Roe 9.16 91 12 28 8 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 5-10-1915 171-16-2267 1 M 2 F Canada 76 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH Union Memorial Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5729 Onnen Rd. Apt. 2D 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married % Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 1 TES MENO Specify 3 Widowed 4 Divorced 1934 - 37White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Grade WArehouse MAnager Furncraft Furniture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Kenneth Robert Roe Flora Ralph BE 19a. INFORMANT'S NAME (Type/Print) MARY L ROE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret L. Roe 5729 Onnen Road APt. 2 D Balto. Md.-21206 29a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 11 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Parkwood CEmetery 12 - 31Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 Belair Road alpleen John C. Miller, Inc. Baltimore, Md. -21206 23. PART I. Enter the diseeses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ cuth whan 20 minutes resulting in death) DUE TO (OR AS A CONSEQUENCE OF) 0 scheuric CERTIFICATION Sequentielly liet conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING Anche Consyana CAUSE (Diseese or Injury DUE TO (OR AS CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dispetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF CEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At homa, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stafe) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) and manner es ateted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) MD 191 28 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Union Memorial HOspital

+RANGSCO

1991

DEC 31

1. CAMIN

32. REGISTRAR'S SIGNATURE CHA DAVIDSON - HONDER

s, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should iff the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE POSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 2 hours after death with the State Dept. of Health and Mental Hygies	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or of

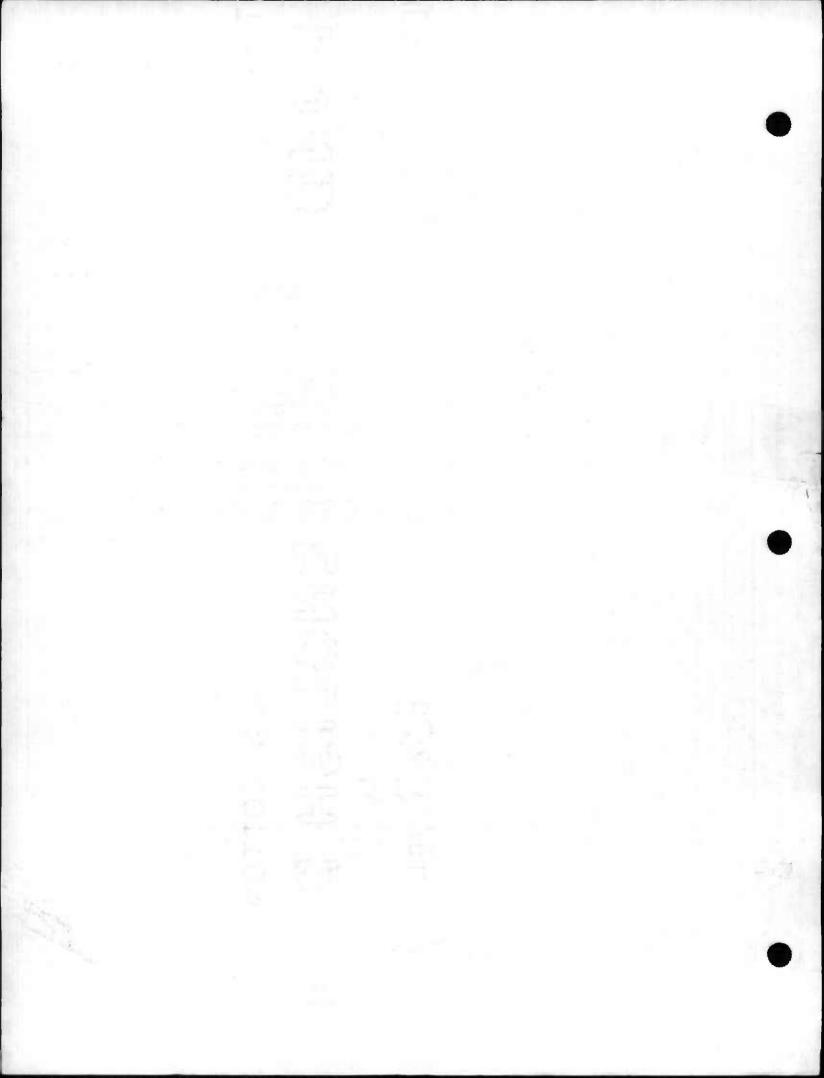
FOR  1 - STATE  REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	36144
1. DECEDENT'S NAME (First, Middle, Last) Edwin 0	Robinson			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
Secular 100	5. SEX 8. AGE (In yrs.	last birthday) IF UNDI	ER 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/24/03	e. BIRTNPLACE (State or Foreign Country) Maryland
99. FACILITY NAME (If not institution, give street by the	al Conter	9b. CI	altimore	DEATH / 9c. COUN	TY OF DEATN
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  BANG	Ymore	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER  Souther the street of	Court		10f. ZIP CODE	04 log, CITIZ	EN OF WHAT COUNTRY? U.S.A.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 24 IF YES, GIVE WAR OR DATES	ARMED 13	It WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 — YES 2 NO Spec	an, Puerto Rican, etc.)	14. RACE — American Indien, Black, White, atc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondery (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)	TION 16a. Coltege (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. Manager	e during most of working )	C & P Telep	
17. FATHER'S NAME (First, Middle, Last) Munsey E. Rol	oinson		18. MOTHER'S N	AME (First, Middle, Meiden Surneme)  Lange	
190. INFORMANT'S NAME (Type/Print) Barbara Robinson				Route Number, City or Town, State, Zip Towson, Maryland	
4 Donation 5 10 Other (Specify) E1  21. SIGNATURE OF FUNERAL SERVICE LICE  Wallace S	Brooky J	1 · 1	050 York Roa	Cuneral Home, In d. Towson, Md.	21204
23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at Drily Drie cause Dri each I	Ine.	er the mode of dying, su	ch as cardiac or respiretory stre	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON  DUE TO (OR AS A CON  DUE TO (OR AS A CON  DUE TO (OR AS A CON	SEQUENCE OF):	Failure		
PART II. Other eignificant conditions  Myelow  Thrombocy	to pend a pu	ot resulting in the	underlying cause given i	Pert i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
	HOSPITAL:	OTHI	26. PLACE OF DEATH (CER: ursing Name 5 - Residence	0 - 30 960	
I Bureatores 5 Presiding	28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO			URED	
	28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)  28s. LOCATION (Street end Number or Rural Route Number, City or Town, State)				or Rural Route Number,
enel only				ue to the cause(e) and menner ee state ne ilme, data and place, and due to the	
29b, SIGNATURE AND TITLE OF CERTIFIER	2-1	, M.P.	29c. LICENSE N	UMBER 29d. DATE  → /	SIGNED (Morith, Pay, Year)



DHMH-18 Rev 1/89

31. DATE FILED (Morith, Day, Year)
DEC 3 1 1991

32 REGISTRAP'S SIGNATURE
Julia Davidson-Rendall



FOR STATE REGISTRAR

$\mathbf{c}$	4
. BC	
o.	an and id
٣	- under
5, 1	6
	j
REC	OD ATTENDING DUVELOIAM. The last sequines
_	1
<b>ITAL</b>	Tho
5	14 61.
DIVISION OF VI	DIAMEIL
Z	OINIC
/ISI	ATTENE
2	0
	HOCOLTAL

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH STEWARD DSEPHINE 11:0 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 538-52-188 1 M 2 F 27 YRS. Washington Sta 12funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Universit DIRECTOR RESIDENCE OF 106. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BAL TIMORE 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Baltimore Avenue States 21216 United the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO 11. MARITAL STATUS LAND 21215-0020 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian. 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puerto Rican, atc.)

YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 y Divorced Mexican COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Unemo loved 12 once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) GUSTANO NUNEZ notified at à BE Mary -lores 19b. MAILING ADDRESS (Street and Number or Rural 2 Hore APA ours after death. Page 6 may be WAShinyton 98951 BALTIMORE, pe 20a. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must OATE Community 12/28 Donation 5 - Other (Specify) Harah , Washingtor examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME, WEST 4300 Wabash Avenue Baltimore, MD ) anos filled in by the figure or removal. 21215 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or haert failure. Liet only one cause on each line. ŏ intervei Between IMMEDIATE CAUSE (Final Onsat and Death the disease or condition Brain Cerebral Muconnycosis due to completely hemorrhage reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): and corr o burial, CERTIFICATION Sequentially list conditions, prior to OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING certificate has been signed by the attending physician to the State Dept. of Health and Mental Hygiene prior to CAUSE (Diseese or injury 23 shows any Injury, or other OUE TO (OR AS A CONSEQUENCE OF): that initiated evants reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL ltem mean 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Mpetiant 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY with 1 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED : After this c 1 Natural 5 Pending Investigation A М BY NIA 1 YES 2 NO 2 Accident O THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: Af 6 filed within 72 hours after de 28e. PLACE OF INJURY — At home, farm, street, fectory, building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 3 Suicide 6 Could not be Item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, BE LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1670 9 23 2 LETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE PENDER 31. DATE FILED (Month, Day, Year) Q 1991

CERTIFICATE OF DEATH

The second of th

	,
	1
0	
9	
1	
00	
9	
BOX 68760	
2	
O	
m	
-	
0	
٧.	
RECORDS, P.O.	
60	
S	
0	
~	
4	
0	
0	
iii	
~	
ц.	
1	
OF VITAL	
щ.	
0	
NOISINI	
0	
$\simeq$	
S	
-	
>	
=	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLANI	O / DEPARTMENT		MENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	mith			2. DATE OF DEATH MONTH	F 97	3. TIME OF OEATH 7:35 A
4. SOCIAL SECURITY NUMBER (	10 M 2 D F 49	vRS. Is under the contract of	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year)	142 00	RTHPLACE (State or Foreign untry)
Sa. FACILITY NAME (II not institution, give str LOCK Raven Vet RESIDENCE OF DECEDENT	era Admin.	Hosp. Ba	, TOWN OR LOCATION OF O	EATH (	9c. COUNTY O	FOEATH
10a. STATE 10b. COUNTY		CO Un				10d. INSIDE CITY LIMITS? 1 YES 2 NO
5356 Races		4	101. ZIP CODE 2104	5	us	F WHAT COUNTRY?
11. MARITAL STATUS 1 Nover Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	□NO	WAS DECENDENT OF HISPAI If yea, specify Cuben, Mexico 1 YES 2 NO Specif	en, Puerto Rican, atc.)	В	ACE — American Indian, lack, White, atc.
15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF B	USINESS/INDUSTR	Υ
17. FATHER'S NAME (First, Middle, Last)			16 MOTHER'S NA	ME (First, Middle, Maide	n Sumama)	
CHARLES H.	SMITH		SARA	H TON	MER	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or To	own, State, Zip Code,	211 61.
CHARLES H	. Smith	3597	CENTENN	IAL LA	NE GU	MA ZIEN
20 METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		ACE AND DATE OF DISP etary, crematory or other p		DATE 20c. L	OCATION — CHY O	Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	22.	NAME AND ADDRESS OF FA	- 1 1	c= (1) -	+2
+ 400 l.	Carrow	12	Jarch rune	hach A	e Roll	1515, bm.d
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COL	NSEOUENCE OF):				
PART II. Other algnificant conditions	contributing to deeth but r	not resulting in the u	nderlying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO
				1 YES	2   NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 In Inpatient 2 - ER/Outpatient	nt 3 DOA 4 Nu	R: rsing Home 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 6 Pending Investigation	200. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	20c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOV	VINJURY OCCURE	D
2 Accident investigation 3 Suicide 6 Could not be determined	200. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, fac	tory, office	201. LOCATION (Stree City or Town, Sta	ot and Number or Ru te)	rel Route Number,
one)	CIAN: To the best of my knowledg					se(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Mal I		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
KLIN					12/	27/91
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print) Ver Woked	Center 3900	( set Raise	Stel Bal	tmorelly
31. DATE ECMOSS. 21. 1991	HEGINATE SIGNATE				,	3



all a god and promote and a busy of the country and the state of t AND A THE MANY DAMPEDS OF ALL PROPERTY PROPERTY. AND THE RESERVE OF AN ARTHUR AND A STREET 

	3 should	
	es 1, 2,	
	nit. Pag	
	isit perr	٠
ysician.	ırial-trar	
ding ph	the by	
or atten	r use as	
nospital	ched fo	
by the t	be deta	and and
etained	pinous	A 61614
ay be n	page 5	the ear
аде 6 п	director,	-
leath. Pr	funeral	warmin .
s arrer o	by the	diani
24 nour	filled in	he me
MITHIN E	mpletely cremat	- gumant
execute	and co	molia
care De	hysician e prior 1	Ar dente
п сепш	ending p	Ato an
me oear	the att	minim
es mar	gned by	vac a
w requir	certificate has been signed the State Dept, of Health	2 chow
ne ia	tate Deg	farm 2
TSICIAN	vith the S	o pu
UTINE NUSPITIAL UN AFTENDING PRITSI	OR: After this c	lie mortaid or item 22 chains and injury or other fraumotic avant the medical avanciance much he actified as access
ALIENC	ECTOR:	n 28 le
IAL UN	O THE FUNERAL DIRECTOR: e filed within 72 hours after	H Han
E MUSP	E FUNE!	OTAMT.
2	THI O	MPO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT DF I	IEALTH AND DEATH		IIENE . NO.	•		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		3. TIME OF DEATH	
	JIMMY		SABB .	12 2	24 19	9 1	5:10 A M			
	The second secon	6. AGE (In yrs. In	yrs.	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRT (Month, Day, Ye 8/21/5	9 3	e. BIRTH Countr MARY	PLACE (State or Foreign LAND		
_	9s. FACILITY NAME (it not institution, give stree	et and number)		9b. CITY, TOWN	OR LOCATION OF I	DEATH	9c. COU	ITY OF D	EATH	
5	SINAI HOSPITAL			BALTIN	10RE					
DIRECTOR	MD 106. STATE 106. COUNTY		10c. CITY	BALTII					10d. INSIDE CITY VLIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4308 FOREST PARK A	VENUE 3DD FLOO	D	10	21207		10g. CITI	ZEN OF W	/HAT COUNTRY?	
S	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.S. AF	RMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yes or No-		— American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	ft yes, sp 1 ☐ YES	ecify Cuben, Maxic 2 (7) NO Spec	esn, Puerto Ricen, et ify:	c.)	Specif		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)  10TH	mpletect) (C	ECEDENT'S I Give kind of w e. Do NOT use	USUAL OCCUPATION ork done during more retired.)	ON st of working	16b. KIND 0	F BUSINESS/IND	USTRY		
SON	17. FATHER'S MAME (First, Michille, Last)			-/	18, MOTHER'S N	AME (First, Middle, M	alden Sumsme)			
BE (	JIMMY SABB SR.					A WILSON				
2	194. INFORMANT'S NAME (Type/Print)	19				Route Number, City of				
77	PATRICIA SABB					ENUE, BA				
	1 Dicturial 2 Cremation 3 Remova			FOISPOSITION (Ne her place) EMETERY		2/30/91 20	RALTIMO			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	1011 0		ND ADDRESS OF F		H FUNER			
	1 Xan 194	7/1/_					WABASH			
	23. PART I Enter the discases, or con	nplications that caused the de	eath. Do ne	ot enter the mo	de of dving, su	ch as cardiac or	MADASI	AVL	Approximate	
	IMMEDIATE CAUSE (Final	CONSISTING OF AS A CONSE		ND T	D 1159	~			interval Between Onset and Death	
ATION	Sequentially list conditions, If any, leading to immediate  DUE TO JOR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST d	DUE TO JOR AS A CONSE	OUENCE OF	):						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions c	contributing to death but not a	resuiting ir	the underlying	g cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Σ.						_			IN YES 2   NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C	hack only one)				
Sic	EXAMINER?	IOSPITAL: [XInpatient 2   ER/Outputient 3	DOA	OTHER:		6 Other (Specify				
ЭНУ	27. MANNER OF DEATH	25e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c. INJ	URY AT	28d. DESCRIBE H		URED		
BY	1 Natural 5 Pending 2 Accident Investigation	12-22-1991	2:55	PM 1 1 1	RK? 'ES 2 X NO	SUBJEC	T WAS	SHO	T	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, de	eath occurred	d at the time, date	end placs, and du	to the cause(s) and	f manner as atate	d.		
	296. SIGNATURE AND TITLE OF CERTIFIER	1/			29c. LICENSE NU				(Month, Day, Year)	
BE C	Mounte me	Mule in			О.С.М.				-1991	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEL							ND 21201	
	31. DATE FILED (Month, Day, Year)	32. RESISTRAR'S AIGNATURE	gandes	L DHN 3	IRBBI	DALITHO	NE, MAR	ILA	ND 21201	
	DEC 3 1 1991	4	•							



15- 5 5-1

0.00

7712 9 1-21-21

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPURIANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--

BY

COMPLETED

BE

2

91 36148 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dec. 25 James Philip 1991AR Stegner 8:15 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Oct. 20, 1904 169-09-8223 1 💢 M 2 🗌 F 87 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Turn Court Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3 Turn Court 21220 U. S. A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? X AYES 2 NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married XX Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 YES X XNO Specify: 3 Widowed 4 Divorced White BE COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) NA Guard - A. P. G. NA U. S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Stegner Pauline Bresch 19a. INFORMANT'S NAME (Type/Print) (Dghtr) Ward 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Jan. P.V.S. 12605 Louise Ave, Fork, Maryland 21051 20a. METHOD OF DISPOSITION
1 
Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Green Mount Crematory 4 Donation 5 Other (Specify) Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Balto, Md. 21236 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Caucel - metas state resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Colou MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PHYSICIAN:

CUA	na contributing to death but not res	sulting in the u	nderlying cause given i	n Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3	DOA 4 Nu	28. PLACE OF DEATH (CR:			
7. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	_	SCRIBE HOW INJURY OCCUR	ED
3 Suicida 8 Could not be detarmined	28s. PLACE OF INJURY — At home building, atc. (Specify)	, farm, streat, fac	tory, offica	28f. LOC City	CATION (Street and Number or F or Town, State)	Bural Route Number,

CERTIFIER (Check only one)

CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

D37080

- H N	13	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	_

Dr. Bruce Leff, Francis Scott Key, 4940 Eastern Ave., Balto, Md.





29d. DATE SIGNED (Month, Day. (Year)

15 560

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNETRAL DIRECTOR: After this sentitions have been signed by the attentioning physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans	be neo within 72 nouns aren deam with the plate Dept. or reading and Mental Hydrene prior to bunds, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--

	-223						91	36149		
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND I					
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIN.	CAIL O.	DEATH	REG. NO		3. TIME OF DEATH		
	STELLA MAE SEXT	TON .				December	27. 199	)7 M		
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2 DATE OF BIRTH	6. B	IRTHPLACE (State or Foreign		
	214-30-6566	1 □ M 2 以 F 62	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yeer) Apr. 24,	1929 7	enn.		
~	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF DE	ATH	9c. COUNTY C	OF DEATH		
FUNERAL DIRECTOR	Francis Scott Kei	<u>1 Medical Cen</u>	iter	Baltim	ore					
, EC	10e. STATE 10b. COUNTY			TOWN OR LOCA	TION			10d, INSIDE CITY		
ā	Maryland		Bal	timore				1 X YES 2 NO		
3AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN (	OF WNAT COUNTRY?		
NE	601 S. Talna Str				21224			l States		
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No — 14. F	RACE — American Indian, Black, White, etc.		
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES A		2 NO Specify		s	Specify: White		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION COMPleter()	16e. DECEDENT'S U	ISUAL OCCUPATION done during mo	ON	16b. KIND OF BUS	SINESS/INDUSTR			
E	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	ist or working	1				
МР	17. FATHER'S NAME (First, Middle, Last)	n/a	Homemak	er		Own Hom				
	The second second second second	26124				ME (First, Middle, Maiden	Surneme)			
BE	Fred Jackson Ande	nson	19h MAILING	ADDRESS /Street of	Mary Bi	OUCHEL Joute Number, City or Town				
5	Judie Young				rive, Ba		71999	)		
	20e. METHOD OF DISPOSITION 1 V Buriel 2 Cremetion 3 Remo	20b.	PLACE AND DATE OF	OISBOSITION (No	mood	2475 20-10	CATION — City o	r Town. State		
	4 🗋 Elemetion - S 🗆 Other (Specify)	Cr	etery, crematory or oth Lest Lawn	Cemete	ry 12/30	/1991 Suk	esville	. MD		
	21. SIGNATURE OF FUNERAL SERVICE 170	ENSEE 1		22. NAME AN	Duch E	eral Home	a / Duna	1206 110		
	Brian T. Chisholn	* SU	/_	7922	Wise Augi	nue, Balti	mano N	MD 21222		
	23. PART I. Enter the diseases, or c	omplications that caused List only one cause on ea	the death. Do no	ot snter the mo	da of dying, such	ss cardiac or respi	ratory arrest,	Approximsta		
	IMMEDIATE CAUSE (Final	List Only One Cause on ea			A /	1	•	Interval Between Onset and Dasth		
	disease or condition resulting in death)	ı,	me	un de	utiz he	act dere	au,			
		DUE TO (OR AS A	CONSEQUENCE OF)	Went.	D. 10. /	act dire	4			
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	voun	auar	anagi	on			
SAT	if sny, leading to immediate cause. Enter UNDERLYING			Chroni	1. Notice	Tobar lu	ng dis	144		
Ē	CAUSE (Disesse or injury that initiated avants	DUE TO (OR AS A	CONSEQUENCE OF)	:		14 00 000	y we	enic		
ER	resulting in death) LAST	J								
	PART II. Other significant conditions	contributing to death bu	it not resulting in	the underlying	cause given in F	Part I. 24a, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS		
CA					y was given in t	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Æ						1 TYES 2	□ NO	DF OEATH?		
ä						_		1 YES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATH (Chec	ck only one)				
YSI	1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe		OTHER:     Nursing Home	e 5 🗆 Residence 6	Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME NJU	RY WO	RK?	26d. OESCRIBE HOW IN	JURY OCCURED			
BY	2 Accident Investigation	28e. PLACE OF INJURY	At home form et-		ES 2 NO					
8	4   Homicide determined building, etc. (Specify)									
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the heat of my knowle	dra dash saumed	at the time at the						
MP		t: On the beet of my knowle						and and manner or stated		
E CC	29b. SIGNATURE AND TITLE OF CERTIFIER			1	24 A LICENSE NUM					
ω	pullucia.	(hr)			0/061	3	MO, DATE SIGN	1ED (Mogth, Day, Year)		
유	30. NAME AND ADOREST OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)	11	1 1 1:		- //		
	K. MELETMEK	A. 40	14 20	stem	1store	1 Balto	med	2/22/		



DEC 3 1 1991

32. REGISTRAR'S SIGNATURE

Ming death, say to the and the said of the

FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

1 -

YEAR

3. TIME OF DEATH

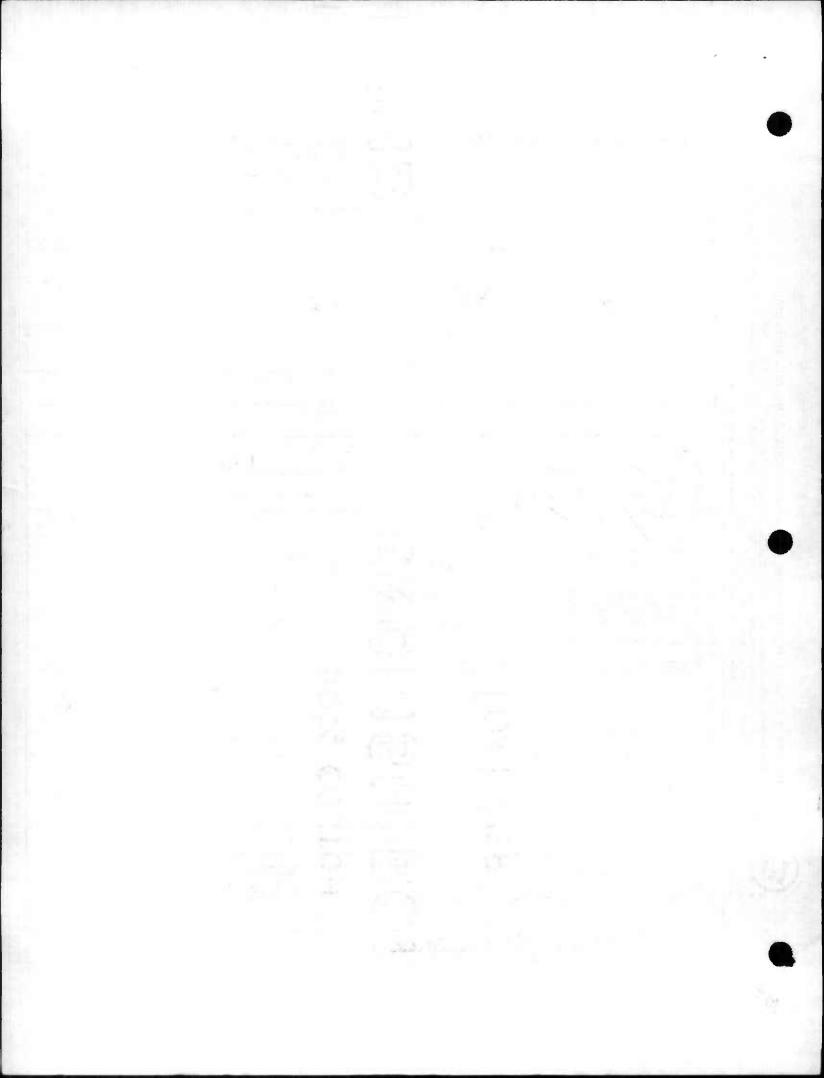
REG NO

2. DATE OF DEATH

35 espara 29 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. jast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. RTHPLACE (State or Foreign DAYS HOURS MIN 1 M 2 - F 212 01 12/23/14 CIMA. TYSIAM permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR LOCH RAVEN VA HOSPITAL BALTIMORE 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO CM BALTIMORE ROSEDALE FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? i by the funeral director, page 5 should be detached for use as the burial-transit removal. 7801 BLUEGRASS ROAD 21237 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 11, MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced WW COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) BALTO CITY ELECTRICIAN once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) NICHOLAS be notified at SMITH BE THERESA 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SMITH DOROTHV BILLIEGRASS ROAD CINY LASIVW ROSEDALE 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name OATE must 1/2/93 4 Donation 8 Other (Specify) BALTO, MD GARDENS OF FAITH examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE 21237 medical 23. PART 1. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, plock, or heart feiture. List only one cause on each line. has been signed by the attending physician and completely filled in by is Dept. of Health and Mental Hygiene prior to burial, cremation, or remo t 23 shows any Injury, or other traumatic event, the medica Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) C lone nes us DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) r this certificate has n with the State Darked, or Item Item EXAMINER? HOSPITAL:
1 Dispetient 2 - ER/Outpetient 3 - DOA OTHER: 1 TES 2 NO ng Home 5 - Residence 8 - Other (Specify) 4 Nun 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 27. MANNER OF CEATH 28d. DESCRIBE HOW INJURY OCCUREO marked, 28b. TIME OF INJURY 8 Pending Investigation 1 Natural 1 YES 2 ANO BY ID THE WITH DECTOR: After to be filed within 72 hours after death vimpORTANT: If Item 28 is mark 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 1 MCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day, BE 12 29 814/36 4357520 4 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Typg/ Print) Smin Loclevaren MO Va. Hes 31. DATE FLE CHONCH AND ONLY 32 AEGISTRAD'S SIGNATURE
File Day Company 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



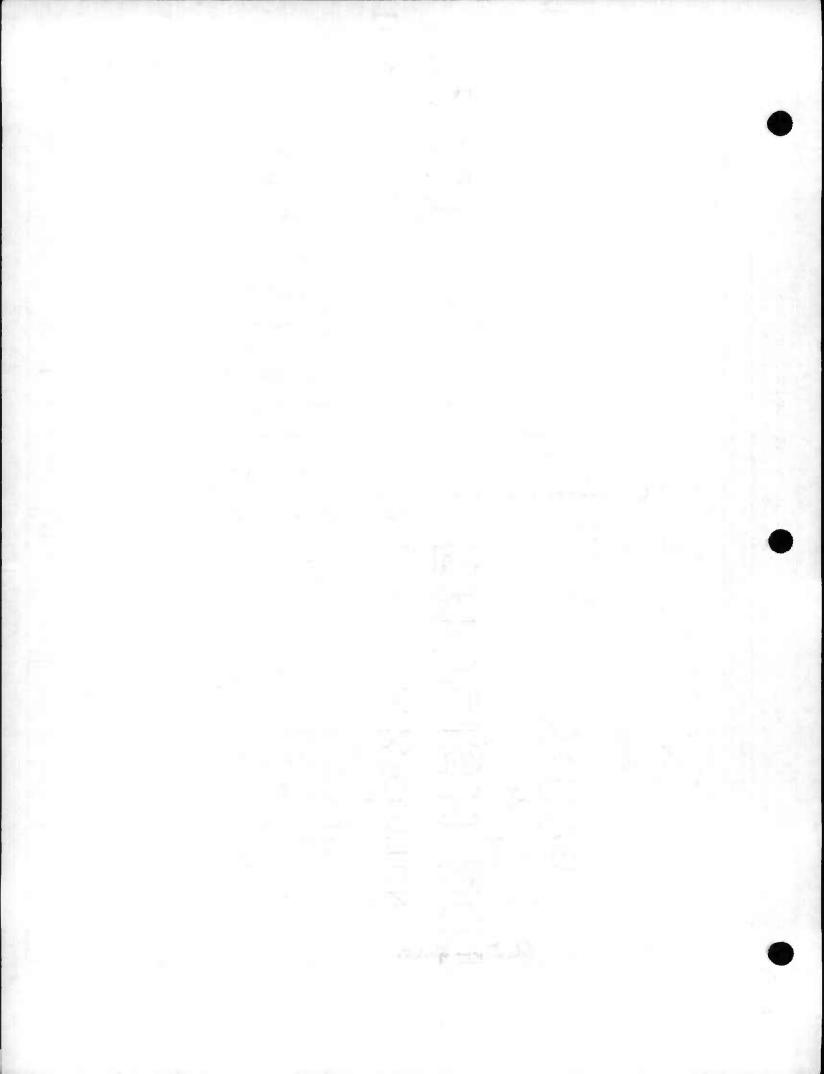
REG. NO.

1 - FOR STATE REGISTRAR

68760,
×
0
BOX
0
Δ.
40
8
붔
<b>5</b>
RECORD
2
œ
Ξ.
AL
F
5
1.
7
0
Z
0
VISI
=
-

	1. OECEOENT'S NAME (First, Middle, Last)  ARTHUR M. SEARS, JR.  2. DATE OF DEATH MONTH DECEMBER 0426, 1991  4. 70											TIME OF DEATH	
	4. SOCIAL SECURITY NUMB 213-18-7318	HOUSE COMPANY OF THE PROPERTY						IF UNDER 24 HRS HOURS MIN.	(Marth Day Ward)				
стов	99. FACILITY NAME (If not institution, give street and sumber)  96. CITY, TOWN OR LOCATION OF DEATH  PARBOR HOSPITAL CENTER  BALTIMORE												
DIREC	MARYLAND	10b. COUNTY			10c. CI <sup>-1</sup>	TOWN OR	LOCAT	nos.	BALT	IMORE			Od. INSIDE CITY LIMITS? VES 2   NO
FUNERAL	10e. STREET AND THE PARENT 2567 SOUTHD	ENE AV	VENUE				- 01	21230	46.		10g. CITtZ		U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. A XIX YES 2 WAR OR DATES	ARMED ON	11	yes, sp	ENDENT OF HISI ecity Cuben, Mex 2XXXNO Spe	Icen, Puerto R		s or No—	14. RAUE — Black, \ Specify:	American Indien, White, etc.
PLETED		EDENT'S EDU highest grade		+)	DECEDENT'S (Give kind of life. Do NOT u		CUPATIO	ON st of working		KIND OF BU			
BE COMPL	17. FATHER'S NAME (First, MI ARTHUR M. S	EARS,	SR.					16. MOTHER'S AGNES	NAME (First, M I. ELI	iddle, Maiden	Surname)		
10	ALICE M. SE	ARS	(WIFE)		2567	SOUTH	DEN.	E AVENU	E,BALT	IMORE	, MAR	YLANI	
	1 X Auriel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERAL	n 3 🗆 Ram (Specify)					ÎER	Y 1		MAR		SVILI	LE, MARYLA
	LEROY M. & RUSSELL C. WITZKE FUNERAL HOM 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 212												
CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition reauting in death)  Sequentielly list condition if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS	done, dilate NG	b. Jen DUE TO C. Show	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	con BEQUENCE Cell	ond 60	nla	of Com	78	ō	ne	6	
MEDICAL	Chome obstructive lung dos.									PERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL  BY AMINER? 333-32-7/ HOSPITAL: 1												
ву РНУ		Pending Investigation	28e. DATE O		28b. Til		28c. IN.	JURY AT DRK? YES 2 NO	-	CRIBE HOW	INJURY OCC	CURED	
G	2 Accident 3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										ute Number,		
COMPLET	contain any		ICIAN: To the best of										end menner ee stated
TO BE C	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	-2-2	71-	COL	TEM OT G	1	7	29c. LICENSE	NUMBER 113		29d. DATE	SIGNED (	Nonth, Day, Year) 26/91
	31. DATE FILED (Month, Day,	2.	COPI 32. REGISTE	RAP'S SIGNATURE	5/6	12.17	_	300 l	flower	Fre	mi	3	230
	DEC 31	1991	Julia Di	widson-R	indelle								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

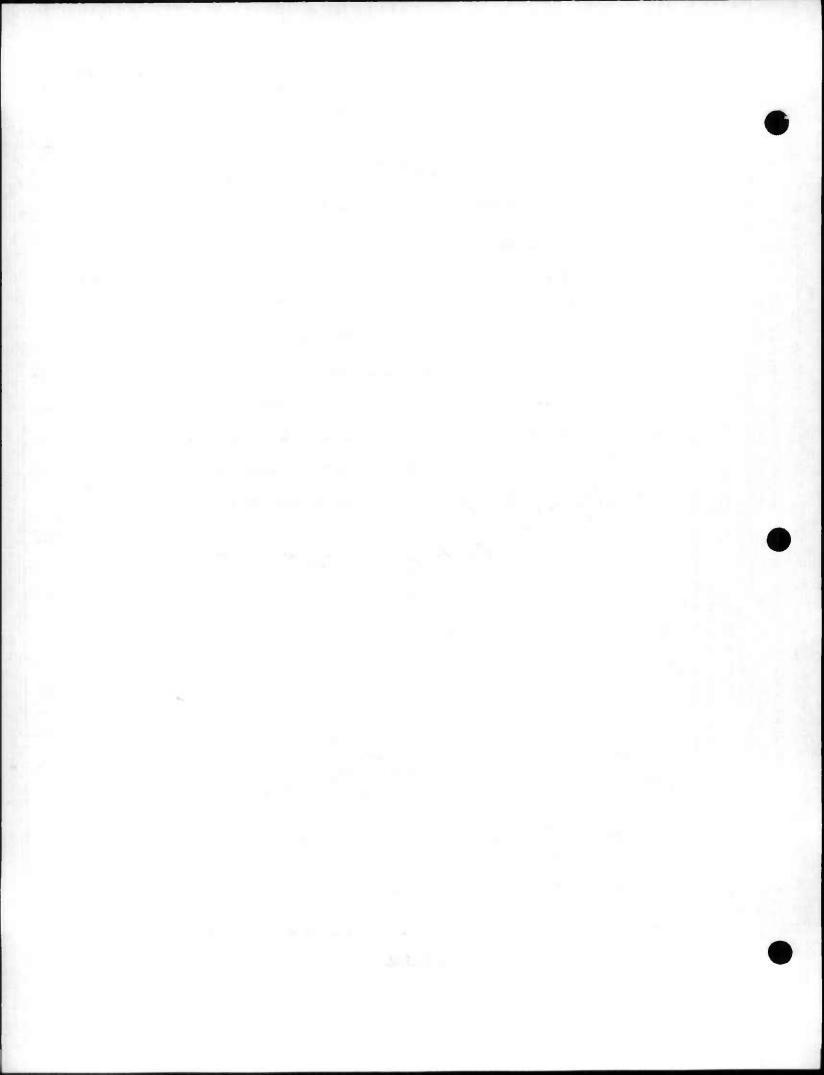
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	REGISTRAR		- CE	HILL	CALE	PUEA	IH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O				3. TIME OF DEATH
	Sadie A.	Sams						MONTH 12	2	.5	YEAR 91	2.45 D M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR		R 24 HRS.	7. DATE O	F BIRTH	7	8. BIRTH	1PLACE (State or Foreign
	219-20-7571	1 M 2 F	10	4 YRS.	ONTHS DAYS	HOURS	MIN.		Day, Year)		Count	(Y)
	9s. FACILITY NAME (If not institution, give	street and number)	102		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUN					ryland		
H										ENIT		
5	BelAir Convalesce	nt Center			Bel	Air				Наз	rfor	d
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CITY,	Y, TOWN OR LOCATION					10d. INSIDE CITY		
8	Maryland	Harford		Fall	leton							LIMITS?
	10e, STREET AND NUMBER			rall	llston						1 YES 2 NO	
FUNERAL	020 Water 3				101. ZIP CODE				10g. CITIZEN OF WHAT COL			
H	929 Waters Ave.					2104					U	.S.A.
교	11. MARITAL STATUS  1 Never Married  12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO				13. WAS D	CENDENT (	F HISPAN	IC ORIGIN?	(Specify Yes	or No-	14. RACI	E — American Indian, k, White, atc.
ВУ	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE W			If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:					1	Spec	
		1										White
里	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S US	SUAL OCCUPATE done during in retired.)	TION nost of working	na	16b. F	IND OF BUS	SINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+	) Ho. i	Do NOT use r	retired.)							
A P	0		Pra	ctica	al Nur	se			Min	rsino	Y	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						HER'S NAI	ME (First, Mic	idle, Maiden			
BE	Stephen W. Ga	ttan				6.	1777	D -	obr			
	19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DDRESS (Stree	and Number	or Rural R	oute Number	ohnso:	1. State 7in	Corle)	
2	Mrs. Verna Kli	enie										
	20a. METHOD OF DISPOSITION	Phie			Box 49		Glen					
	12 Buriel 2 Commetion 3 Rem	over trum State	cemetery, crem	natory or other	DISPOSITION (I r place)			OATE		CATION —		
	4 Donation ther (Specify)	11	Cedar	Hill			. 12	128/9	e I	Brook	lvn	. Md
	21. SIGNATURE OF BUNERAL SERVICE LIC	CENSEE	1/		22. NAME	AND ADDRE	SS OF FAC	CILITY			_	1. 21204
	> Umald Co	Le Vierling	.1/		Ruck	Tows	son F	linera	al Hor			. 21204
	23. PART i. Enter the diseases, or	complications that	coursed the dea	th Do not								
	shock, or haart failura.	List only one caus	se on each lina.	tii. Do not	antar the n	oda or dy	ing, suci	1 as cardia	ic or raspii	ratory arm	est,	Approximeta Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a											
- 1	resulting in death)		ner	zeul	non	70	Bu	1	9			
		DUE TO	OR AS A CONSEO	ENCE OF):								
Z	Sequentially list conditions, b.											
$\geq$	if any, leading to immediate	DUE TO	OR AS A CONSEOL	ONSEQUENCE OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or injury	c.										
国	that initiated events	DUE TO (	OR AS A CONSEOL	JENCE OF):								
E	resulting in death) LAST	d										
CERTIFICATION		0.										
EDICAL	PART II. Other significant condition	s contributing to	deeth but not rea	suiting in t	the undarlyi	ng causa g	iven in I	Part I. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS
Š									PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					-			-   '	YES 2	NO		OF DEATH?
Σ							_					1 TYES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:			26.1 THER:	PLACE OF D	EATH (Che	ck only one)				
ıΣ	1 YES 2 HO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3	DOA 64	Nursing Ho	me 5 🗆 Ra	sidenca (	6 🗆 Other (	Specify)			
표Ⅱ	27. MANNER OF OEATH	28e, OATE OF I		28b. TIME O		JURY AT ORK?		28d. OESCI	RIBE HOW IN	JURY OCC	URED	
BY	1 D Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	110011		YES 2	NO [					
	3 Suicide 6 Could not be	28s. PLACE OF	INJURY — At hom	e, tarm, stre	et, factory, off	Ca		261, LOCAT	ON (Street ar	nd Number	or Rural R	oute Number
凹	4 Homicide determined	bullding, e	itc. (Specify)				- 1	City or	Town, State)			
COMPLETED	29a. CERTIFIER											
	(Check only	CIAN: To the beat of r	ny knowledge, deat	h occurred a	it the time, dat	e and place,	and due t	to the cause	(s) and mani	ner aa atate	d.	
ō I	2 MEDICAL EXAMINE	R: On the beals of ax	emination and/or im	vestigation, i	In my opinion,	death occur	ed at the t	ime, data ar	nd place, and	dua to the	cause(s	and manner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIE		0			29c, LICE	NSE NUM	BER		29d DATE	SIGNED	(Month, Day, Year)
踞	Ander NE	works	265	no						<b>D</b> /	3	~ 6
2	30. NAME AND AGORESS OF PERSON WH	O COMPLETED CALLS	F OF DEATH STEEL	27) (%	intl						7 -	1111
			L OF DEATH (ITEM	erj (rype, Pri	HTK)							
	Andrew Nowakowsk		125 1	No. Ma	ain St	root	BelA	ir, M	d. 2	1014		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S SIGNATURE									
	DEC 3 1 199	I Julia I	Tavidson R	nd D	1							
		11		- BARRES	_							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

Loretta

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last) LORETTA K. TAYMANS

5. SEX

Taymans

6. AGE (In yrs. last birthday)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 🗆 M 2 🖵 F DAYS HOURS MIN. YRS. 213-20-7143 20 use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street a 9b, CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR THE JOHNS HOPKINS HOSPITAL. BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Towson 100 STREET AND NUMBER St. Elizabeth Hall Apt. W-206 101. ZIP CODE 2300 Dulaney Valley Road 21204 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 7 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Merried 2 Merried If yea, specify Cuben, Mexican, Pt 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) ĮQ. Elementary/Secondery (0-12) College (1-4 or 5 +) page 5 should be detached 12 years Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 퓮 BE Clement L. Klug Kate Campbell notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5 Joseph P. Taymans 9 Glenamoy Road unit 101 Timonium, MD 21093 pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must The state of the n by the funeral director, removal. New Cathedral Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Don Mitchell-Wiedefeld Home Inc. Thomas Joseph Bozek 6500 York Road Baltimore, MD 21212 medical 23. PART i. Enter the diseasas, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, filled in by ahock, or haart fallure. List only one cause on each line. **IMMEDIATE CAUSE (Final** completely filled rial, cremation, event, the disease or condition Phellmonia resulting in death) requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): burial, other traumatic CERTIFICATION and Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa OUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL e has been signed by the e Dept. of Health and M m 23 shows any inju atrial Chroni Teucemia DR ATTENDING PHYSICIAN: The law t: After this certificate has r death with the State De is marked, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 YES 2 /NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident TO THE HOSPITAL DR ATTENDIN TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is 1 28e. PLACE OF INJURY — At home, ferm, street, tactory, office building, etc. (Specify) 60 3 Sulcide 8 Could not be COMPLETED 4 Homicide 1 X CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER LWY 3164 10 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON Buraldi Johnsto

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

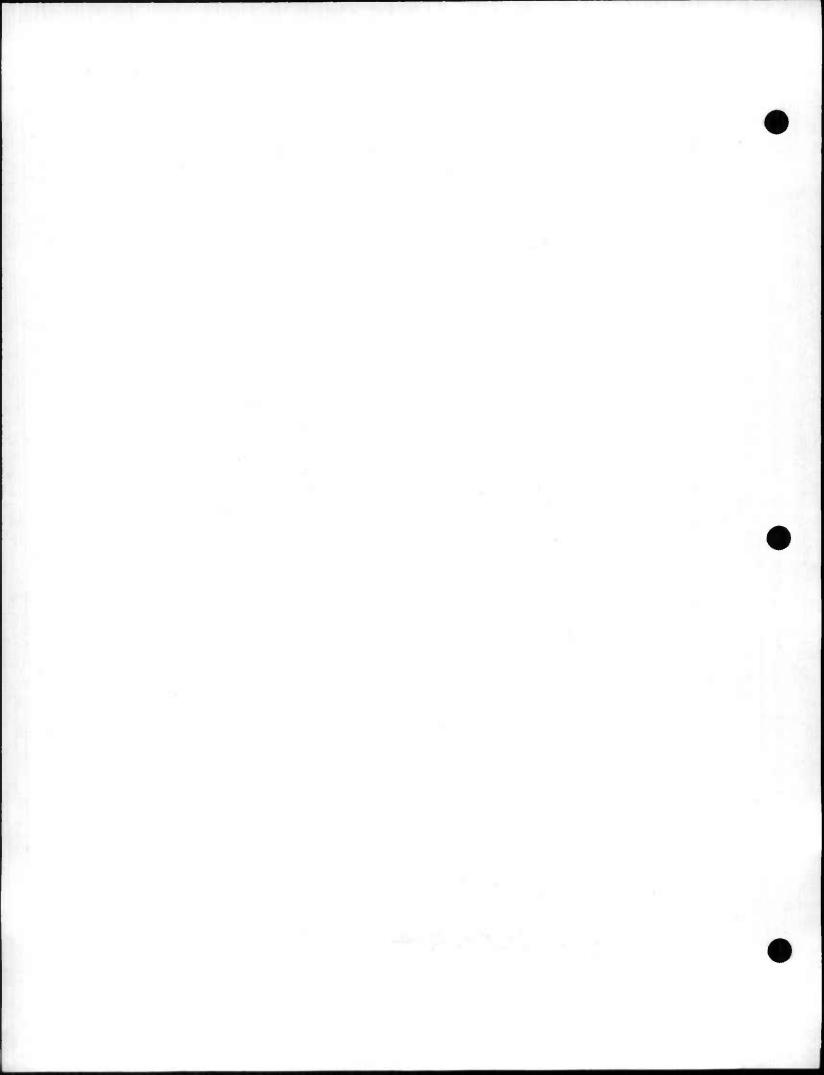
CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS

12 50 A M 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State Country) 908|Baltimore BALTIMORE CITY 10d. INSIDE CITY 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A 14. RACE — American Indian, Black, White, etc. Specify: white 16b. KIND OF BUSINESS/INDUSTRY Own Home 20c. LOCATION -- City or Town, State 12/30 Baltimore City **Approximata** interval Batween Onset and Death 2 Weeks 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. OATE SIGNEO (Month. Day, Year) 2/27/91



31. DATE FILED (Month, Day, Year) DEC 3



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the : be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR 1 - STATE REGISTRAR	STATE OF MAR				MENTAL HYGIEN		30134
	1. DECEOENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO		3. TIME OF DEATN
	DANIEL O'CONNE					12 DATE OF BEATH	91	VEAR 02 30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	-	BIRTNPLACE (State or Foreign
	493 10 4384	M 2 □ F	83 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	08	Country)
	9s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNT	Y OF DEATN
O.	GREATER BALTIMON	RE MEDICAL (	CENTER	TOWS	ON		BAL	TIMORE
집	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	ry	10c CIT	Y, TOWN OR LOCA	TION			
DIRECTOR	MD			LTIMORE	IION			10d. INSIDE CITY LIMITS?  1 A YES 2 NO
3AL	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	3925 BEECH AVE A				21211		J	JSA
F	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 X YI	ES 2 NO	13. WAS DEC	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 1	I. RACE — American Indian, Black, White, etc.
) BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 🗆 YES	S 2 KNO Specify	/:		Specify: White
ET.	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16e. DECEDENT'S	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDUS	STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			ic Relat	ions		
Š	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE 0	Joseph F. T	racy			Kathe	ME (First, Middle, Maiden rine Cough	lin	
10	19e. INFORMANT'S NAME (Type/Print)	ne out. In	19b. MAILING	ADDRESS (Street e	and Number or Rural P	Route Number, City or Town	n, State, Zip Co	<sup>20</sup> 1227
-	Mr. Daniel O. T					altimore,	Ma.	21224
	1 Buriel 20 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	loval trom State	cometary, crematory or of Green Moi	of disposition (Na unt Crem	ame of natory	DATE 20c. LO	CATION - CH Baltii	y or Town, State MOre, Md.
	21. SIGNATURE OF PUREBAL BERVICE LI	Value	T	22. NAME AL	ND ADDRESS OF FA	DEFELD HOM	E. TNO	G.
	C. Sherman	Denny, Jr.	4			ad Baltim		
	23. PART I. Enter the diseases, or	complications that caus	sed the deeth. Do n	ot anter the mo	ode of dying, suci	n as cardiec or respi	ratory arras	t, Approximete
	ehock, or heert fellure.  IMMEDIATE CAUSE (Final	Liet only one ceuse on	eech fine.					Interval Between Onset and Death
	disease or condition resulting in death)	dissen	· prostati	z cance				1-7.4
		DUE TO (OR A	S A CONSEQUENCE OF					Jus.
NO	Sequentially list conditions,	b		_				
AT	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH A	S A CONSEQUENCE OF	·):				
	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR A	S A CONSEQUENCE OF	F):				
CERTIFICATION	reaulting in death) LAST	4						j
5	DART II Other elemificant condition	G.						
B	PART II. Other algnificent condition	is contributing to deeth	but not resulting i	n the underlying	g ceuse given in i	Part I. 24s. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA		NIS				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
		7.0				_		1 TYES 2- NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			00.04	105.05.05.1511.10			
SC	EXAMINER?  1  YES 2 NO	HOSPITAL:	2 0 000	OTHER:	ACE OF OEATH (Che			
	27. MANNER OF DEATN	28s. DATE OF INJUR	Y 25b. TIME		e 5 Residence	6 Other (Specify)	UIIIIN OCCUI	en.
ВУ Р	Natural 5 Pending	(Month, Day, Hear	NA.	URY WO	YES 2 NO	The second rion in	DON'T DOCUM	
	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJUI	HY - At home, faguer &	treet, tectory, office	The second secon	281. LOCATION (Street a	nd Number or	Rural Route Number
TED	4 Nomicide determined	, and the same is				City or Town, States		
PE	29e. CERTIFIER (Check only 1 X CERTIFYING PNYS)	ICIAN: To the beat of my known	owledge, death occurre	d at the time, date	end place, and dus	to the cause(e) and man	ner es stated	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of examinar	tion end/or investigation	n, in my opinion, d	eath occured at the t	lime, date end place, end	due to the c	euse(e) end menner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)
0 8	Dan A. M.	Donky			DZIY	70	▶ /2	127/91
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)				



GBML 31. DATE FILED (Month, Day, Year)
DEC 3 1 10

1991

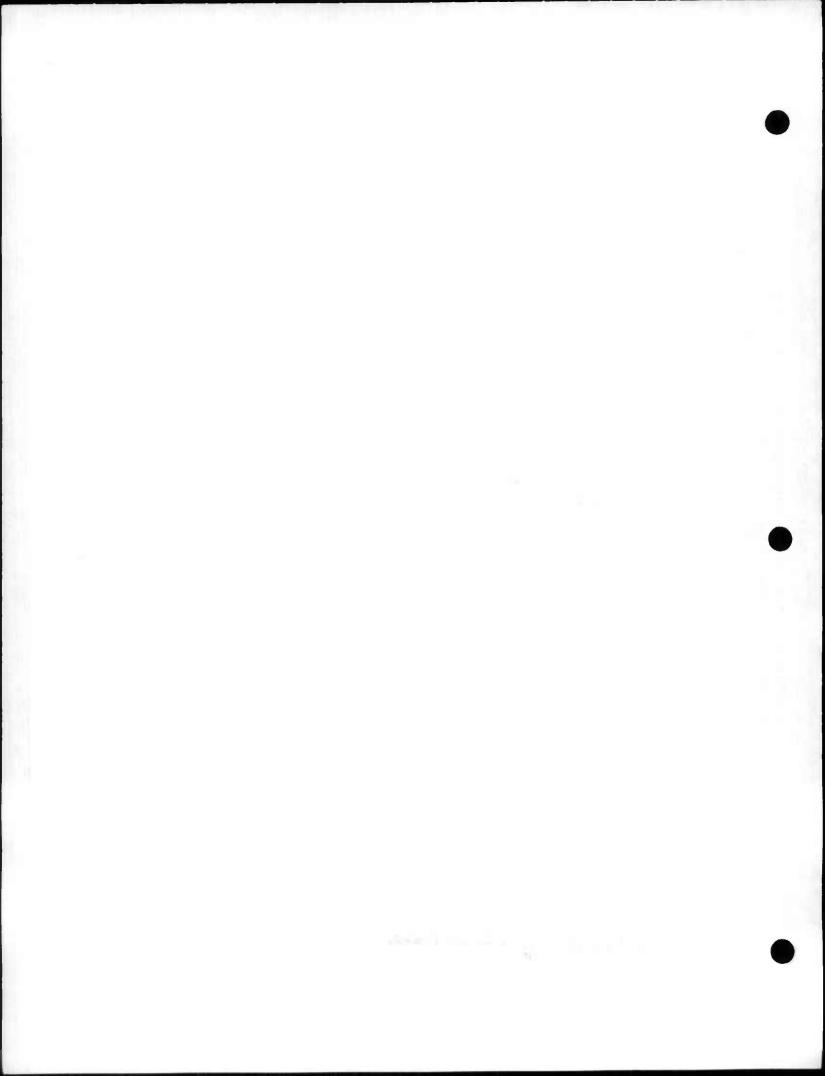
32. REGISTRAR'S SIGNATURE
Lulia Savidson-Andrea

AND THE RESERVE OF

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN		CEI	11111	CALE OF	- DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEAT	1	3. TIME OF DEATH
	VIRGIE	NAOMI TU	RLINGTON	1			MONTH /2	DAY 28	9/ 2 40 AM
	4. SOCIAL SECURITY NUMBER	5. SEX (	. AGE (in yrs. last b	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	216-03-4163	1 🗆 M 2 💢 F	81	YRS.	MONTHS DAYS	HOURS MIN.	MAR 15	1910	Country) MARYLAND
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN	OR LOCATION OF D		_	UNTY OF DEATH
E	4820 ILCHESTER RO			- 1	ELLICOT		LAIII		
K	RESIDENCE OF DECEDENT							HOW	AKD
DIRECTOR	10e. STATE 10b. COUNT	γ		IOc. CITY	TOWN OR LOCA	ATION			10d. INSIDE CITY
5	MARYLAND ANNE	ARUNDEL		LI	NTHICUM	ſ			1 TYES 2XX NO
	10e. STREET AND NUMBER				1	Of. ZIP CODE		140- 017	TIZEN OF WHAT COUNTRY?
5	500 ANDOVER ROAL	0				21090			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	THE DAY OF A DAY						SA
	1 Never Married 2 Married	FORCES? 1	YES 2 ANO	D	13. WAS DE	CENDENT OF HISPA pacify, Cuban, Maxic	NIC ORIGIN? (Specify an, Puarto Rican, atc.	Yes or No-	14. RACE — American Indian, Black, White, etc.
BY	3 XWidowed 4 Divorced	IF YES, GIVE WAF	OR OATES		1 🗌 YE	S 2 -NO Speci	y:		Specify: WHITE
	15. DECEDENT'S EDU	CATION	16- DECE	DENTIN I	ISUAL OCCUPAT				
E I	(Specify only highest grade	completed)	(Give	kind of wo	ork done during m retired.)	iost of working	16b. KIND OF	BUSINESS/IN	DUSTRY
2	Elamentary/Secondary (0-12) 12 th	College (1-4 or 5+)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		31	LAMS	TRESS			-EMPL	OYED
		ID GARR					ME (First, Middle, Mai		
BE	ROYAL CLEVELAN  19a. INFORMANT'S NAME (Type/Print)	ND CARR				CLAR			ARMON
2		T. C. V.					Route Number, City or		p Code)
	THOMAS R. TURLING	FION					HICUM, MI	2.	1090
	20a. METHOD OF DISPOSITION 1 X Burial 2 □ Cremation 3 □ Ram	oval from State			DISPOSITION (A				City or Town, State
	4 Donation 5 Other (Specify)		WOODLAV	N C			12-31 W	OODLA	WN, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	/		22. NAME A	ND ADDRESS OF FA	AL HOME,	TNC	
	> 701. Mean	loton	ar		4107	WIIKENS	AVE, BALT	TMODE	MD 21229
	23. PART I. Enter the diseases, or other	complications that c	eused the death	Do no					
	enock, or neart repairs.	Liet only one ceuee	on each line.		a contor are my	ode or dying, ede	ti as celular of le	spiratury ar	rest, Approximate intervel Between
	IMMEDIATE CAUSE (Final disease or condition	41							Oneet and Death
	resulting in death)	e. ///57/0	CYIIC	SAR	COMA	METAS	TATICT	CUN	6 4 mo.
		DOE 10 (O	H AS A CONSEQUE	NCE OF)					
CERTIFICATION	Sequentielly list conditions,	DUE TO (O	AS A CONSEQUE	NCE OF					
¥.	if any, leading to immediate ceuse. Enter UNDERLYING	(0,	THE A CONCEOUR	IVOL OI ).					
윤	CAUSE (Disease or injury that initiated evente	cDUE TO (OI	R AS A CONSEQUE	NCE OF					
틸	resulting in death) LAST								
8		d							
	PART II. Other significant condition	s contributing to de	ath but not reeu	ilting in	the underlyin	g cauee given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	ARTERIOSCUERO	TIC CARA	DIOVAJCU	LAR	DISEA	SE	1	ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
買用							'   TES	2   NO	OF DEATH?
									1 TYES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				20 0	LACE OF DEATH (Ch	ank anti		
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	/			
<u>≚</u> ∥	27. MANNER OF DEATH	1 Inpatient 2 E				1e 5 ( Reeldenca			
		(Month, Day,		Bb. TIME INJUI	TY WO	JURY AT DRK?	28d. DESCRIBE HO	W INJURY OC	CURED
- 10	1 Natural 5 Pending	(			M 1	YES 2 NO			
M	1 Natural 5 Pending 2 Accident Investigation			3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)					
à	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28s. PLACE OF II	IJURY — At home, (Specify)	farm, atr	eet, fectory, offic	•	281. LOCATION (Stre City or Town, Str	et and Number	or Rural Route Number,
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined	28s. PLACE OF II building, etc	. (Зресну)				City or Town, Sti	rte)	
ED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined	28a. PLACE OF II building, etc	knowledge, death	occurred	at the time, date	and place, and due	City or Town, Sti	nanner as stat	led.
ED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined	28a. PLACE OF II building, etc	knowledge, death	occurred	at the time, date	and place, and due	City or Town, Sti	nanner as stat	
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined	28s. PLACE OF II building, etc	knowledge, death	occurred	at the time, date	and place, and due	to the cause(e) and r time, data and place,	nanner as stat	ted. ne cause(a) and manner ae stated.
BE COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	28s. PLACE OF II building, etc	knowledge, death	occurred	at the time, date	and place, and due leath occursd at the 29c. LICENSE NUI	City or Town, Sti to the ceuse(e) and r time, data and place,	nanner as stat and due to th	ted.  ne cause(a) and manner as stated.  E SIGNED (Month, Day, Year)
COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  Walth J. W.	28s. PLACE OF II building, etc  CIAN: To the bast of my  R: On the basis of exam	knowledge, death	occurred intigation,	at the time, date	and place, and due	City or Town, Sti to the ceuse(e) and r time, data and place,	nanner as stat and due to th	ted. ne cause(a) and manner ae stated.
BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSI one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER AND TITLE OF CERTIFIER AND ADDRESS OF PERSON WHO	28s. PLACE OF II building, etc CIAN: To the bast of my R: On the basis of exam  COMPLETED CAUSE OF	knowledge, death instion and/or inve	occurred intigation,	at tha time, data in my opinion, o	and place, and due leath occursd at the 29c. LICENSE NUI	City or Town, Sti to the ceuse(e) and r time, data and place,	nanner as stat and due to th	ted.  ne cause(a) and manner as stated.  E SIGNED (Month, Day, Year)
TO BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER AND ADDRESS OF PERSON WHO	28s. PLACE OF II building, etc CIAN: To the bast of my R: On the basts of exam CO COMPLETED CAUSE 301 MARY	knowledge, death institution and/or inve	occurred stigation,	et the time, date in my opinion, of the time, date in my opinion, date in my opini	and place, and due leath occursd at the 29c. LICENSE NUI	City or Town, Sti to the ceuse(e) and r time, data and place,	nanner as stat and due to th	ted.  ne cause(a) and manner as stated.  E SIGNED (Month, Day, Year)



1	9			
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEI	NE 9 1	36156	
1. DECEDENT'S NAME (First, Middle, Last)  MICHOLAS  A SOCIAL SECURITY AUMAED		74006	TADDEO	12 7	LO 91	7.39 A	
232-05-2069	1 № M 2 □ F	78 YRS. MONTH	B DAYA HOURS MIN.	(Month, Day, Year)	1/2 VI	RTHPLACE (State or Foreign puntry) RGINIA	
SINAL HOSP					6ALTO	2005. 4	
MD. both	TO N/1	2				10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
5220 YURK	KD.	1,7-0		12	us	PF WHAT COUNTRY?	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ES	If yes, specify Cuben, Mexic	cen, Puerto Rican, atc.)	6	ACE — American Indian, Black, White, etc.	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)	8a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working 1.)		JSINESS/INDUSTR	WHITE Y	
17. FATHER'S NAME (First, Middle, Last)		FORK LIFT					
19e. INFORMANT'S NAME (Type/Print)							
20s. METHOD OF DISPOSITION	20b. P	LACE AND DATE OF DISP	OSITION (Name of				
21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald Wa	ide, Dil		State	Anatom		
shock, of frealt fallgle. L	omplications that caused to	he death. Do not ent				Approximata Interval Between	
disease or condition resulting in death)			stufficien	ey ·	7.	Onset and Death	
Sequentially list conditions, b. Cardware arrhythmatics.							
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other significant conditions	contributing to death but	1		Part 1. 24a. WAS AN	I AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 YES 2 NO  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. DATE OF INJURY  (Month, Day, Veer)  28. PLACE OF DEATH (Check only one)  29. DATE OF INJURY  (Month, Day, Veer)  29. INJURY AT WORK?							
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	ent 3 DOA 4 N	28c. INJURY AT WORK?	1	NJURY OCCURED		
2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, street, fr		28f. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	AN: To the best of my knowled: On the beste of examination e	ge, death occurred at the	time, date end place, end due	e to the cause(e) and mer	nner ee stated.	(c) and many	
296. SIGNATURE AND TITLE OF CERTIFIER.						ED (Month, Day, Year)	
	1. DECEDENT'S NAME (First, Middle, Last)  MICHOLAS  4. SOCIAL SECURITY NUMBER  232-05-2069  9e. FACILITY NAME (If not institution, give st  SIMH HOSP  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MID 10e. STREET AND NUMBER  522-0 YOKK  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of the county only highest grade of the cou	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER  2.3 - 05 - 2069   1 M 2   F  9e. FACILITY NAME (If not institution, give street and number)  FRESIDENCE OF DECEDENT  10a. STATE   10b. COUNTY  M.   10b. COUNTY  M.   10c. STATE   10c. COUNTY  M.   10c. STATE	1. DECEDENT'S NAME (First, Micdia, Last)  NICHOLAS  4. SOCIAL SECURITY NUMBER  2. SEX  9. FACILITY NAME (if not institution, pive street and number)  9. FACILITY NAME (if not institution, pive street and number)  10. STATE  10. COUNTY  MA  10. STATE  10. COUNTY  MA  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED PONCESY 1   YES 2   NO (Five South of Work of No. ON The mirror	1. DECEDENT'S NAME (First, Middle, Last)  NICHOLAS  S. SCAL SCUNITY NUMBER  2. 37 - 05 - 2069  1	1. DECEDENT'S MANE (First, Madin, Lasi)  NICHOLAS  (NMI)  TADDEO  TADD	1. DECEMBER'S MARKER (ASS)  NICHOLAS	

30. NAME AND ADDRESS OF PERSON WHO/COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAP'S SIGNATURE

31. DATE FILED (Month, Day, Year)

NICHOLAS (NMI)

TADDEO

12-20-91

VIRGINAA

NA

NO

X

NO

TIHW

FORK LIFT OPERATOR FACTORY

Trene Taddeo Wife 5220 York Road Apt G5, Baltimore, MD 21212

Ronald Wade, Dir State Anatomy Board 655 W. Baltimore St. Balto..MD 21201

X

BALTIMORE, MARYLAND 21215-0020

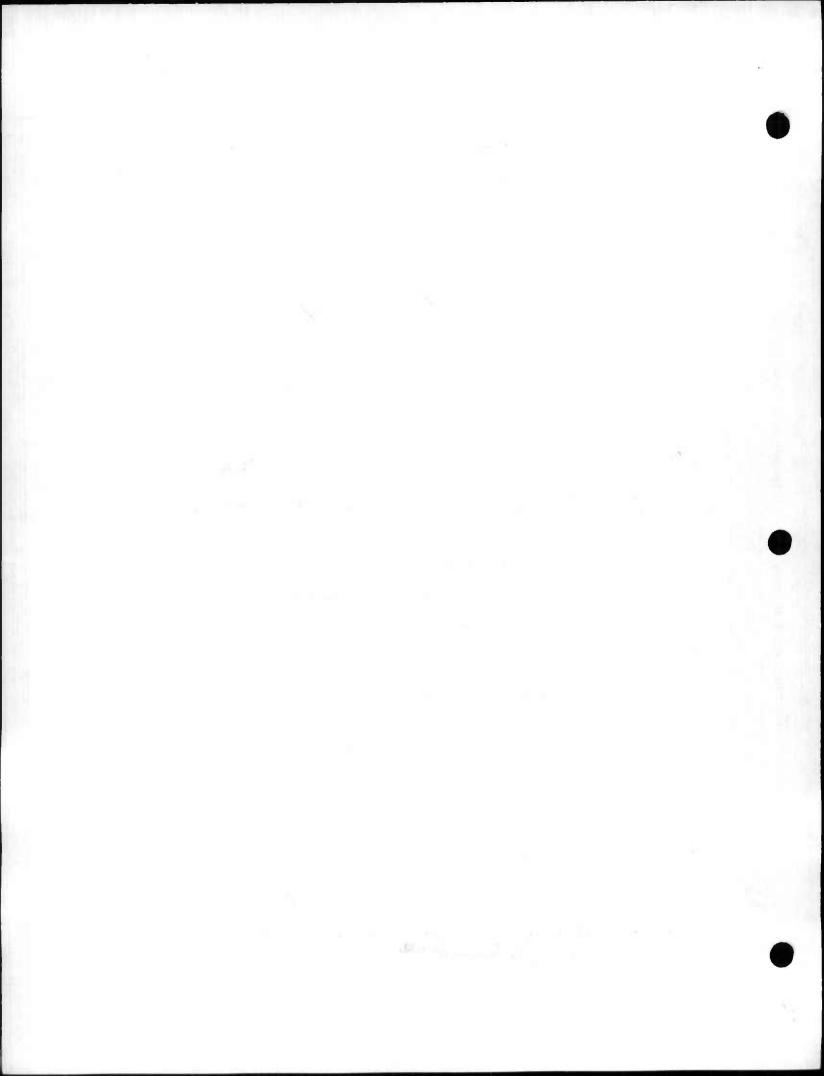
FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be much 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. INL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPART	TMENT OF H	HEALTH AND		GIENE	
	1. DECEOENT'S NAME (First, Middle, Last	i)		J. 1. 2 .	DEA	2. DATE OF DE	ATH	3. TIME OF DEATH
	Marie Teresa	BARTELS (	Taylor)			Decemb	DAY	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	BE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH B	L BIRTHPLACE (State or Foreign
	217039932	4 M-3 M-2 F	84 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 1	bar)	Country)
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			MARYT AND Y OF DEATH
l a	FRANKLIN SQUARE	HOSPITAL		ROSS	SVILLE		Pal	timore
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN		1400 CITY	, TOWN OR LOCAT			Dai	
E S	3.50		100.011,					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	TIMORE		ROSEDA	LE f. ZIP CODE			1 TYES 2 NO
RA	1202 WHITE AVENU	D		101	I. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13 WAS DEC	2123 ENDENT OF HISPA			JSA
	1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes, sp	ecify Cuben, Maxic	an, Puarto Rican, e	ic.)	4. RACE — American Indian, Black, White, atc.
ВУ	Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 S			2 Specia	my:		Specify: WHTTE	
COMPLETED	15. DECEDENT'S ED (Specify only highest gred	UCATION de completed)	16a. DECEDENT'S U	USUAL OCCUPATION ork done during mo	DN est of weeking	16b. KIND	F BUSINESS/INDUS	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)	or or worning			
M	3		HOUSEW	/IFE			SEWIFE	
	17. FATHER'S NAME (First, Middle, Last)	TURKOWSK	T			AME (First, Middle, I	faiden Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	TORNOWSK.			KATHE			
임		Trompos				Route Number, City	or Town, State, Zip Co	ode)
	KATHERINE N. FLI			WHITE A			LE MD	21237
	Buriel 2 Cremation 3 Red Donation 5 Other (Specify)		emetery, cremetory or oth	ner plece)		DATE 2	De. LOCATION — CIF	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE.	MORELAN	D MEMOR	TAI	11/1/20	BALTO,	MD
	121 SIL	W		CVACU	ND ADDRESS OF FA	le F.H		
	0/19	ST W		1911	Chesac		21237.	
	23. PART i. Enter the disesses, or shock, or heart fellure	complications that cause. List only one cause on	ed the deeth. Do no each line.	ot enter the mo-	de of dying, suc	ch ss cerdiec or	respiratory arres	t, Approximete interval Between
	iMMEDIATE CAUSE (Fine) disease or condition							Onset and Death
	resulting in death)	a. Leaking The	noracic An	eurysm				
_								
<u>o</u>	Sequentielly list conditions, if sny, leading to immediate	Arteriosc	A CONSEQUENCE OF	rdlovas	cular Di	sease		
S	cause. Enter UNDERLYING	. Hypertensi						
Ē	CAUSE (Diseese or injury thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	:				
CERTIFICATION	resulting in deeth) LAST							
		d						
	PART ii. Other aignificant conditio	d	but not resulting in	the underlying		Part 1		
CAL	PART II. Other algnificant condition				cause given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL	Chronic Obstruc	tive Pulmona	ary Diseas		; cause given in	PI		
: MEDICAL	Chronic Obstruc		ary Diseas		; cause given in	PI	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
IAN: MEDICAL	Chronic Obstruc	tive Pulmona	ary Diseas	e with		PI	RFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	Chronic Obstruc	Acute Bronch	ary Diseasonitis	e with	ACE OF DEATH (Ch	Pi 1 🗆 Y	ERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL	Chronic Obstruc	Acute Bronch  HOSPITAL: 1 % Inpetient 2 = ERJON  28e. DATE OF INJUR	ary Diseasenitis	e with  28.PL  OTHER: 4   Nursing Horns	ACE OF DEATH (Ch e 5 □ Residence	PI 1 V	ERFORMED? ES 2 [X] NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Y PHYSICIAN: MEDICAL	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending	Acute Bronch	ary Diseasenitis	e with  28.PL  OTHER: 4   Nursing Horns	ACE OF DEATH (Ch	PI 1 V	ERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation	Acute Bronch  HOSPITAL: 1 (% Inpetient 2 = ER/Ou  28e. DATE OF INJUR (Month, Dey, Year)	ary Diseasenitis  stpatient 3 DOA 4	28. PL  OTHER: 4   Nursing Home OF   28c. INJU WOI Y   M   1   Y	ACE OF DEATH (Ch	Pil 1 V	ES 2 M NO  ON INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	Acute Bronch  HOSPITAL: 1 % Inpetient 2 = ERVOL  28a. DATE OF INJUR (Month. Day, Year)	ary Diseasenitis  stpatient 3 DOA 4	28. PL  OTHER: 4   Nursing Home OF   28c. INJU WOI Y   M   1   Y	ACE OF DEATH (Ch	Pil 1 V	ES 2 M NO  ON INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	Acute Bronch  HOSPITAL:  1 % inpatient 2 = ER/Ou  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Sp.	ary Diseasenitis  Alpatent 3 DOA 4	28. PL  28. PL  OTHER: 4   Nursing Home  OF   28c. INJ. WOI 1   Y  reet, factory, offica	ACE OF DEATH (Ch  5  Residence URY AT RES 2  NO	PI 1 Y 1 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 3 Y 3 Y 4 Y 5 Y 5 Y 6 Y 6 Y 6 Y 6 Y 6 Y 6 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7 Y 7	PES 2 M NO  ON INJURY OCCUPATION INJURY OCCUPATI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	Acute Bronch  HOSPITAL:  1 % Inpatient 2 = ER/Ou  28a. DATE OF INJUM (Month. Day, Year)  28a. PLACE OF INJUM building, etc. (Sp	ary Diseased it is  stipation: 3 DOA 4  28b. TIME (NJUI)  RY — At home, farm, atmosphy)  weedge, death occurred	28. PL  OTHER: 6   Nursing Hom  OF WO   1   Y  reet, factory, offica	ACE OF DEATH (Ch  5	PI 1 Y 1 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 2 Y 3 Y 4 Y 5 Y 5 Y 5 Y 5 Y 5 Y 5 Y 6 Y 6 Y 6 Y 6 Y 6 Y 6 Y 6 Y 6 Y 6 Y 6	ES 2 M NO  ON INJURY OCCUPATION OF THE STATE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Floute Number,
E COMPLETED BY	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	Acute Bronch  HOSPITAL: 1 % inpetient 2 ER/Ou  28a. DATE OF INJUR (Month, Dey, Year)  28a. PLACE OF INJUR building, etc. (Sp.	ary Diseased it is  stipation: 3 DOA 4  28b. TIME (NJUI)  RY — At home, farm, atmosphy)  weedge, death occurred	28. PL  OTHER: 6   Nursing Hom  OF WO   1   Y  reet, factory, offica	ACE OF DEATH (Ch e 5  Residence URY AT RK? /ES 2 NO e and place, and due eath occured at the	8 Other (Specific City or Town, on the cause(a) and time, date and ple	PRES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  ause(a) and manner as stated.
BE COMPLETED BY	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	Acute Bronch  HOSPITAL: 1 % inpetient 2 ER/Ou  28a. DATE OF INJUR (Month, Dey, Year)  28a. PLACE OF INJUR building, etc. (Sp.	ary Diseased it is  stipation: 3 DOA 4  28b. TIME (NJUI)  RY — At home, farm, atmosphy)  weedge, death occurred	28. PL  OTHER: 6   Nursing Hom  OF WO   1   Y  reet, factory, offica	ACE OF DEATH (Ch  5   Residence  UTY AT  RK7  (ES 2   NO  and place, and due  eath occured at the  29c. LICENSE NUM	8 Other (Specific City or Town, on the cause(a) and time, date and ple	PRES 2 NO NO  INJURY OCCUR  Interest and Number or (State)  d manner as stated.  ca, end due to the c.  29d. DATE Si	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  ause(a) and manner as stated,  IGNED (Month, Day, Year)
E COMPLETED BY	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 6 Check only 0ne) 2 MEDICAL EXAMIN  29b. SIGNATUS AND TITLE OF SERTIFIES	Acute Bronch  HOSPITAL: 1 % inpetient 2 ER/Ou  28a. DATE OF INJUR (Month, Dey, Year)  28a. PLACE OF INJUR building, etc. (Sp.	ary Disease nitis  Alpatient 3 DOA 4  28b. Time: INJUI  RY — At home, farm, atmostly  owledge, death occurred fon and/or investigation,	28. PL  28. PL  OTHER: 4   Nursing Home OF 28c. INNI RY WOI 1   Y  reet, factory, offica	ACE OF DEATH (Ch e 5  Residence URY AT RK? /ES 2 NO e and place, and due eath occured at the	8 Other (Specific City or Town, on the cause(a) and time, date and ple	PRES 2 NO NO  INJURY OCCUR  Interest and Number or (State)  d manner as stated.  ca, end due to the c.  29d. DATE Si	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  ause(a) and manner as stated.
BE COMPLETED BY	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suiciden 6   Could not be detarmined detarmined (Check only one) 2   MEDICAL EXAMIN  296. SIGNATUS AND TITLE OF BERTIFIER  30. NAME AND ADDAESS OF PERSON WITH COMMENT OF PERSON WITH	Acute Bronch  Acute Bronch  HOSPITAL: 1 12 Inpatient 2 DEPLOY  28a. DATE OF INJUR (Month. Dey, Year)  28a. PLACE OF INJUR building, etc. (Sp  BICIAN: To the best of my kno  ER: On the best of axeminst  HO COMPLETED CAUSE OF D  MD. 9000 Fr	ary Diseasentis  Attention 3 DOA 2  Attention 3 DOA 3  Attention 3 DOA	28. PL  28. PL  OTHER: 4   Nursing Home OF WOI 1   Y reet, factory, offica  at the time, data i, in my opinion, de	ACE OF DEATH (Ch e 5 Residence URY AT RK? YES 2 NO e and place, and due seth occured at the 29c. LICENSE NUM N/A	Pill Y  1 V  1 V  28d. DESCRIBE in the control of the cause(a) and time, date and place.	ES 2 M NO  IT NO INJURY OCCUR  It inset and Number or State)  d manner as stated.  ce, end due to the c.  29d. DATE SI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,  ause(a) and manner as stated.  IGNED (Month, Day, Year)  Ember 27,1991
BE COMPLETED BY	Chronic Obstruc  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 6 Check only 0ne) 2 MEDICAL EXAMIN  29b. SIGNATUS AND TITLE OF SERTIFIES	Acute Bronch  Acute Bronch  HOSPITAL: 1 12 Inpatient 2 DEPLOY  28a. DATE OF INJUR (Month. Dey, Year)  28a. PLACE OF INJUR building, etc. (Sp  BICIAN: To the best of my kno  ER: On the best of axeminst	ary Diseasentis  Attention 3 DOA 2  Attention 3 DOA 3  Attention 3 DOA	28. PL  28. PL  OTHER: 4   Nursing Home OF WOI 1   Y reet, factory, offica  at the time, data i, in my opinion, de	ACE OF DEATH (Ch e 5 Residence URY AT RK? YES 2 NO e and place, and due seth occured at the 29c. LICENSE NUM N/A	Pill Y  1 V  1 V  28d. DESCRIBE in the control of the cause(a) and time, date and place.	ES 2 M NO  IT NO INJURY OCCUR  It inset and Number or State)  d manner as stated.  ce, end due to the c.  29d. DATE SI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO  RED  Rural Route Number,  ause(a) and manner as stated.  IGNED (Month, Day, Year)  ember 27,1991



1315

MARYLAND

8. BIRTHPLACE (State or Foreign

YEAR

U.S.A.

3. TIME OF DEATH

10d. INSIDE CITY

XX YES 2 NO

WHITE

14. RACE — American Indian, Black, White, etc.

21229

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

t 🗌 YES 2 🗌 NO

COMPLETION OF CAUSE

Interval Between

Oneat and Daath

2. DATE OF DEATH

12/26/91

1

1. DECEDENT'S NAME (First, Middle, Last)

BERTHA

4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS 214-38- 5282 1 M 2 XX HOURS 80 YAS DEC. 21, 1911 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 648 ALDERSHOT ROAD 21229 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES XXNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.)

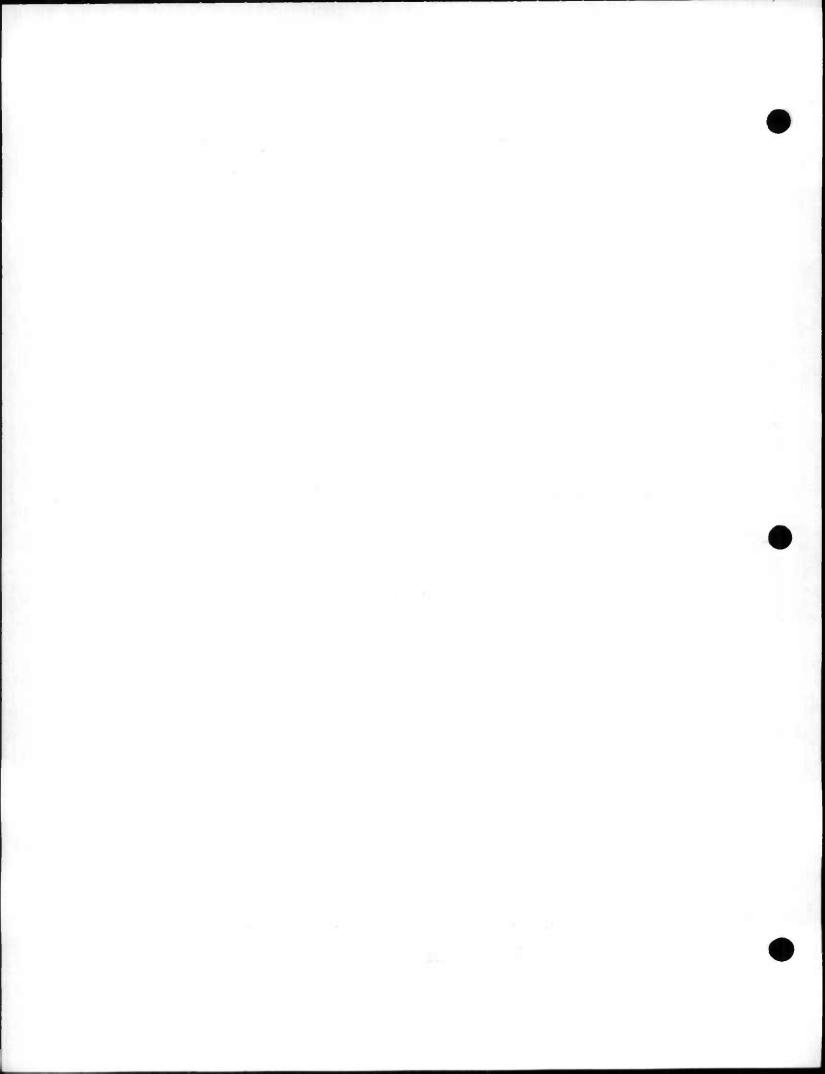
1 YES XX NO Specify: 1 Never Married 2XX Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KINO OF BUSINESS/INQUISTRY (Sp jo Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 Ħ HARRY KAPPLER BE JULIANNA HEGLER page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) (HUSBAND) 2 HENRY C. TIEMEYER JR. 648 ALDERSHOT ROAD, BALTIMORE, MARYLAND þ 20s. METHOD OF OISPOSITION

1X Neurial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City of Town, State must OATE funeral director, °WOODL'AWN "CEMETERY 4 Donation 5 Other (Specify) 12/30/91 WOODLAWN, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES filled in by the fion, or removal. 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or haart failura. List only ona ceuse on eech lina. IMMEDIATE CAUSE (Final signed by the attending physician and completely filler Health and Mental Hygiene prior to bunal, cremation, disease or condition Extensive intestinal hemorrhage, segmental HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within reaulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic Thromboembolic disorder OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, laading to immediata e. Enter UNDERLYING Atrial fibrillation with left atrial mural thrombus CAUSE (Disease or Injury other that initieted avanta OUE TO (OR AS A CONSEQUENCE OF) resulting in daeth) LAST 6 injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO t. of h has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate his 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 [Xinpatiant 2 | ER/Outpatiant 3 | DOA OTHER 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 X Natural 5 Pending м BY 1 YES 2 NO After 2 Accident 28s. PLACE OF INJURY — At home, farm, atreat, factory, offica building, etc. (Specify) 3 Suicide 0/9 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 determined ᆸ Item 29s. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER HE THE Bell 29d. DATE SIGNEO (Month, Day, Year) redund 223 D41843 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ann E. Reed, M.D., St. Agnes Hospital 900 S. Caton Ave. Balto., Md. 21229 5 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DEC 3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR BERTHA TIEMEYER

CERTIFICATE OF DEATH

1991



ages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

MEDICAL CERTIFICATION

PHYSICIAN:

BY

BE COMPLETED

2

IMMEDIATE CAUSE (Final

DR ATTENDING PHYSICIAN:

MPORTANT: II

	ين.	
	Derm	
	Sit	
Clari	Ftrai	
region.	ouria	
2	the t	
01101	33	
10	nse	
	D D	
200	ache	eg G
2	e det	0
0 0	ld b	e p
Name of	shou	tiffe
200	S 90	0 H
inay	, pag	st b
0	ector	Ë
200	ज़ व	ner
- Inda	funer	жаш
100	the oval.	3 6
3	in by	edic
1	filled in, or	E
2	matio.	umatic event, the n
1	, cre	even
2000	od co	tic
200	an ar	nma
210	ysici	T
a li mor	ng ph	other
27 11	Hyg.	0
2 000	Nenta	5
at un	and R	y In
22	afth a	s an
מלתווו	en sig	how
ary it	s bec	33
2	te ha	E E
WIN.	rtifica e Sta	or Itt
200	is cer	9d, 1
פרים	er th	nark
NOIN	R. Aff	Is T
AIC	afte :	28
DR ALLENDING FILE IN THURS THE UNITED THE DEATH FOR INCIDENCE OF COCCOUNTY AND THE PROPERTY OF	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. I hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 10:00 ESTHER MINNIE TWEED 26 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 7-11-1900 DAYS HOURS UNKNOWN 1 M 2 M 91 212-74-4756 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH HOSPITA! CENTER BALTIMORE CITY 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION DUNDALK MARYLAND BALTIMORE 1 YES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7815 HAROLD ROAD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES V NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 WES 2 X YO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie Specify: 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN HOME MAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname PETER GRAEBER ANNA ALBERTA HANEY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) CARLYLE D TWEED HAROLD ROAD BALTIMORE MARYLAND 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify) HOLLY MEMORIAL BALTIMORE MARYLAND 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. DUNDALK MD 7922 WISE **AVENUE** 21222 23. PART i. Enter the complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Tailure. List only one cause on each line. interval Between

disease or condition resulting in death) Stroke DUE TO (OR AS A CONSEQUENCE OF): SCVD Sequentially list conditions, if any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events a 0 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 | YES 2 | NO

26. PLACE OF DEATH (Check only one)							
HOSPITAL: 1 Inpetient 2 - ER/Outpetient			6 Other (Specify)				
28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUREO				
28e. PLACE OF INJURY — At h building, etc. (Spec/ly)	ome, ferm, street, fa	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
	1 Impetient 2 ER/Outpetient 28e. OATE OF INJURY (Month, Dey. Year) 28e. PLACE OF INJURY — At 1	1 5 Impetient 2 ER/Outpetient 3 DOA 4 N.  28e. OATE OF INJURY 28b. TIME OF INJURY M  28e. PLACE OF INJURY — At home, ferm, street, fa	HOSPITAL:    Month, Dey, Year)    Content of Injury   Content of I				

29e. CERTIFIER (Check only one)

2 | MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated.

0.1.07	2 MEDICAL EXAMINER: On the	beala of examir	stion end/or investigation	, in my opinion, d	eath occured at the time, date and place	e, and dua to the ceuse(e) end menner ee stated
29b. SIGNATU	URE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER ,	29d. DATE SIGNED (Month, Day, Year)
()	1 .	4		2./		

Puritly h	Dellaw , HD.	Morise	officer	12/26/91
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF DEATH (ITEM	2T) (Type, Print)		7
PUNITHA	WILLIAM	HARBOR	HOSPITAL	CENTER
12/26/91	DEC31 1991	Jana Davidson-Ran	dell	

**Onset and Death** 

	1
	4 HOURS
	-
Ď,	withi
X 687	executed
5	200
.c. 6	The law requires that the death certificate be executed within 24 incu-
ν Γ	death
5	he
2	that t
200	requires
	₩B
₹	The
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	TAL OR ATTENDING PHYSICIAN:
NO ICE	ATTENDING
=	OR
d	TAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

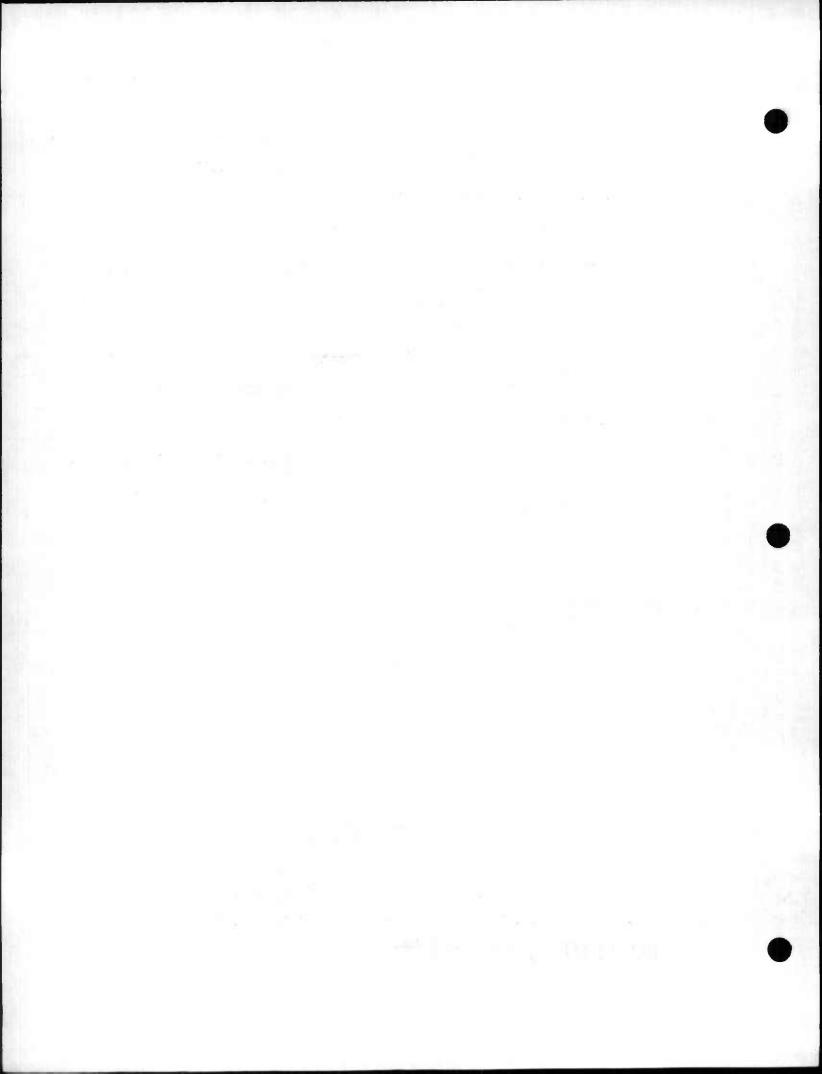
31. DATE FILEO (Month, Day, Year)
DEC 3 1

1991

	9 obenied	DINOUS C	
	Stely filled in by the funeral director, page 5 should be detached for use as the huntal transit narmit Danson 4 2 4	iyes 1, 2,	
	Darmit D	John H. F.	
ician.	al transit	arti allost	
ding phys	the hari	200	
il or aften	for use as	200	
he hospita	detached		once.
ained by t	hould be		ified at
lay be reta	Dade 5 s		t be not
Page 6 m	director.		er mus
ter death.	the funera	wal.	i examir
ithin 24 nours after death. Page 6 may be retained by the hospital or atte	led in by	, or remo	medica
within 24	1 completely fill	cremation	vent, the
executed	in and cor	to burial,	ımatic e
rtificate be	ig physicia	piene prior	other train
e death ce	he attendir	Mental Hy	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
es that th	gned by t	afth and	s any in
law requi	as been s	h the State Dept. of Health and	23 show
JAN: The	rtificate h	he State [	or item
NG PHYSIC	ter this ce	h with	marked,
ALLENDI	RECTOR: AI	rs after deat	n 28 is
SPITAL OF	JERAL DIR	in 72 hou	IT: If iter
THE HOS	THE FUN	filed with	APORTAN
7	F	۵	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH	AND MENTA	L HYGIEN	E 9		36160
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT EDWARD	JAMES VOGLE				OF OEATH	, 1991	YEAR	3:05 P.
	4. SOCIAL SECURITY HUMBER 212-18-9436	5. SEX  6. AGE (In yrs. last birthdey)  71. YRS. MONTHS DAYS HOURS MIN.			(Mon	7. DATE OF BIRTH (Month, Day, Year) Oct31, 1920 Maryland			
TOR	98. FACILITY NAME (If not institution, give street and number)  G. B. M. C. 6701 N. Charles Street  Towson				ON OF DEATH		Y OF DEA Balti	more	
DIRECTOR	10a. STATE 10b. COUNTY	imore	OWN OR LOCATION Phoenix			10d. INSIDE CITY LIMITS? 1  YES 2 [X]			
FUNERAL	10e. STREET AND NUMBER 2503 Garsden Court			10f. ZIP COD 2113	_	10g. CITIZEH OF U.S.			AT COUNTRY?
BY	1 Never Married 2 Married Profess 1 12 YES 2 NO If yes, specify Cuban, Mexica				n, Mexican, Puarto				
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)  2  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Antique Curator			פי	16b. KIND OF BUSINESS/INDUSTRY Wood Butcher Limited			.ted
BE CON	17. FATHER'S HAME (First, Middle, Last) Anthony Lee								
5	19a. IHFORMANT'S HAME (Type/Print) Barbara S. Vogle  19b. MAILIHG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same As #10								
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of During State Dur								
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204								
	23. PART I. Enter the diseases, or co ahock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	METASTATI	he deeth. Do not e h line.	nter the mode of dyi	ng, such as can	diac or respir	atory errea	t,	Approximate intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PHISICIAN: MEDICAL C	PERFORMED?  1 Tyes 2 Ho					ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 HO			
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Huraing Home 5 Residence 6 Other (Specific)								
BY PHY	27. MAHHER OF DEATH  1 Natural 5 Pending investigation	Inpatient 2   Et/Outpatient 3   DOA   4   Huraing Home 5   Raeldence 6   Other (Specify)							
- 111	3 Suicide 6 Could not be 4 Homicide determined	lcide 8 Could not be 28e. PLACE OF IHJURY — At home, tarm, streat, tactory, office 28t. LOCATION (Street and Number or Rural Route Number,					a Number,		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner as stated.								
H H	29b. SIGNATURE AND TITLE OF CENTIFIER				NSE NUMBER 19166				onth j Day, Year)
2	30. HAME AHD ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH	I (ITEM 27) (Type, Print)	12	11.00		- /-	1	, . ,

Alan J. Baldanza M.D. 10629 York Road, Cockeysville, Md. 21030



permit. Pages 1, 2, 3 should

be detached for use as the burial-transit

filled in by the funeral director, page 5 should on, or removal.

cremation,

-

IMPORTANT:

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TIV THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills
ORDS, P.O.	that the death certifi	ed by the attending t
TAL RECO	: The law requires	ate has been signe
ION OF VI	NDING PHYSICIAN	1: After this certific
DIVIS	HOSPITAL OR ATTE	FUNERAL DIRECTOR
-	THE THE	THE THE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) (MASTER) LAMONT WILKENS, JR. 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR LAMONT WILKINS JR. 12 26 1991 11:00 DM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 2-4-76 DAYS 1 M 2 F 15 YRS 218-86-1225 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2209 HOMEWOOD AVENUE U.S.A. 21218 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No-if yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: BLACK BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NQT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 9th Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ LAMONT WILKENS, SR. BE JANICE SINGLETON notified 19a. fNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number City or Town, State, Zip Godel 5301 EASTBURY AVE./BALTIMORE, MD 21206 2 APT. A JANICE SINGLETON 9 20a. METHOD OF DISPOSITION

1 XI Burief 2 Cremation 3 Removal from State
4 Donation 5 D Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata BALTIMORE, MD must DATE BALTIMORE "CEMETERY examiner 21. SIGNATURE/OF FUNERAL SERVICE MCENSES 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE the medical 23. PART 1. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each ilna. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** disesse or condition resulting in desth) WOUNTIES event, DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury shows any injury, or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 X YES 2 NO OTHER: 1 Inpetient 2 X ER/Outpetient 3 IDOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. fNJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 9:27 pm 12/26/1991 t YES 2X NO BY SUBJECT SHOT 2 Accident Investigation 26s, PLACE OF INJURY -28 is Sulcide 281. LOCATION (Street and Number of Bural Boute Symbols TREET 6 Could not be determined COMPLETED 4 Homicide APARTMENT BUILDING FIRST FLOOR HALLWAY Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to Bearing Land Oracle as startMARYLAND ation and/or investigation, in my opinion, dasth occured at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER B 29d. DATE SIGNED (Month, Day, Year) 12/27/1991 9 O.C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JULD MARIO PENN STREET BALTIMORE. MARYLAND 21201 Gulia Davidson-Andala 1991 DHMH-16 Rev 1/69



1 1 1 1 1 1 1

y-

12/25/1001 9:27=

10°0 m

n n findent a gala. In n n n n n n n n n n n n n

-H-E-

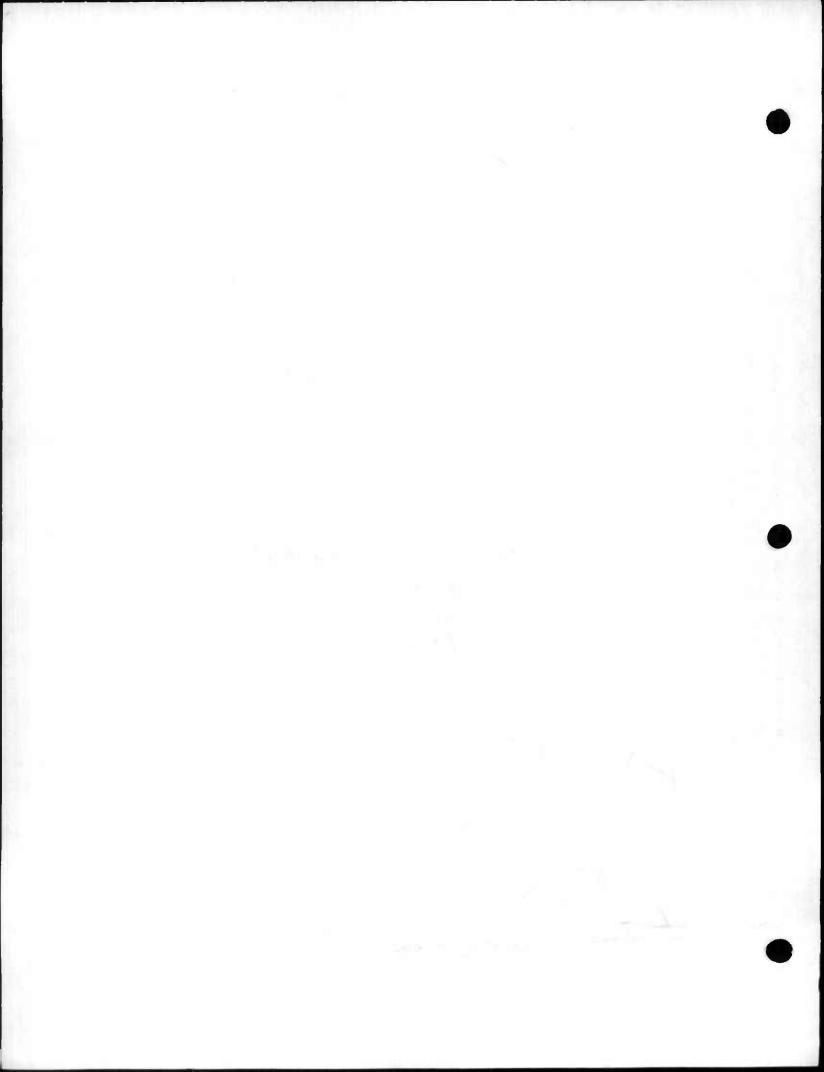
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ON OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremoral.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has to be filed within 72 hours after death with the State Dept.	IMPORTANT: It Item 28 is marked, or Item 23	

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTA	L HYGIENE REG. NO.	Ji	30102	
1. DECEDENT'S NAME (First, Migdly, La CHARLOTTE LE	st)	,	,	2. DATE MONTE	OF DEATH DAY	YEAR GI.	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER  216-16-2995	1 D M 2 D F 68	1 M 2 F 68 YRS. MONTHS DAYS HOURS M			OF BIRTN 1, Day, Year) 19 23	YLAND		
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  ST AGNES HOSPITAL  BALTIMORE  RESIDENCE OF DECEDENT							
- 1.0	NTY	N OR LOCATION  BALTIMORE			10d. INSIDE CITY VLIMITS? 1 YES 2 NO			
3810 HARLEM AVEN  11. MARITAL STATUS		10f. ZIP CODE 21229				AT COUNTRY?		
3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	I3. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	ican, Puerto F	- 14. RACE Black, Specify	- American Indian, White, etc.			
15. DECEDENT'S E (Specify only highest gra Elamentary/Secondary (0-12)  17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5+)	DECEDENT'S USUAL Give kind of work do to. Do NOT use retire	ne during most of working d.)		KIND OF BUSINESS			
HENRY LOVE	ddle, Lest) 18. MOTNER'S AN				NAME (First, Middle, Maiden Surname) NA V. CHASE			
CAROLE A. JACKSON	198. INFORMANT'S NAME (Typer/Print)  199. MAILING ADDRESS (Street and Number or Flurel Route Number, City or Town, Stete, Zip Code)  CAROLE A. JACKSON  3810 HARLEM AVENUE, BALTIMORE, MD 21229							
20a. METHOD OF DISPOSITION  1   Method 2   Crematlyn 3   Re 4   Donation 5   Other/Specify    21. Begnature of Further Service	cemetery, co	EAND DATE OF DISP remetory or other plan CALVARY	cel .	FACILITY	20c. LOCATION 1 BALTI IARCH FUN	MORE,	MARYLAND	
23. PART I. Enter the diagrams, o	r compfications that caused the d	leath. Do not en	er the mode of dving. as	4	300 WABA	SH AVE		
immediate cause (Fine) disease or condition resulting in death)	e. Hypoxic	ENCE				,	interval Betwee Onset and Deat	
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. SUPSID.  DUE TO (OR AS A CONSEQUENCE OF):  C. FF.  DUE TO (OR AS A CONSEQUENCE OF):  H. T. W.								
PART II. Other significent condition	one contributing to death but not	reaulting in the	underlying cause given i	n Pert i.	24a. WAS AN AUTOP PERFORMED?		VERE AUTOPSY FINDINGS	
				1 TES 2 NO			OMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 U YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA  4 Nursing Nome 5 Residence 6 Other (Specify)								
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO		CRIBE NOW INJURY	OCCURED		
3 Suicida 6 Could not b 4 Nomicide datermined	26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  26s. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)					rte Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowledge, development on the basis of examination and/or	eath occurred at the	time, data and placa, and du opinion, death occured at the	in to the caus	e(s) and manner es and placa, and dua t	stated. o the cause(s) s	ind manner as stated.	
39. SIGNATURE AND TITLE OF DERITE	199.	EM 27) (Type, Print)	29c. LICENSE N	UMBER			fonth, Day, Year) 5-91.	
31. DMT FRED (MC TO P. Year)	32 REGISTRAR'S SIGNATURE							
//DEC 3 1 1991	Julia Davidson-Re	nous)					DHMH-16 Ray 1/	





FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

nes

	,
-	
68760	
9	
-	
$\infty$	
9	
-	
BOX	
0	
m	
464	
~	
0	
P.0	
ц,	
, an	
S	
$\cap$	
~	
<u>u</u>	
RECORDS	
~	
$\mathbf{v}$	
ш	
œ	
_	
<b>JITAL</b>	
-	
_	
<u> </u>	
ш	
OF	
_	
Z	
<u> </u>	
O	
VISION	
V)	
=	
0	
_	

0 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs, last birthdey) IF UNDER 1 YEAR JE LINDER 24 HRS 7. DATE OF BIRTH -758 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATN 0 FUNERAL DIRECTOR D RESIDENCE 10a. STATE 10b. COUNTY 10c.-CITY, TOWN OR LOCATION IMOSE 10e. STREET AND NUMBER 10f. ZIP CODE arkwar hosowbli 21229 executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Quban, Markean, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Divorced BY COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) notified at yma 1000 BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 114 200 20a METNOD OF DISPOSITION
1 Burlel 2 Cremation
4 Donnal pe 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE Burlet 2 Cremation 3 Ren
Donation 5 Other (Specify) emoria TOUT examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March removal. 4300 Wabash medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. completely filled in by ial, cremation, or remo ŏ IMMEDIATE CAUSE (Finsi the disease or condition myeloma Multiple resulting in dasth) item 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): this certificate has been signed by the attending physician and con with the State Dept. of Health and Mental Hygiene prior to burial, jailme Chronic renal CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, isading to immediate cause. Enter UNDERLYING pe Anemia certificate CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST tamporade PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL that requires MP 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1) Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 5 Residence 8 Other (Specify) marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural TO THE HOSPITAL DR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death wi IMPORTANT: It Item 28 is marky 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Sulcide 28a. PLACE OF INJURY - At home, farm, streat, factory, office COMPLETED 8 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE ai mp 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) 6 Caten Baltimose Are Juliant 31. DATE PLED (Marith, Juy, Your, QQ)

therspoon

CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF OEATH  $\mathcal{A}$ BIRTHPLACE (State or C 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Blac 16b. KIND OF BUSINESS/INDUSTRY Md. 21229 20c. LOCATION - City or Town, State Dalto . 21215 Approximata interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 TYES 2 NO 1 | YES 2 | NO 28d. DESCRIBE HOW INJURY OCCURED 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)



29d. DATE SIGNEO (Month, Day, Year)

2/29191

44.7 200

	-		
	Panes	D D	
	rmit		
	Sif De		
ician.	al-tran		
SHIPS	buri		
	as the		
or atte	use		
DIE	of be		
2 1103	etach		900
5	De d		100
rage of may be retained by the nospital of attent	should		Hiffed
200	ge 5		00 00
) IIIIdy	tor, pa		ilet h
añe	direct		m Je
בייסיות הייסיותי יים יים יים יים יים יים יים יים יים י	gned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
1011	y the	noval.	eal e
2000	d In b	tal Hygiene prior to burial, cremation, or remova	medi
17	y fille	rtion,	the
NA ICONA	nplete	crema	vent.
- Care	noo p	urial.	tic er
2	an an	r to b	nma
ממנה	physici	e prio	ar tra
1000	ding p	ygien	oth
1000	aften	mtal F	N. 0
2	y the	Me Me	Pin
200	ned t	afth a	any
- Ann	en sig	of He	how
1000	as be	Dept.	23
	is certificate has been signed t	ter death with the State Dept. of Health and Mental Hy	Item
	certif	h the	10.
	r this	th with	arket
2	OR: After thi	r deal	E S
ì	PO	1	00

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

BE

2

31. DATE FILED (Month, Day, Year)

1991

36/64 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH JOSEPH AUGUST WEDRA DECEMBER 991 11:30 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birtnday) 7. DATE OF BIRTH (Month, Day, Year) OCT. 13,1909 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 220-46-1500 1X M 2 F 82 YRS. MARYLAND 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3511 ELMLEY AVENUE DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3511 ELMLEY AVENUE 21213 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rid 1 TES 2 NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES ВY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) NA NA AMBULANCE DRIVER BALT. CITY FIRE DEPT. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE WEDRA KATHERINE (Unknown) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ADELAIDE A. WEDRA 3511 ELMLEY AVENUE, BALTIMORE, (WIFE) MD 20a\_METHOD OF DISPOSITION
TABUTAL 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State cemetery, crematory or other place)
GARDENS OF FAITH CEMETERY 4 Donation 5 Other (Specify) BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR RD., BALTIMÓRE, MD 23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finei** Onaet and Death disease or condition reaulting in deeth) PAAC Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR PLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(a) end manner es ateted. 2 \_\_ MEDICAL EXAMINER: Op/the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner as stated.



DR. ANTHONY SCLAMA, 9101 FRANKLIN SQUARE DRIVE, BALTIMORE, MD 21237 32. PEGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print)

am

29d. DATE SIGNED (Month, Day, Year)

March and the State of the Stat

once.

Ħ

notified

be

must

examiner

medical

the

event.

Iraumatic

other t

6

shows any injury,

23

Item

6

marked,

60

28 Hem

IMPORTANT: If

BE

2

SIGNATURE AND TITLE OF CERTIFIER

THE FUNERAL DIRECTOR: After ti flied within 72 hours after death v

28

34	量	Melay	*	25 A	BAR	6	100	100	The	P		A		Mr.	Š,	0								
																		100	T	-Time	1	4-4	30	
	4	10 10	1 10	-	Auge, at	Ü	3	5	No.	2 4	Service .		事み	2	1	8	100	1	3	1			がこ	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 12-23
MONTH DAY
23 DHAROLD CHRISTI 5. SEX 6. AGE (In et hirthday IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 2-6136 1 M 2 F 9-25-1907 Virginia 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Anne Arundel County Annapolis 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1227 River Bay Road 21401 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexicen, Puerto Ri 1 YES 2 NO Specify: 2 NO 1 Never Merried 2 W Merrie BY 3 Widowed 4 Olvorced no no White 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 16. DECEDENT'S EDUCATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highest grade Flementary/Secondary (0-12) College (1-4 or 5+) 12 + Social Security Federal Gov't 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Adam C. Witherite Minnie Clark Mc Carthy BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary M. Witherite Wife 1227 River Bay road, Annapolis, MD 21401 20a. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name 20c, LOCATION - City or Town, State DATE Buriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 22. NAME AND ACCRESS OF FACILITY STATE ANATOMY BOARD Ronald Dir Wade, 655 W., Baltimore St, Balto., MD 21201 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** Interval Batween shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition 6 hrs resulting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | MG 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Propertient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO e 5 🗆 Residence 8 🗆 Other (Specify) 4 🗌 Ni 27. MANNER OF BEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Tourn State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide S Could not be COMPLETED 4 Homicide 29e. CERTIFIER

Chack gain

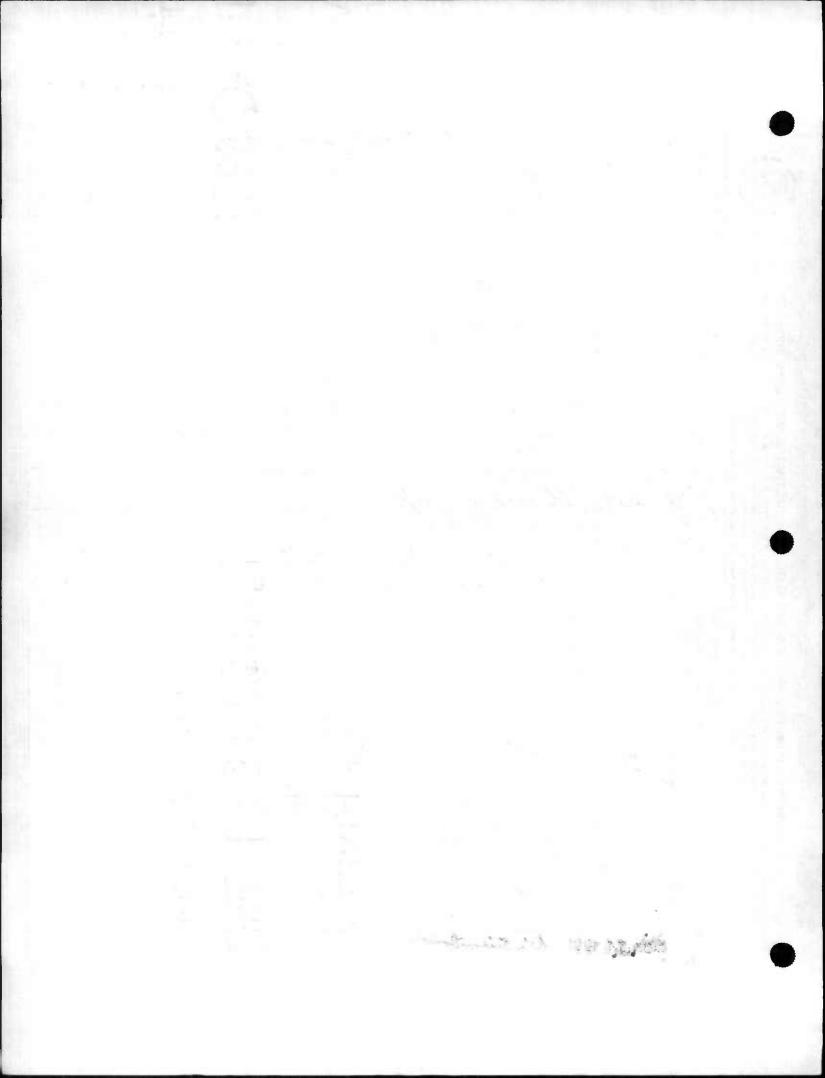
CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the besis of exam

ch ARdson, M.D. ID4FORB

29c. LICENSE NUMBER

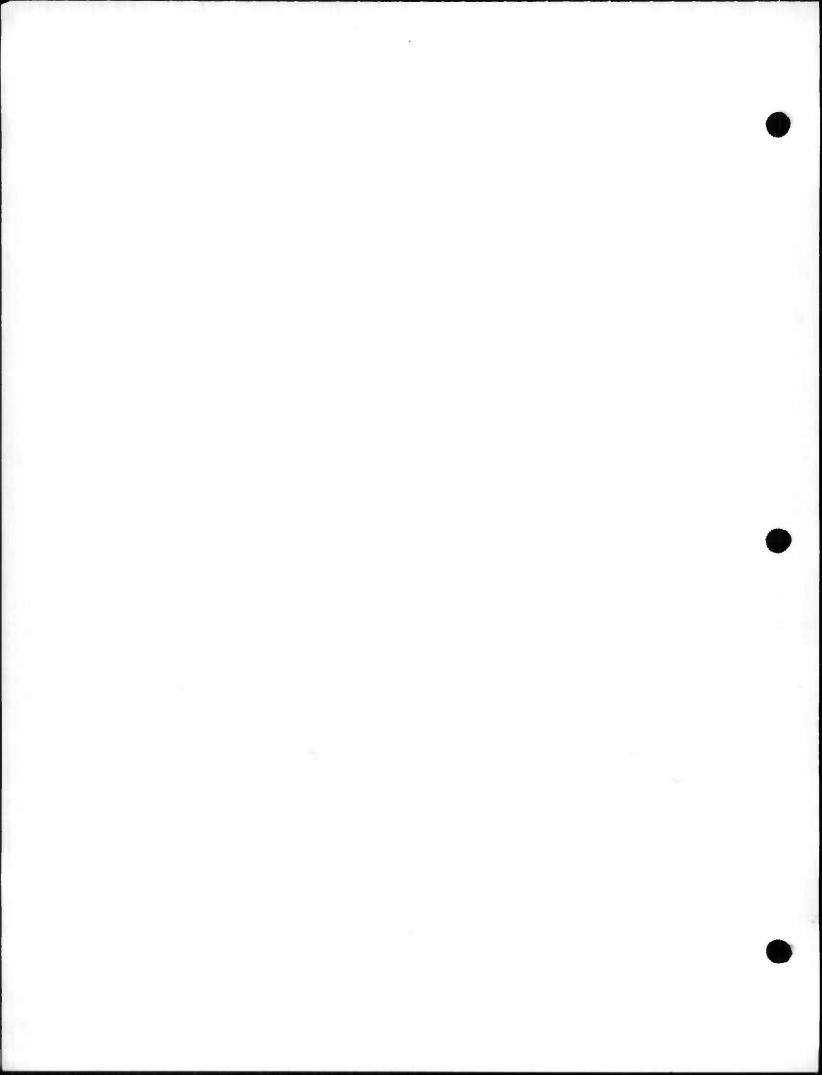
0 DHMH-18 Rev 1/89

29d. DATE SIGNED (Month. Day



	FOR 1 - STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTI			HENTAL HYGIEN	E			
Ì	1. DECEDENT'S NAME (First, Middle, Lest) $\triangle LICE$	R.	WAI	DELL		2. DATE OF DEATH December	28, 19 <sup>5</sup>	3. TIME OF DEATH 1:30 a <sub>M</sub>		
	232-26-2081	□ M 2 🔀 F 73	YRS.	DNTHS DAYS	# UNDER 24 HRS. HOURS MIN.		1918 W	BIRTHPLACE (State or Foreign Country) est Virginia		
P P	9a. FACILITY NAME (If not institution, give street and 10799 Hickory Ridge			Columb:	R LOCATION OF DEA	ATH	9c. COUNTY How			
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland Howard			rown on Locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
ERAL	10799 Hickory Rids	ge Rd. Apt i	#212	10f	21044		10g. CITIZEN	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 12.  1	WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPANI icity Cuben, Mexicen 2X NO Specify:		a or No— 14.	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete comp	DN pleted) Dilege (1-4 or 5+)	(Give kind of wor iffe. Do NOT use of Cashie:	k done during mo retired.)	TRY V					
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	Salvati  ME (First, Middle, Malden				
BEC	Robert		Leatherm	an	Mamie	Value of Control		Barr		
10 B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tox				
-		aughter)				Ellicott				
	20e. METHOD OF DISPOSITION 1	from State Me	PLACE OF DISPOSIT	natory		Ca	tonsvi	or Town, State 11e, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Withe e	f			ssell C. W		Funeral Home MD 21045		
NOI	shock, or heart feliure. Liet only one ceuee on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  s.									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  d									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	ontributing to deeth bu	it not resulting in	the underlyin	g ceuee given in	Pert i. 24s. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH? 1  YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		-	26. P	LACE OF OEATN (Che	eck anly one)				
SIC	EXAMINER?	OSPITAL:		OTHER:	ne 5 Rasidenca					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUP	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(month)	MJU		YES 2 NO					
ED	3 Suicide 8 Could not be datermined	28a. PLACE OF INJURY - building, atc. (Specif	A1 home, farm, ati	ree1, factory, offic	0	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	(Check only	N: To the best of my knowle On the besis of examination						ause(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, W										
TO B	Mt )	nden			1)230	81	12	18-91		
Ĕ	30. NAME AND ADDRESS OF PERSON WHO C Robert Goodwin M.D.	9650 Sant	iago Rd.		ia Mary]	land 21045				
	DEC 3 1 1991	32. REGISTRAR'S SIGNA	Andell Pandell							

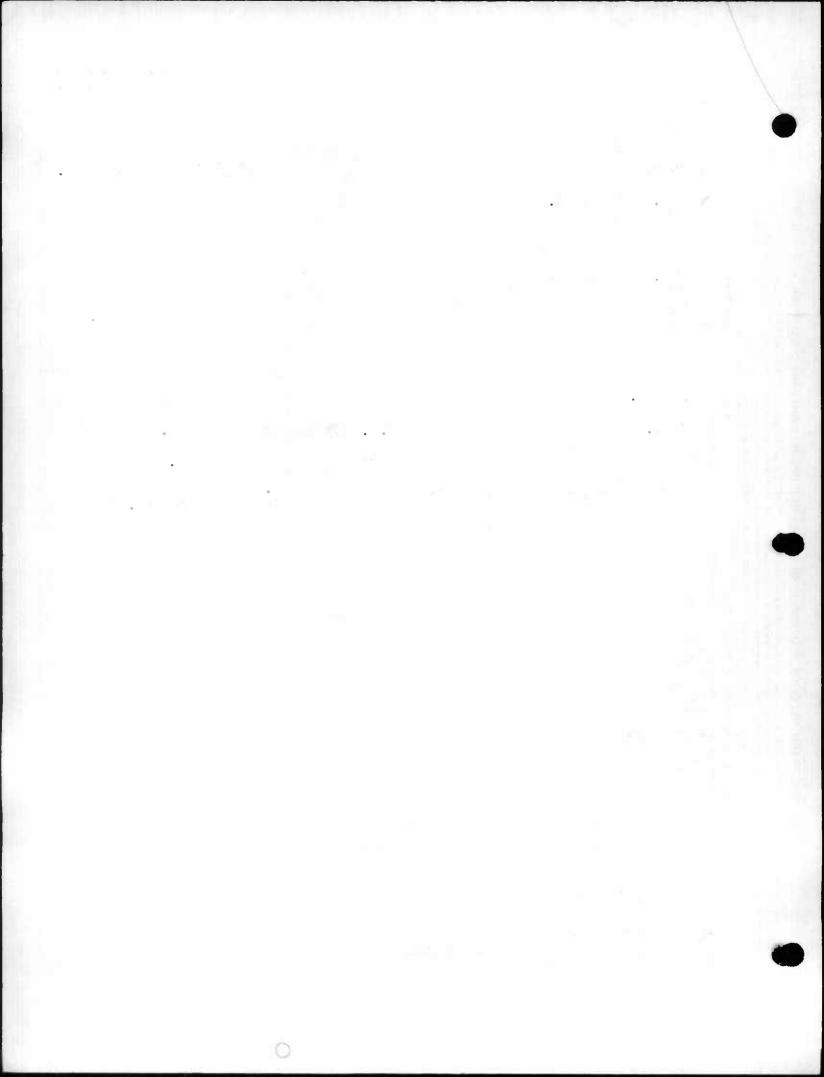




hurs after death. Page 5 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jus after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CERTIFIC	ATE OF		REG	. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	- L.	Wilson			2. DATE OF DEA	TH SY	91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 229-18-5230	□ M 2x F 7	5 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, You 10/13/	/1916	Ric	omond. Va.
99. FACILITY NAME (If not institution, give stree  2Jenkins Memoria  RESIDENCE OF DECEDENT		.9		more	EATH	9c. CO	UNTY OF D	EATH
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?
100, STREET AND NUMBER		Balt	imore	ZIP CODE		10a, C	TIZEN OF V	1 YES 2 NO
2047 N. Bentalow St	root			21216			IISA	
	2. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	R IN U.S. ARMED ES 2 NO R DATES	If yes, spe	ENDENT OF HISPAR city Cuben, Mexice 2 NO Specifi	n, Puerto Ricen, e		14. RACE	American Indian, k, White, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade co-	TION mpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo.		16b. KIND (	OF BUSINESS/II	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, A	Malden Surname,	)	
Samuel L. Farmer				Ma:	rtha Fit	zgeral	d	
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural		or Town, State, 2	Zip Code)	
Alvin S. Steele		20b. PLACE OF DISPOSIT		entalou		Balto Oc. LOCATION -	o. Md	
1 Buriai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	other place) Garrison		retery, crematory or	•	Balto		wii, Stata
21. SIGNATURE OF PURENAL SERVICE LICEN	5De	1 PH				T & SO1	V FUN	ERAL HOME
IMMEDIATE CAUSE (FIIIS)								Onset and Deat
PART II. Other significant conditions	contributing to desi	th but not resulting in	the underlying	csuss given in	P	MAS AN AUTOPS ERFORMED? YES 2 \(\pri\) NO	Y 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
					120 2 [] 110		OF DEATH?  1 YES 2 NO	
	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
1 YES 2 NO 1  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	RY 28b. TIME	OF 28c. INJ	URY AT RK?	8 Other (Speci		OCCURED	
2 Accident 3 Suicide 4 Homicide 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 Could not be determined 2 City or Town, State) 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.						ber or Rural	Route Number,	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:		nowledge, death occurred atlon and/or investigation,						e) end manner as atsted.
296. SIGNATURE AND TITLE OF CERTIFIER	lussee	16-		29c, LICENSE NU		29d. D	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO  1000 S. CATOM  31. DATE FILED (Month, Day, Year)		BALTO.		٥. ۵	1229	-		SSELL M.D.
DEC 3 1 1991		lson-Randelle						

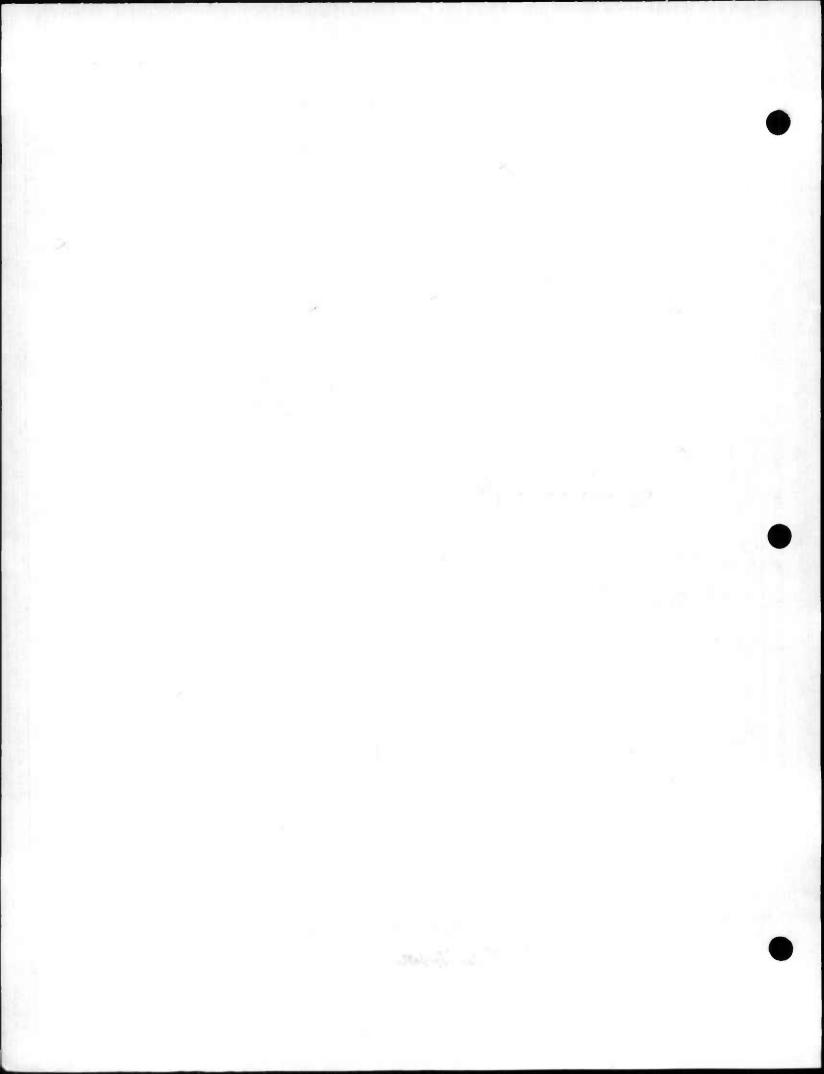




and the manage and the manage of all the manage of the manage of the manage of the manage of the manage of the manage of the the manage of the	event, the medical examiner must be notified at once	And the second s	at civiliation, or removal.	Cremation or removed	The property will be not to the following the delication of the bundantial party of the purpay to th	THE FINERAL DIRECTOR After this certificate has been singed by the attendion physician and completely filled to by the triangly made a second of the single by the attendion of the single by the sing	co within 2.4 from a first ocault. Page o fillay be retained by the hospital of affending physician.		and wifthin 24 house after shoot Dance & man he additiond he she handle at
The state of the s	IMPORTANT: If from 28 is marked, or flest 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	HADODTANT. If these 90 to sendent as these 90 about talling on other bearings.	or men with the most state of the control of the co	he filed within 72 hours after death with the State Dent of Health and Mental Horiene prior to hurist cramation or removed	and the state of t	TO THE FINERAL DIRECTOR: After this certificate has been sinned by the attendion physician and o	to the most received the same required that the death control of the most received within 24 hours and readily the total of alternation of the hospital of alternating physician.	TO THE MOSPITAL OR ATTENDING DUVEIGIAN. The law requires that the death certificate he execute	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

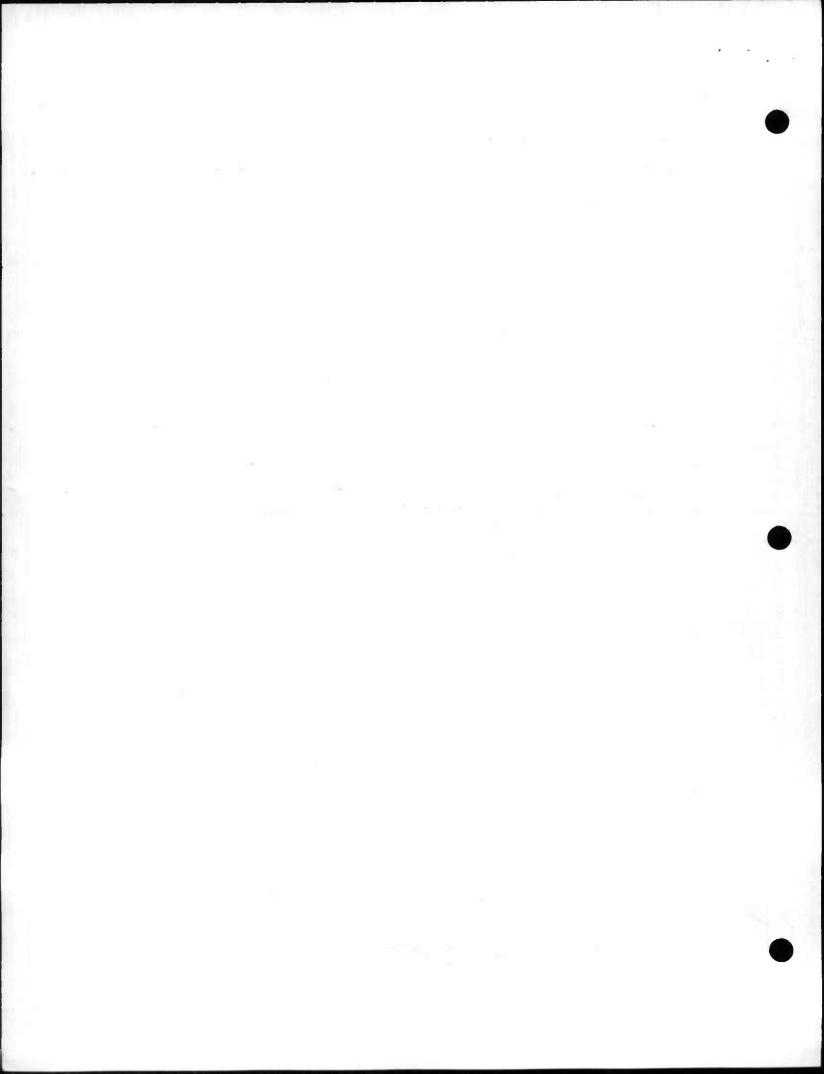
	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E	00100
	1. DECEDENT'S NAME (First, Middle, Last)  JULIA WAR	ES			2. DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	DECEMBER 7. DATE OF BIRTH	29 1991	10:23 a M
	140-22-6648  Se. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	88 YRS.	ONTHS DAYS HOURS MIN.	AUG. 19,	1903	ITALY
œ	LORIEN NURSING H		-	96. CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT			COLUMBIA		HOWAR	.υ
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND HOWA	RD	DA	YTON			1 TES 2 NO
RAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	4301 OAKWOOD LAN			21036		U.S.	Α
ΒY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR E	2 NO	13. WAS DECENDENT OF NISPAN If yea, specify Cuban, Maxica 1 YES 2 NO Specify	in, Puarto Rican, atc.)	Blee	E — American Indian, ck, Whita, etc. city: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use				
MP	8		HOME MAI	CER	OWN I	HOME	
	17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Maiden 5	Surname)	
8	19s. INFORMANT'S NAME (Type/Print)						
임		SON)		DDRESS (Street and Number or Rural I			1026
	20a, METNOD OF DISPOSITION	201		KWOOD LANDING (		ON MD. Z	1036
	Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	ovel from State	ORGE WASHIN	GION MEMORIAL PARK			NEW JERSEY
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF FALLEROY & RUSSELL V	CILITY		CLIN OLINDET
	Lussella	wight		5555 TWIN KNOLLS	ROAD COLUMBIA	L HOME OF	COLUMBIA
	23. PART I. Enter the diseases, or c shock, or heart failure.	complications that cause List only ona cause on a	d the death. Do not each line.	anter tha mode of dying, such	h as cardiac or respir	atory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0					Onset and Death
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF	0		<u> </u>	10 9042
z			,				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):				
	CAUSE (Disease or Injury	DUE TO (OR AS	CONSEQUENCE OF):				
E	that initiated events resulting in death) LAST		CONSCOULINGE OF J.				
	DART II On a last and a state of						
SP	PART II. Other significant conditions	s contributing to death b	ut not resulting in	tha underlying cause given in	PERFORM	MED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ē					1 YES 2	XNO	OF DEATH?
2					-		1 TYES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Che	ack only one)		
SE	EXAMINER?  1 YES 2 NO	HOSPITAL:	etlant 3 DOA	Nursing Nome 5 - Residence	8 Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	F 28c, INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
B	F Natural 5 Pending 2 Accident Investigation			M I YES 2 NO			
	3 Suicide 6 Could not be datarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, stra	at, factory, office	281, LOCATION (Street and City or Town, State)	nd Number or Rurel	Route Number,
	20. 25.5.5.5	41.150.808		72.00			
COMPLETED	(Check only			at the time, data and placa, and due in my opinion, daath occured at the			
	29b. SIGNATURE AND TITLE OF CERTIFIER		randor investigation,				
8	10 hall	la mo		299 LICENSE NUM	IBER	12/	(Morith, Day, Year)
	40-VIA-0-1	Lo 1/ 1/1/					101
	30. NAME AND ADDRESS OF PERSON WHO		ATN (ITEM 27) (Type, Pr	(m)		12/29	191
TO	Steven Geller	COMPLETED CAUSE OF DE	Old An	int)	oth Gh	mo 2	191
	53 011	COMPLETED CAUSE OF DE	Old An	int)	oth City	^	



by the	be det	at on
THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FLAT DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detended to the first of the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on-
be n	age 5	De no
6 тау	ctor, pa	nust L
Page	ol direc	ner n
r death.	e funera	ехаш
urs after	To Aff FLAFEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further than the formation of the furth and Mental Hyglene prior to burial, cremation, or removal.	edicai
24 hou	filled i	the m
Within	npletely	vent,
xecuted	and cor burial,	atic e
te be e	Siclan a	traum
ertifical	ng phy glene	other
ath c	tendi ai Hy	0
the de	d Ment	Injury
s that	afth an	any
require	of He	shows
WE!	has b Dept.	23
N: The	State !	Hem
SICIA	certif h the	d, or
NG PHY	fter this	marke
ENDI	DR: A	55
OR AT	DURE al	еш 2
ITAL (	34 C	H ii
HOSP	A PERMIT	TAME
世	¥.ã	<b>RPOR</b>
ñ	5	=
3	1	

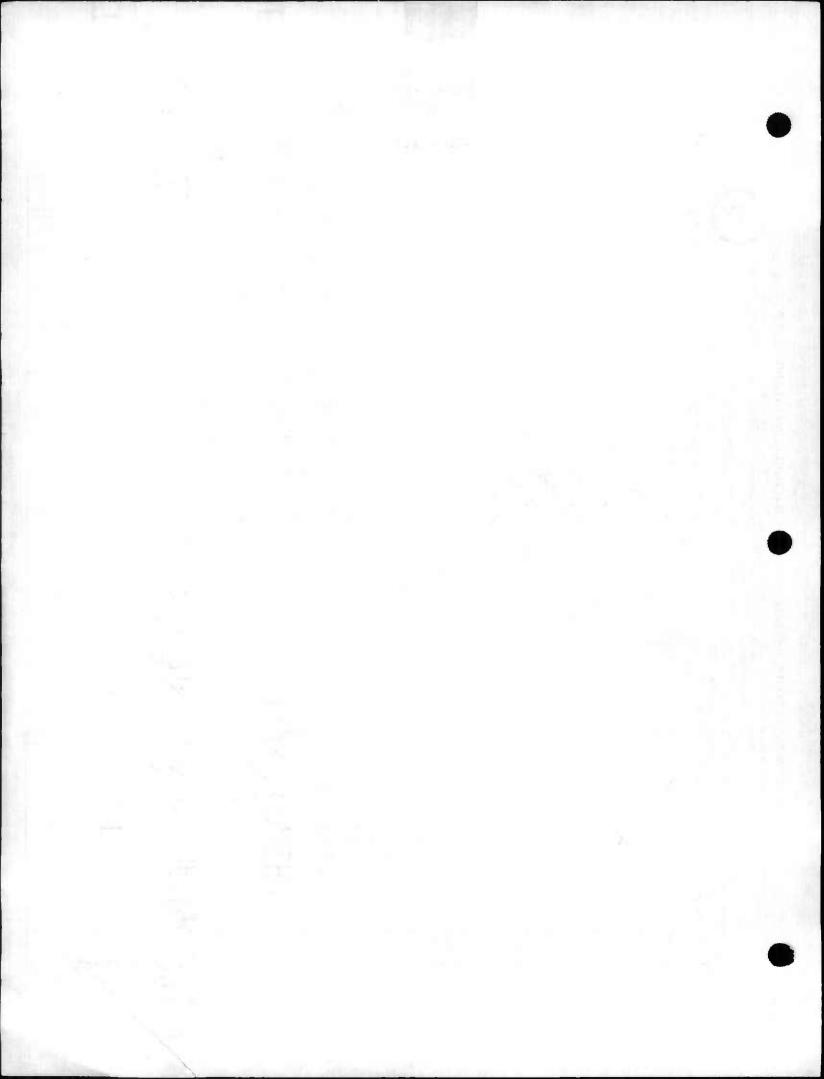
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91 36169
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	YEAR 3. TIME OF DEATH
	HARRY ANTHONY YOUNG SR.  4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HMS.	December 26,	, 1991 M
	9e. FACILITY NAME (if not institution, give street and number)  8. AGE (in yrs. last birthday)  9 B. AGILITY NAME (if not institution, give street and number)  9 B. CITY, TOWN OR LOCATION OF	(Month, Day, Year) 6-14-1918	8. BIRTNPLACE (State or Foreign Country) Baltimore, Md.
TOR	1906 Fastfield Road Dundalk		Baltimore
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION DUNDALK		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
3AL	10s. STREET AND NUMBER 10f. ZIP CODE	10g	. CITIZEN OF WHAT COUNTRY?
FUNERAL	1906 Fastfield Road 21222		Inited States
B⊀	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO If yes, apecify Cuban, Maxi I YES 2 NO Spec		o- 14. RACE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINES	
COMPLETED	Elementary/Secondary (0-12) 7th grade  College (1-4 or 5+) Steel worker	Bethlehem	
BE CO		IAME (First, Middle, Melden Surna LINDA (COTA) GE	
2	19a. INFORMANT'S NAME (Type/Print)  Mrs. Sarah Bert Young  19b. Mailing Address (Street and Number or Rura 1906 Eastfield Road	l Baltimore, M	d. 21222
	20a. METHOD OF DISPOSITION  LCRourisi 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Crestlawn Cemetery		N — City or Town, Stata
	4 ① Donation 5 ② Other (Specify) Crestlawn Cemetery  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	12-28 Sykesu	ille, Maryland
	Duda-Ruck Fun		dundalk, Inc.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  DUE TO (OR AS A GONSEQUENCE OF):	ch as cardiac or reapirator	y arrast, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Due to (or As a consequence of):  c. Oue to (or As a consequence of):	L M v:	
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in	n Part I. 24s. WAS AN AUTOR	PSY 24b. WERE AUTOPSY FINDINGS
: MEDICA		PERFORMED?	AMAILABLE PRIOR TO
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C	heck only one)	
PHYSICIAN:	HOSPITAL: OTHER:	8 Other (Specify)	
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending (Month, Day, Year)  28b. Time OF INJURY 28c. INJURY AT WORK?  1 Accident Investigation	28d. DESCRIBE NOW INJURY	OCCURED
8	3 Suicide 8 Could not be datarmined 8 Could not be datarmined Could not be datarmined	28t. LOCATION (Street and Null City or Town, State)	mber or Rurel Route Number,
COMPLET	29s. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC:AN: To the best of my knowledge, desth occurred at the time, date and place, and du medical examiner: On the basis of examination and/or investigation, in my opinion, dasth occurred at the	e to the cause(s) and manner as a time, date and place, and due	s stated, to the cause(s) and manner as stated,
шШ	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU		DATE SIGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	738	12/27/91
	Mayer Gorbaty 795 Agnaha	TRd 6	-lea Burnie, Mb
	DEC 3 1 1991 Sule Deviden Pondage		
	1-6.		DHMH-16 Rev 1/89

6+1



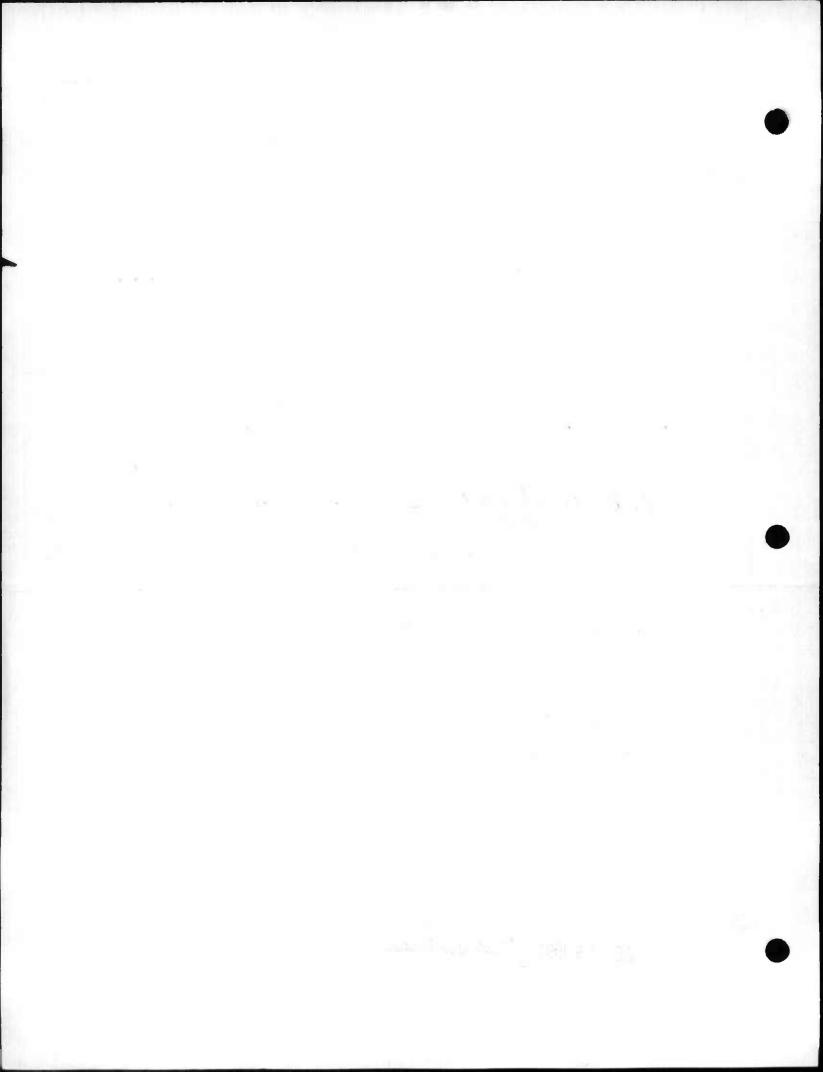
a il		per	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per an attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per an attending to burial-transit per per attending to burial-transit per per per per per per per per per per	THE DESIGNATION OF THE OWNER OF THE OWNER OF THE OWNER
	7	27	5 5

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO						
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH				
i	Helen Dorothy	Allen				12/20/9		10:30 A.				
	4. SOCIAL SECURITY NUMBER 210-09-9363	5. SEX 6. A	GE (In yrs. last birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/6/19		THPLACE (State or Foreign				
GTOR	99. FACILITY NAME (If not institution, give s 232 E. Main St				or Location of De	EATH	9c. COUNTY OF	DEATH				
Ė.	RESIDENCE OF DECEDENT  10a. STATE  MD  10b. COUNTY  Celebrater  10b. COUNTY  Celebrater  10c. STATE	cil		y, TOWN OR LOCATE	TION			10d. INSIDE CITY LIMITS?				
AL DI	10e. STREET AND NUMBER 232 E. Main				F. ZIP CODE	1021	Inta the second	1 YES 2 NO				
FUNER						1921		SA				
Ř	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 VNO	If yes, sp		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	Bia	CE — American Indien, ock, White, etc.  ecity: White				
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		USUAL OCCUPATION OF MAINTENANCE (COLOR CONTROL COLOR C		16b. KIND OF BU	SINESS/INDUSTRY					
7	8		Manage	er		Groun	Home					
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden						
BE C	Michael Serv	watza			Antoni	ia Kowale	ski					
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox						
-	Carol Sandra Pi	rice	232	E. Mai	n St.,	Elkton.	MD 21	9221				
	20a. METHOD OF DISPOSITION 1	oval from State	of cemetary, crematory R.A. Fell	e or other place)	(Name	OATE 20c. LC	OCATION — City or					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Gee Funeral Home, 259 E. Main St.  Elkton, MD 21921  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such are cardiac or respiratory arrest,  Approximate											
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	· ARTER	AS A CONSEQUENCE OF AS A C	TENY STUC	HISEKS	6	ALSEAS	£				
L CER	PART II. Other significent condition	d	ith but not resulting	in the underlyin	g ceuse given in		N AUTOPSY 2	4b. WERE AUTOPSY FINDI				
MEDICAL						1 TES	-	AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	back only one)		-				
2	EXAMINER? 1  YES 2 NO	HOSPITAL:	(Outpetlem 2 DOA	OTHER:		Walnest - Vicanill	7/5/1					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJ (Month, Day, )	URY 26b. TIM	E OF 26c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify)  28d, DESCRIBE HOW	INJURY OCCURED					
ובה פו	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)			281. LOCATION (Street City or Town, State		al Route Number,				
COMPLE	Condon only	ICIAN: To the best of my ER: On the basic of exam						e(e) end manner ee state				
- 1	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)				
10	Gulmarli.	anone			DO 74		A-4- 11 - 11 - 11 - 11 - 11	-20-91				
2	30. NAME AND ADDRESS OF PERSON WI	10	OF DEATH (ITEM 27) (Type	o, Print)								
	31. OATE FILED (Month, Day, Year) DEC 23 '91	32. REGISTRAP'S	SIGNATURE	16								



	,
10%	
0	Н
B	
$\sim$	
-	
-	
Θ	
-	
$\sim$	
<b>O</b>	
$\simeq$	
ш	
	-
_	-
U	
~'	
ш,	-
(A)	
~	
ш	
ar:	
_	١,
$\circ$	
( )	
$\sim$	
ш	1
7	
_	
_	
d	
	-
	•
_	1
	-
=	- 3
О.	
_	i
7	
=	
0	1
	1
S	1
	Ц
VIVISION OF VITAL RECORDS, P.O. BOX 68760,	
	-
	- 3

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		36171					
-	8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH					
	1	MINICK, LAWREN  4. SOCIAL SECURITY NUMBER	1				12 i	8 91 <sup>EAR</sup>	04:20 ам					
(P		215–16–4245	1 X M 2 🗆 F	(In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 03-08-22	Cou	THPLACE (State or Foreign intry)  RYLAND					
, 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	стов	9a. FACILITY NAME (If not institution, give  SACRED HEART HO  RESIDENCE OF DECEDENT			9b. CITY, TOWN	LAND	EATH	9c. COUNTY OF						
Pages	DIREC	10e. STATE 10b. COUNT	LEGANY		Y, TOWN OR LOCAL	TION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔯 NO					
n. Insit permit.	ERAL	100. STREET AND NUMBER  17613 McMULLEI	N HIGHWAY		10	1. ZIP CODE 21502		U.S.A	WNAT COUNTRY?					
215-0020 attending physician. ise as the burlal-transit	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Types IF YES, GIVE WAR OR D	a []		ENDENT OF NISPA	NIC ORIGIN? (Specify Yea on, Puerto Rican, etc.) y:	n or No— 14. RA Bis	CE — American Indian, ack, White, etc.					
2121 al or atte for use a	PLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	(Give kind of life. Do NOT u		ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	VII. 22					
YLAND 2 by the hospital be detached for at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)		<u>TRUCK</u>	DRIVER	18. MOTNER'S NA	COAT. (	COMPANY Surname)						
ned by ould be ied at	BE	AT RERT MINIT  190. INFORMANT'S NAME (Type/Print)	CK	105 84841 1846	APPRESS (Owner)		J CATON  Route Number, City or Tow	- Charles - II						
E, MAR y be retained page 5 should be notified	10	MRS. LAWRENCE A. I	GS, MD 2	4D 21502										
Page 6 may ral director, page inner must be		1X Burial 2 Cremetion 3 Ren 4 Donetion 8 Other (Specify)	GRATURE OF FUNERAL SERVICE LICENSES.											
SAL r death ne fune al.		SOWERS FUNERAL HOME  60 W. MAIN ST., FROSTBURG, MD 21532  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory arrest,  Approximate												
within 24 hours within 24 hours applietly filled in cremation, or re-		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory arrest, shock, or heart feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. Preummia  OUE TO (OR AS A CONSEQUENCE OF):  C. Drullan Boure Synthme  Due TO (OR AS A CONSEQUENCE OF):  d.												
death certificate be attending physician ental Hygiene prior iny, or other trau	CERTIFI													
E We the	MEDICAL	PART II. Other significant condition	ne contributing to death b		in the underlying	g cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?					
AL REC le law requires has been sign Dept, of Heal	SICIAN: M	Partie A	Sleer Dreine	with Go	I bleet				1 TES 2 5 110					
SICIAN: The certificate It the State It or Item	SIC	EXAMINER?	HOSPITAL:	etlent 3 🗆 DOA	OTHER:	ACE OF OEATN (Ch	8 Other (Specify)							
The this	ву рну	27. MANNER/OF OEATH  1	28e. DATE OF INJURY (Month, Day, Year)		IE OF 28c. INJ	URY AT PRK? YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCUREO						
ON STENDING OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	straet, fectory, offic		28t. LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,					
HOSPITAL FUNERAL within 72 IANT: If	COMPL	2 MEDICAL EXAMIN	ER: On the best of my know	ledge, death occurr n end/or investigatio	ed at the time, date	and placa, end due	10 the cause(e) and men time, date and place, en	nner ee stated. d due to the ceuse	e(e) end menner ee stated.					
TO THE De filed	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	on			P33 Y	7 (Md)	P /2	(Month, Day, Year)					
3		30. NAME AND ADDRESS OF PERSON WI	L /fu ?	AVALE	MO 213	502	James	J R. M	DOEN MO					
	-	31. DATE FILEO (Moñth, Dáy, Year)  DEC 1 9 19	91 graha Davide	ATURE Pandal	٤									



TO BE COMPLETED BY FUNERAL DIRECT

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND I		HYGIEN REG. NO.	9 <b>E</b>		36172
1. DECEDENT'S NAME (First, Middle, Last)						DEATH	2. DATE OF				3. TIME OF DEATN
HERBERT SCO	ОТТ		BURNS	3			DECEM	DI	Y 17 1	991	12:05A
4. SOCIAL SECURITY NUSCES	5. SEX	6. AGE (in yrs. i			t YEAR	IF UNDER 24 HRS.	7. DATE OF		.,, .		NPLACE (State or Foreign
212-28-8258	<b>™</b> 2 □ F	61	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	ey, Year) -193	20	Counti	ny)
9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATION OF DE		-19.		NTY OF D	ryland
THE JOHNS HO	PKINS HOS	PITAL		B.A	4Τ.ΤΤ	MORE CIT	rγ		R A	тттм	ORE CITY
RESIDENCE OF DECEDENT									Di		OKE CITI
Sec. Sec.			10c. CI	TY, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland Anne	2 Arunde	1		Seve		Park					1 YES 24 NO
					101	ZIP CODE			-		WHAT COUNTRY?
107 Giddings Av						21146				S.A.	•
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1V IF YES, GIVE WA	EVER IN U.S. A	RMED NO	13, W	VAS DEC	ENDENT OF NISPAN	NIC ORIGIN? (	Specify Year	or No-	14. RACE Black	E — American Indian, k, White, atc.
3 Widowed 4 Divorced						NO Specify		,,		Speci	thy:
15. DECEDENT'S EDUC	Kore		ECEDENT'S	USUAL OC	CUPATIO	IN .	16h KI	ND OF BUS	INECC/IN		ucasian
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of fe. Do NOT u	work done di	uring mo:	st of working	TOD. KI	NO OF BOS	inc33/ini	JUSTRY	
12+	conege (I-t of 5+)		Mea	t Bu	ver			FC	boo	Comr	oany
17. FATNER'S NAME (First, Middle, Last)					7 0	18. MOTNER'S NA	ME (First, Midd			COM	Jany
Herbert S. Burr	s, Sr.						erine			1000	3
19a. INFORMANT'S NAME (Type/Print)		-1	9b. MAILING	ADDRESS	(Street a	nd Number or Rural F					
Mrs. Nancy C. H	Burns		107			ngs Ave					
20a. METNOD OF DISPOSITION 1 Description 2 Cremation 3 Ramo	wat from State			OF DISPOSI	TION (Na	me of	DATE	20c. LO	CATION -	City or To	wn, Stata
4 Donation 5 Other (Specify)			rematory or o		Vet	erans	Cem/.	Cr	own	svil	lle, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	EMBEE		~	22, N	IAME AN	D ADDRESS OF FA	CILITY				0114
James Ca	Dar	anci	9,	4	95	anco & Ritchie	e Hwy	. Se	ever	na I	ome 21146 Park, MD
MMEDIATE CAUSE (Final disease or condition reaulting in daath)	omplications that cliat only one cause	caused that de on each lin	vii	whi	The mod	Auls	S J	or raapid	ratory an	reat,	Approximate interval Between Onset and Dasth
Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	DUE TO (C	PAR AS A CONSI	EQUENCE O	DEWY	The Land	PEN PROPERTY	recina LAI	in i	1041	YCLU	2 months
PART II. Other significant conditions  AUDI TENSION  MULLIUS N		aath but not	reaulting	in the und	deriying	cause given in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES. 2
25. WAS CASE REFERRED TO MEDICAL	<b>U</b>				26. PL	ACE OF DEATN (Che	eck only one)				
EXAMINER?	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHER:	:	5 Residence	,	ancifu)			
27. MANNER OF DEATN	28a. DATE OF IN	JURY	28b. TIN		28c. tNJL		28d. DESCRI		JURY OC	CURED	-

1 Natural 5 Pending Investigation M 1 YES 2 NO

2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and ma 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place,

29b. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day.

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AN JHH B

LANGE AREA SUPPLEMENTAL SUP guise devidencit

Bakilla - 1891 등 모르기

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1 lifed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTO

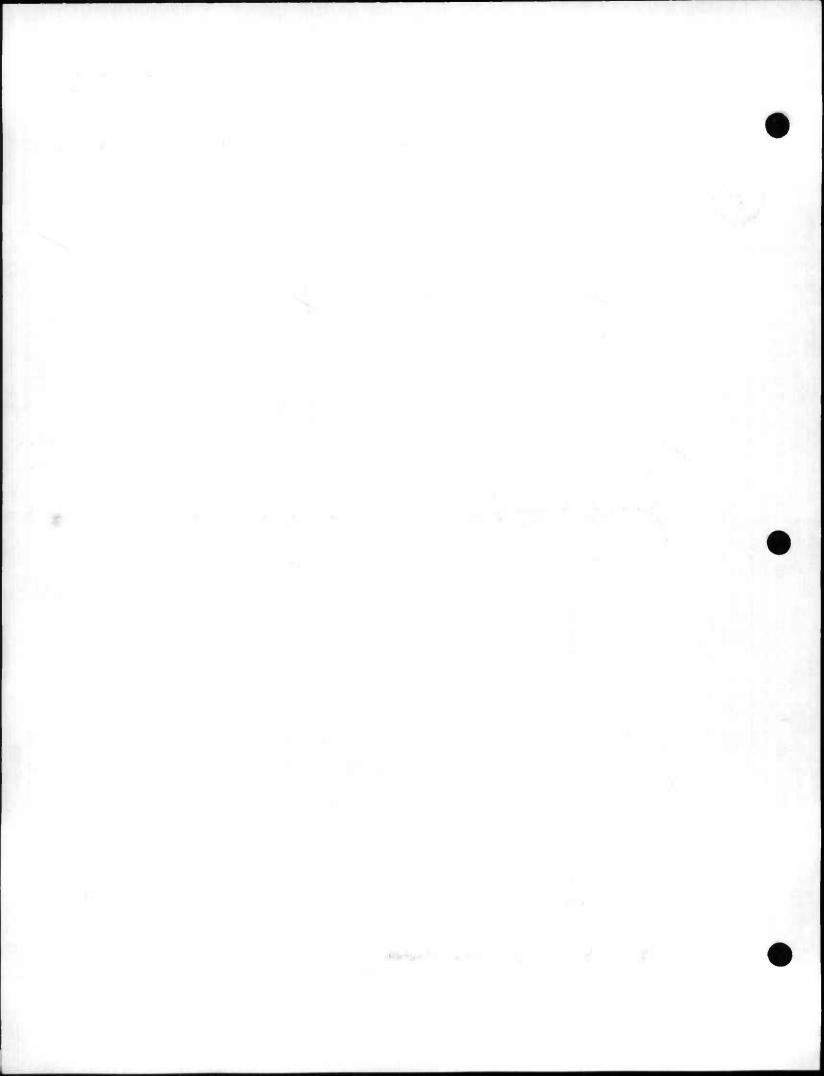
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIAIE UF N	IAKTLAND / DEP. CERT	RHIME	TE OI	F DEAT	AND I	MENIAL	REG. NO.	Ė.			
1. DECEDENT'S NAME (First, Middle, Last)		-					2. DATE OF DEATH				3. TIME OF DEATH	
Anna	C.	Be	seme	er			MONTH	2/12/		YEAR	3:20PM M	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthd	y) IF U	NDER 1 YEAR			7. DATE O	F BIRTH			PLACE (State or Foreign	
383-16-5453	1 🗆 M 2 🚺 F	67 YR	MONT	HS DAYS	HOURS	MIN.		Day, Year) 12/23		Mi	chigan	
9e. FACILITY NAME (If not institution, give st	treet and number)		9b.	CITY, TOWN	OR LOCATI	ON OF DE		/_		NTY OF D		
1253 Crowell Co	urt		7	Arnol	.d				An	ne A	rundel	
10a STATE 10b COUNTY	e Arunde:	l 10c.	city, toy	MN OR LOC	CATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 1253 Crowell Co	urt				10f. ZIP COD	210	12			IZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 ☐ Newer Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced		T EVER IN U.S. ARMED YES 2 ANO MAR OR DATES		If yes,	ECENDENT ( specify Cubi ES 2 1 NO	Mexico	n, Puerto R	' (Specify Yeal Ican, etc.)	Black, White, atc.  Specify:		k, White, atc.	
15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDEN	of work of	L OCCUPA	TION most of world	na	16b.	KIND OF BUS	SINESS/INI	DUSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5	·)		Empl				Cannin	g Fa	ctor	y.	
17. FATHER'S NAME (First, Middle, Last)						HER'S NA		iddle, Maiden		0001	<u> </u>	
Ernest Balasick	<u>-</u>							verhu				
190. INFORMANT'S NAME (Type/Print)  Mrs. Rose Buckne	or							er, City or Tow	n, State, Zi	p Code)	01010	
200. METHOD OF DISPOSITION		20b. PLACE OF DIS			Cour		Ar	nold	CATION —	City or To	21012 own. State	
1 Buriel 2 Cremation 3 Rem	oval from State	North S									, Mich	
21. SIGNAPORE OF PUNERAL SERVICE LIS	ENSEE	1102 011	1		AND ADDRE	SS OF FA	CILITY	495 R				
menco	XXD1	Sanci	\	Barra	nco F	uner	al Ho				rk MD 21146	
23. PART I. Enter the diseases, or			o not e	nter the r	mode of dy	ing, suc	h ee cerd	iec or reep	Iratory er	rrest,	Approximete	
shock, or heart fellure.	List only one ceu	ise on each line.									Interval Between Onset and Deeth	
disease or condition regulting in death)	. (	Omies										
regulating in dealth,	DUE TO	(OR AS A CONSEQUENC	E OF):									
Sequentielly list conditions,	b											
If sny, leading to immediate ceuse. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUENC	E OF):									
CAUSE (Disesse or Injury	c,DUE TO	(OR AS A CONSEQUENC	E OF):									
that initiated events resulting in deeth) LAST	d											
DART II Oak a significant condition		death had an accepta	- l- ab				Don't I	24a, WAS AN		Lan	WEST ALTONOV ENIDADO	
PART II. Other significent condition	is contributing to	deeth but not result	ng in th	e underry	ing cause	given in	Part I.	PERFO	RMED?	240	AWAILABLE PRIDR TO COMPLETION OF CAUSE	
<del>_</del>							-	1 TYES 2	NO		OF DEATH?	
							-				1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF I	DEATH (C)	hack anly on	e)				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DC	ОТ	HER:	Iome N			,				
27. MANNER OF DEATH	28a. DATE O	FINJURY 28b.	TIME OF		INJURY AT	a siderice		CRIBE HOW	INJURY O	CCURED		
1 Netural 5 Pending	(Month, I	Day, Year)	INJURY	M 1[	WORK?  YES 2	□ NO						
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE (	OF INJURY — At home, fa , etc. (Specify)	rm, street	t, factory, o	ffice	40	281, LOC	ATION (Street or Town, State)	end Numb	er or Rural	Route Number,	
4 Homicide determined	ounding	, etc. (specify)					City	or rown, state,	,			
29e. CERTIFIER (Check only	ICIAN: To the best o	f my knowledge, death oc	curred at	the time, d	late end plac	e, end du	e to the cau	se(e) end ma	nner as st	eted.		
(Check trill)											e) end menner ee atated.	
29b. SIGNATURE AND TITLE OF LERTIFIE	111				29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	D (Mongh, Day, Year)	
1/1/2	1				0	286	586		•	121	13/91	
11:000	TO COMPLETED CAL	ISE OF DEATH (ITEM 27)	Type, Prin	AI	1					-		
31. DATE FILED (Month, Day, Year)	22. RECHSTR	AR'S SIGNATURE AS	40	1110	W)							
DEC 1 6 1991	Julia Davis	AR'S SIGNATURE										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-tran be filled within 72 hours after death with the State Deat, of Health and Mental Hynine prior in purial commandon or removal	IMPORTANT If then 28 is marked or them 23 shows any internor contract the marked or another the marked of another the marked or another the marked of another the marked or anot
--	---	--

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN		AL HYGIENE REG. NO.	91	301/4
1. OECEDENT'S NAME (First, Middle, Last)		0	11/1		TE OF DEATH		3. TIME OF DEATH
HOWARD	R.	Kin	ddelle, s	R	TO DAY	a T	AR 2,20 10 M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		F UNDER 1 YEAR IF UNDER 24 H	RS. 7. DAT	E OF BIRTH	8.1	BIRTHPLACE (State or Foreign
218-16-9042	1 2 M 2 D F	84 YRS.	ONTHS DAYS HOURS M		rith, Day, Year) 1 – 25 – 07		Morry Lond
9e. FACILITY NAME (If not institution, give a			b. CITY, TOWN OR LOCATION (		1-27-07	9c. COUNTY	Maryland OF DEATH
PENINSULA GEN	WERAL HOSPITA	L	SALISBURY				COMICO
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNT	1	10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CITY LIMITS?
	erset	Pri	ncess Anne				1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP COOE			10g. CITIZEN	OF WHAT COUNTRY?
10100 Stewart	Neck Road		2185	3		1	1.5.
11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF H	ISPANIC ORIG	SIN? (Specify Yes	or No- 14.	RACE — American Indien, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES 2 NO S		o Pricari, etc.;		Specify:
15. DECEDENT'S EDU	CATION					- 1	White
(Specify only highest grade	completed)	(Give kind of work	UAL OCCUPATION  done during most of working stired.)	16	66. KIND OF BUSI	NESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)						
17. FATHER'S NAME (First, Middle, Last)		<u>Farmer</u>	/Police Of				
			18. MOTHER	S NAME (First	, Middle, Maiden S	umame)	
Arthur Bri	ddelle			scill			
		19b. MAILING AD	DRESS (Street end Number or F	iural Route Nui	mber, City or Town,	State, Zip Coo	le)
Mrs, Anne M. B	riddelle		Stewart N	eck R		inces	ss Anne. Md.
1 Burial 2 Cremation 3 Ram		PLACE AND DATE OF I		OA	TE 20c. LOC	ATION — City	or Town, Stata
4 Donation 5 Other (Specify)	Be		Cemetery	112	/9 Pr.	Anne	Md. 21853
THE OF FONEHAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS O		7 11		,
yam & Hen	// MC	00295	Hinman Fu				,
23. PART Enter the diseases, or o	complications that caused	tha death. Do not	anter the moda of dying,	such as ca	rdiac or respira	atory arrest,	Approximata
shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on ea	ch lina.				,	Intervel Batween Onset and Death
disease or condition	You Aire	+ man	tailin				Onset and Damin
resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	1 didno				30
	7-11011	KOIIN					SOXIMIL
Sequantially list conditions, if any, leading to immediate	DUE TO JOH AS A	CONSEQUENCE OF):					
cause. Entar UNDERLYING	5-25-3110 27A 24BCV						, ,
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in death) LAST	4.						[
PART II. Other significant condition	s contributing to death bu	it not resulting in t	he undariying cause giva	n in Part I.	24s. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 YES 2		COMPLETION OF CAUSE OF GEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LIGORITA:		26. PLACE OF DEATH	(Check only o	one)		
1   YES 2   NO	HOSPITAL: 1   Inpetient 2   ER/Outpe		THER:  Nursing Home 5 Residen	nca 6 🗆 Oth	ner (Specify)		
27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT		SCRIBE HOW IN.	IURY OCCURE	0
1 Natural 5 Pending 2 Accident Investigation	(month, bay, rous)	III.JOA	M 1 YES 2 NO				
3 Suicide 8 Could not be	26a. PLACE OF INJURY - building, etc. (Special	At home, term, strac	ot, factory, office	28t. LO	CATION (Street and	d Number or Ri	ural Route Number,
4 Homicide determined	bunding, etc. (opecin	y)		City	y or Town, State)		
254 CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	des death secured	t the time data and along and	4			
(CHECK DAY)  2 MEDICAL EXAMINE	R: On the besie of examination	and/or investination is	o my coloine, death occured at	the time det	Ruse(s) and mann	or on stated.	-245-14-7-11 112-5-15
29h. SIGNATURE AND TITLE OF CERTIFIER					a and place, end	due to the cat	rse(s) end menner ee stated.
COSC 1	11/100	1	ALIA 29c. LICENSE	NUMBER	ar-	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	(////		NO PA	1751	153	1	041
OU TAME THE PROPERTY OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	11)				
31. DATE FILEO (Month, Day, Year)	22 DECIGERATION		<del>-</del>				
DEC - 9 '91	32. REGISTRAR'S SIGNA	TURE PONCORL					
DLU / U	A COUNTY (OR	THE PERSON NAMED IN					



Page	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	IMPORTANT: II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

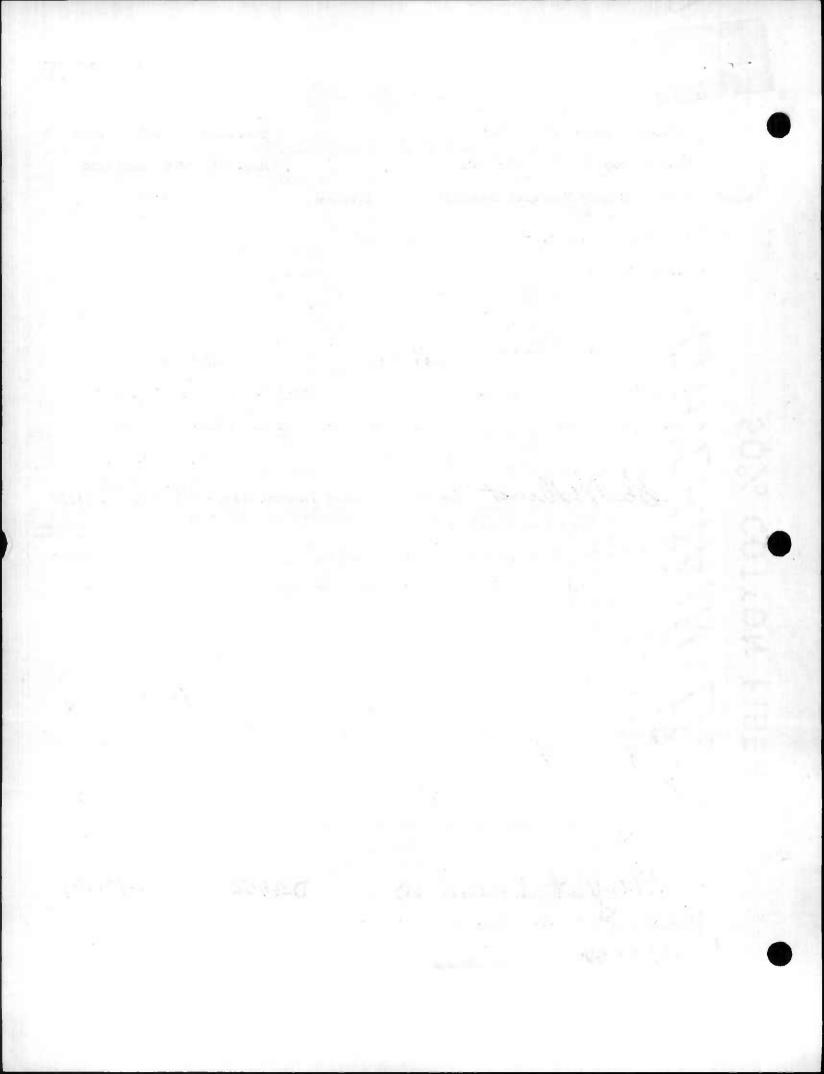
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTO

DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATN	DAY	YEAR	3. TIME OF DEATN
LILLIE FLORENCE	CE BISE	R					Dece	mber	20, 1	991	4:30
SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 Y		Y	7. DATE	OF BIRTH		6. BIRT	NPLACE (State or Foreign
213-24-5666	1 M 2 K F	101	YRS.	MONTHS D	AYS HOURS	MIN.	Aug.	31,	1890	Mar	yland
. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	WN OR LOCATI	ON OF D	EATN		9c. COL	JNTY OF D	DEATN
Sarrett County Me	emorial H	ospital		Oak	cland				Gar	rett	:
ESIDENCE OF DECEDENT											
a. STATE 10b. COUNT				TY, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
	rett		Sw	anton							1 YES 2 X NO
e. STREET AND NUMBER					10f. ZIP COD				10g. CI	TIZEN OF	WHAT COUNTRY?
t. 1 Box 54A					215	61			US	SA	
. MARITAL STATUS  Never Marriad 2 Married  Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2K		II ye	S DECENDENT Cos, specify Cubic	ın, Maxici	n, Puerto		fes or No-	14. RAC Blec Spec	ck, White, etc.
15, DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL OCCU	IPATION		166	. KIND OF B	USINESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	H6	Give kind of e. Do NOT u	work done durii ise retired.)	ng most of worki	ng					
7			omema	ker				Own	Home		
FATHER'S NAME (First, Middle, Lest)					18. MOT	HER'S NA	ME (First,	Middle, Maide	on Sumame)		
avid	Mos	ser			Vi	rgir	nia E	lizab	eth S	Sande	ers
. INFORMANT'S NAME (Type/Print)		16	9b. MAILING	G ADDRESS (S	treet and Number						
rs. Faye Schmidt			Rt. 1		54A			, Mar			61
L METNOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name	of cemetery, crer				LOCATION -		
Burial 2 Cremation 3 Rem Donation 5 Other (Specify)	noval from State	E.o.	On Co	emeter	v				glon,		
SIGNATURE OF FONERAL SERVICE LI	CENSEE				ME AND ADDRE	SS OF F	CILITY		P.O.		
Maleut 170	Vine?	M00:	167	Du	ırst Fu	nera	1 Ho	me -	0akla	and.	Md. 21550
ahock, or haert feilure.  MEDIATE CAUSE (Finel isease or condition	complications the	nt caused the d	seth. Do	not enter the	e mode of dy						Approximate interval Betwoonset and Do
ahock, or haert feilure.  MMEDIATE CAUSE (Finel isease or condition	complications the List only one cau	t caused the d	e hea	not enter the	e mode of dy						Approximate interval Betw
ahock, or haert feilure.  MMEDIATE CAUSE (Finel isease or condition	a. CO DUE TO	nt caused the duss on each lin	e hea	not enter the	e mode of dy	ing, euc					Approximate interval Betwoonset and Do 2 weeks
MMEDIATE CAUSE (Finel lisease or condition saulting in death)	e. CO DUE TO	nt caused the d	e hea	not enter the art far OF): ic hear	e mode of dy	ing, euc					Approximate interval Betwoonset and De
ahock, or haert feliure.  MMEDIATE CAUSE (Finel ilsease or condition seaulting in death)  dequentially list conditions, eny, leading to immediate ause. Enter UNDERLYING	e. CO DUE TO	ngestive on as a consent of the cons	e hea	not enter the art far OF): ic hear	e mode of dy	ing, euc					Approximate interval Betwoonset and Do 2 weeks
ahock, or haert feliure.  MMEDIATE CAUSE (Finel Isease or condition seauting in death)  Requentially list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	e. CO DUE TO  DUE TO  C.	ngestive on as a consent of the cons	e hea	not enter the art fa: ic hear	e mode of dy	ing, euc					Approximate interval Betwoonset and Do 2 weeks
ahock, or haert feliure.  MMEDIATE CAUSE (Finel Isease or condition seauting in death)  Requentially list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	e. CO DUE TO  DUE TO  C.	nt caused the duss on each lin ngestiv (OR AS A CONSE	e hea	not enter the art fa: ic hear	e mode of dy	ing, euc					Approximate interval Betwoonset and Do 2 weeks
ahock, or haert feliure.  MMEDIATE CAUSE (Finel Isease or condition paulting in death)  Requentially list conditions, eny, leading to immediate ause. Enter UNDERLYNING AUSE (Disease or injury hat initiated events esuiting in death) LAST	e. CO DUE TO  b. at DUE TO  c. DUE TO	nt caused the duss on each lin ngestiv (OR AS A CONSE (OR AS A CONSE	e heaeouence o	not enter the	ilure	eing, euc	ch sa car	diec or rea	piratory a	rreat,	Approximata interval Betwomset and Do 2 weeks
ahock, or haert feliure.  AMEDIATE CAUSE (Finel issause or condition auditing in death)  equentially list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events soulting in death) LAST	e. CO DUE TO  b. at DUE TO  c. DUE TO	nt caused the duss on each lin ngestiv (OR AS A CONSE (OR AS A CONSE	e heaeouence o	not enter the	ilure	eing, euc	ch sa car	diec or rea	AN AUTOPS'S	rreat,	Approximate interval Betw Onset and Do 2 Weeks  years  b. Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUR DEP DEPTH 12 PRIOR TO TO COMPLETION OF CAUR DEP DEATH?
ahock, or haert feliure.  MMEDIATE CAUSE (Finel isease or condition autiting in death)  equentially list conditions, eny, leading to immediate muse. Enter UNDERLYING AUSE (Disease or injury nat initiated events esuiting in death) LAST	e. CO DUE TO  b. at DUE TO  c. DUE TO	nt caused the duss on each lin ngestiv (OR AS A CONSE (OR AS A CONSE	e heaeouence o	not enter the	ilure	eing, euc	ch sa car	24a. WAS.	AN AUTOPS'S	rreat,	Approximata interval Betw Onset and Do 2 Weeks  years  b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CALL
ahock, or haert feliure.  AMEDIATE CAUSE (Finel Isease or condition autiting in death)  equentially list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury lest initiated events southing in death) LAST  ART II. Other aignificant condition OSTEOPOTOSIS	E. CO DUE TO  B. At DUE TO  C. DUE TO  d	nt caused the duss on each lin  ngestiv (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	e hear eouence of eoue	not enter the art fa: or; ic hear or; in the unde	ilure	ease	Part I.	24a. WAS.PERF	AN AUTOPS'S	rreat,	Approximate interval Betw Onset and Do 2 Weeks  years  b. Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUR DEP DEPTH 12 PRIOR TO TO COMPLETION OF CAUR DEP DEATH?
ahock, or haert feliure.  AMEDIATE CAUSE (Finel sease or condition auditing in death)  equentially list conditions, eny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events esuiting in death) LAST  ART II. Other aignificant condition osteoporosis	E. CO DUE TO  B. At DUE TO  C. DUE TO  d	nt caused the duss on each lin  ngestiv (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	e hear eouence of eoue	not enter the art fart fart fart fart fart fart fart	ilure rt dise	ease	Part i.	24a. WAS PERF	AN AUTOPS'S	rreat,	Approximate interval Betw Onset and Do 2 Weeks  years  b. Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUR DEP DEPTH 12 PRIOR TO TO COMPLETION OF CAUR DEP DEATH?
ahock, or haert feliure.  MMEDIATE CAUSE (Finel isease or condition autiting in death)  equentially list conditions, erry, leading to immediate muse. Enter UNDERLYING AUSE (Disease or injury lat initiated events resulting in death) LAST  ART II. Other aignificant condition OSTEOPOTOSIS  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	s. CO  DUE TO	nt caused the duss on each lin  ngestiv  (or as a conse  (or as a conse  (or as a conse  death but not	e heacouence of ecouence of ec	ort fa:  OF):  Ic hear  OF):  In the unde	ilure rt dise rtying cause 28. PLACE OF E g Home 5  R. IRJURY AT	ease	Part i.	24a. WAS PERF	AN AUTOPS'S ORMED?	/ 24	Approximate interval Betw Onset and Do 2 Weeks  years  b. Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUR DEP DEPTH 12 PRIOR TO TO COMPLETION OF CAUR DEP DEATH?
ahock, or haert feliure.  AMEDIATE CAUSE (Finel sease or condition autiting in death)  equentially list conditions, eny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury sat infilted events eutiting in death) LAST  ART II. Other aignificant condition OSTEOPOYOSIS  WAS CASE REFERRED TO MEDICAL EXAMINER?  I YES 2 NO  MANNER OF DEATH    Netural 5 Pending	E. CO DUE TO  B. At DUE TO C. DUE TO d	nt caused the duss on each lin  ngestiv  (or as a conse  (or as a conse  (or as a conse  death but not	e heacouence of ecouence of ec	ort fa:  ort	ilure rt dise	given in	Part i.	24a. WMS JPERF 1 YES	AN AUTOPS'S ORMED?	/ 24	Approximate interval Betw Onset and Do 2 Weeks  years  b. Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUR DEP DEPTH 12 PRIOR TO TO COMPLETION OF CAUR DEP DEATH?
ahock, or haert feliure.  AMEDIATE CAUSE (Finel sease or condition saulting in death)  equentially list conditions, eny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury sat initiated events soulting in death) LAST  ART II. Other aignificant condition OSTEOPOYOSIS  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending investigation	E. CO DUE TO  B. At DUE TO  C. DUE TO  d	ngestiv. (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	e hear eouence of eouence of resulting	ort fa:  ort	ilure rt dise	given in	Part I.	24a. WAS 1 PERF 1 YES	AN AUTOPS: ORMED? 2 NO	24	Approximate interval Betwonset and Do 2 weeks years  b. Were autopsy finding and and appleation of cause of person of cause of cause of person of cause of cause of person of cause of
ahock, or haert feilure.  MEDIATE CAUSE (Finel sease or condition suiting in death)  Arquentially list conditions, eny, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST  ART II. Other algnificant condition OSTEOPOTOSIS  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	a. CO DUE TO b. at DUE TO d. DUE TO	nt caused the duss on each lin  ngestiv  (or as a conse  (or as a conse  (or as a conse  death but not	e hear eouence of eouence of resulting	ort fa:  ort	ilure rt dise	given in	Part I.	24a. WAS. PERF 1 YES or (Specify)	AN AUTOPS: ORMED? 2 NO	24	Approximate interval Betw Onset and Do 2 Weeks  years  b. Were Autopsy Findin AMAILABLE PRIOR TO COMPLETION OF CAUR DEP DEPTH 12 PRIOR TO TO COMPLETION OF CAUR DEP DEATH?
ahock, or haert feilure.  IMEDIATE CAUSE (Finel sease or condition aulting in death)  Equentially list conditions, erry, leading to immediate luse. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST  ART II. Other algnificant condition  OSTEODOTOSIS  WAS CASE REFERRED TO MEDICAL EXAMINER?  I YES 2 NO  MANNER OF DEATH    Neturns   5 Pending Investigation   1 Pending Investigation   2 Pending Investigation   2 Pending Investigation   3 Suicide   6 Could not be determined   2 Pending Investigation   2 Pending Investigation   2 Pending Investigation   2 Pending Investigation   3 Suicide   6 Could not be determined   2 Pending Investigation   2 Pending Inves	s. CO DUE TO b. at DUE TO c. DUE TO d. DUE TO d. 28a. DATE OF (Month, D 28a. PLACE C building, SICIAN: To the best of a	ngestiv. (OR AS A CONSE  (OR A	e heacouence of erotificouence	ort fa:  art fa:  br:  ic hear  br:  ic hear  or:  or:  or:  or:  or:  or:  or:  o	e mode of dy  ilure  rt dise  rtyling cause  28. PLACE OF E  19 Home 5 R  10. INJURY AT  10 YES 2 [  1, office  1, date and piace  10n, death occur	given in DEATN (Considerate NO	Part I.  Part I.  Seck only of the Catholic City  at the case time, dat	24a. WMS J PERF 1 YES ne) scribe Hou	AN AUTOPS'S ORMED?  2 NO W INJURY Or et and Number et and due to	CCURED er or Rural tated.	Approximate interval Betw Onset and Do 2 Weeks 2 Weeks years  b. Were autopsy finder AMALABLE PRIOR TO COMPLETION OF CAUST OF DEATH?  1 YES 2 W NO
ahock, or haert feliure.  AMEDIATE CAUSE (Finel sease or condition autiting in death)  equentially list conditions, eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events southing in death) LAST  ART II. Other aignificant condition  OSTEOPOYOSIS  WAS CASE REFERRED TO MEDICAL EXAMINER?  1	s. CO DUE TO b. at DUE TO c. DUE TO d. DUE TO d. 28a. DATE OF (Month, D 28a. PLACE C building, SICIAN: To the best of a	ngestiv. (OR AS A CONSE  (OR A	e heacouence of erotificouence	ort fa:  art fa:  br:  ic hear  br:  ic hear  or:  in the unde  orther:  4   Nursing  ME OF  JURY  M  street, factory	e mode of dy  ilure  rt dise  rtyling cause  28. PLACE OF E  19 Home 5 R  10. INJURY AT  10 YES 2 [  1, office  1, date and piace  10n, death occur	given in	Part I.  Part I.  Seck only of the Catholic City  at the case time, dat	24a. WMS J PERF 1 YES ne) scribe Hou	AN AUTOPS'S ORMED?  2 NO W INJURY Or et and Number et and due to	CCURED er or Rural tated.	Approximate interval Betwonset and Do 2 weeks years  b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS DE DEATH?  1 YES 2 NO
ahock, or haert feliure.  MMEDIATE CAUSE (Finel isease or condition saulting in death)  equentially list conditions, eny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury sat initiated events esuiting in death) LAST  ART II. Other aignificant condition OSTEOPOYOSIS  I. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. CO DUE TO  B. At DUE TO  C. DUE TO  d	TER/Outpetlent  ER/Outpetlent  FINJURY  A ter. (Specify)  It my knowledge, of examination and/or	e hear course of the course of	ort fa:  ort	e mode of dy  ilure  rt dise  rtyling cause  28. PLACE OF E  19 Home 5 R  10. INJURY AT  10 YES 2 [  1, office  1, date and piace  10n, death occur	given in DEATN (Considerate NO	Part I.  Part I.  Seck only of the Catholic City  at the case time, dat	24a. WMS J PERF 1 YES ne) scribe Hou	AN AUTOPS: ORMED? 2 NO W INJURY Or et and Number et and due to	CCURED er or Rural tated.	Approximate interval Betw Onset and Do 2 Weeks 2 Weeks years  b. Were autopsy finder AMALABLE PRIOR TO COMPLETION OF CAUST OF DEATH?  1 YES 2 W NO
ahock, or haert feliure.  IMEDIATE CAUSE (Finel sease or condition autiting in death)  equentially list conditions, eny, leading to immediate luse. Enter UNDERLYING AUSE (Disease or injury lat initiated events suiting in death) LAST  ART II. Other aignificant condition  OSTEOPOYOSIS  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. CO DUE TO  B. At DUE TO  C. DUE TO  d	TER/Outpetlent  ER/Outpetlent  FINJURY  A ter. (Specify)  It my knowledge, of examination and/or	e hear course of the course of	ort fa:  ort	e mode of dy  ilure  rt dise  rtyling cause  28. PLACE OF E  19 Home 5 R  10. INJURY AT  10 YES 2 [  1, office  1, date and piace  10n, death occur	given in DEATN (Considerate NO	Part I.  Part I.  Seck only of the Catholic City  at the case time, dat	24a. WMS J PERF 1 YES ne) scribe Hou	AN AUTOPS: ORMED? 2 NO W INJURY Or et and Number et and due to	CCURED er or Rural tated.	Approximate interval Betw Onset and Do 2 Weeks 2 Weeks years  b. Were autopsy finder AMALABLE PRIOR TO COMPLETION OF CAUST OF DEATH?  1 YES 2 W NO



FOR 1 - STATE REGISTRAR		STATE OF I			TMENT OF			MENTAL HYGI REG.		91	30110	
1. DECEDENT'S NAME	(First, Middle, Last)	1			IOAIL OI	DEAL		2. DATE OF DEAT	Н		3. TIME OF DEATH	
C; 11	pert. Ba	arton						Dec. 13	DAY 1 (	991	5.20 -	
4. SOCIAL SECURITY N		arton 5. SEX	6. AGE (In yrs. Is	sl birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		-	5:30 p	
Unavaila	hlo.	1 🔀 M 2 🗆 F	8		MONTHS DAYS	HOURS	66104	(Month, Day, Yea Feb 18 1	r)	Count	Va.	
9a. FACILITY NAME (#		21	0		9b. CITY, TOWN	OR LOCATIO				UNTY OF D		
	rett Mer	morial Ho	spital		0ak1					arret		
10a. STATE	10b. COUN				Y, TOWN OR LOC						10d. INSIDE CITY LIMITS?	
		egany		W	esternp						1 TES 2X NO	
10e. STREET AND NUM	BER				1	f. ZIP CODE			10g. CI	TIZEN OF	WNAT COUNTRY?	
RFD 1	Box 124	+				2156	2			US		
RFD 1  11. MARITAL STATUS  1 Never Marriad  3 Widowed 4		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 V	RMED NO	if yes, s			IIC ORIGIN? (Specify n, Puarto Rican, atc. //		14. RACI Blac Spec	E — American Indian, k, White, etc. "White	
15.	DECEDENT'S ED	UCATION			USUAL OCCUPAT			16b. KIND OF	BUSINESS/II	DUSTRY		
Elementary/Seconda		College (1-4 or 5	the state of the s	s. Do NOT u	se retired.)	ost of WORRIN	n/					
Elementary/Seconds Unknown 17. FATNER'S NAME (Fit				ilroa	d Carma	1		Ra	ilroad	d		
17. FATNER'S NAME (Fit	st, Middle, Last)					ts. MOTH	HER'S NA	ME (First, Middle, Ma	iden Surname)			
Artl	nur Bar	ton				S	adie	Whittin	gton 1	Mille	r	
	ME (Type/Print)		1	9b. MAILING	ADDRESS (Street	-		Poute Number, City or			7	
Mi 1	red Bar	cton		223	Maryla	nd Asz	e Tal	esternno	rt Mo	1 21	562	
20a, METHOD OF DISP 1 Burial 2 Cres 4 Donation 5 C	Mildred Barton  223 Maryland Ave. Westernport, Md. 215  20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  225 Maryland Ave. Westernport, Md. 215  20c. LOCATION - City or Tox  Smithsburg Crematorium  Smithsburg,									own, State		
23. PART 1. Enter ti	21. SIGNATURE OF/FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Boal—Warnick Funeral Home  111 Church St. Westernport Md  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, interval Botween interval Botween											
iMMEDIATE CAUSE disease or condition resulting in death)		a. pneumo	nia wit	h ove	erwhelmi	ng se	psis	3			Onset and Deat	
Sequentially list co if eny, leeding to ir cause. Enter UNDE CAUSE (Disease or that infliated events resulting in deeth)	nmediste RLYING Injury	C	hepatic	fail	.ure							
DARW II OAk	141											
PART II. Other sign  Alzhei  25. WAS CASE REFERR EXAMINER?  1	mer's d		desth but not	resulting	in the underlyi	ng cause (	given in	PE	S AN AUTOPS REORMED? ES 2 NO	Y 241	b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERR	ED TO MEDICAL	HOSPITAL:			7	LACE OF D	EATN (Ch	eck only one)			**	
1 - YES 2 X NO		1X inpatient 2	☐ ER/Outpatient	3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Re	raldance	6 Other (Specify)				
	27. MANNER OF DEATN  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT WORK?  M 1 VES 2 NO.								OW INJURY C	CCURED		
Accident   Investigation   2									Floute Number,			
29e. CERTIFIER 1 (Check only one) 2	29s. CERTIFIER (Check only (Ch											
29b. SIGNATURE AND	PALE OF CENTY	ERRICH TO	701			29c. LICE	ENSE NUI	MBER	29d. D.	ATE SIGNE	D (Month, Day, Year)	

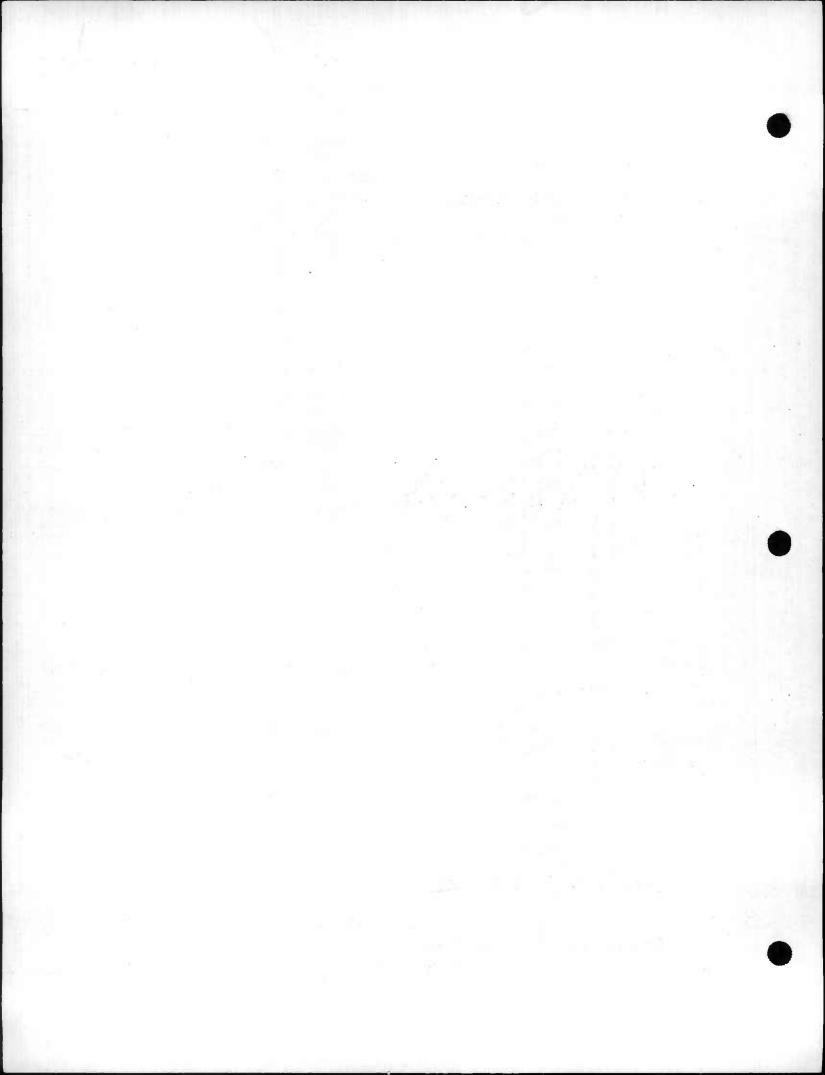
WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) R. Donald Richter, M.D. Rt#7 Box1495 Oakland, MD. 21550

2

32. REGISTRAR'S SIGNATURE

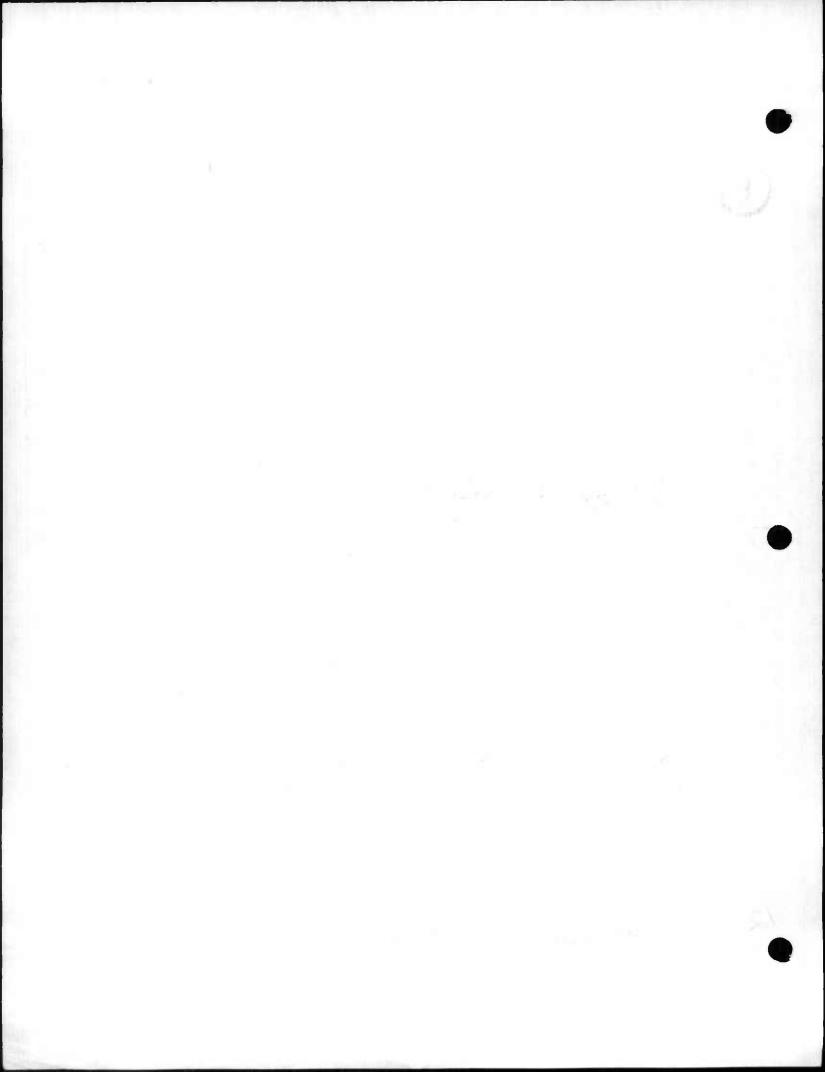
12-13-91

D30035

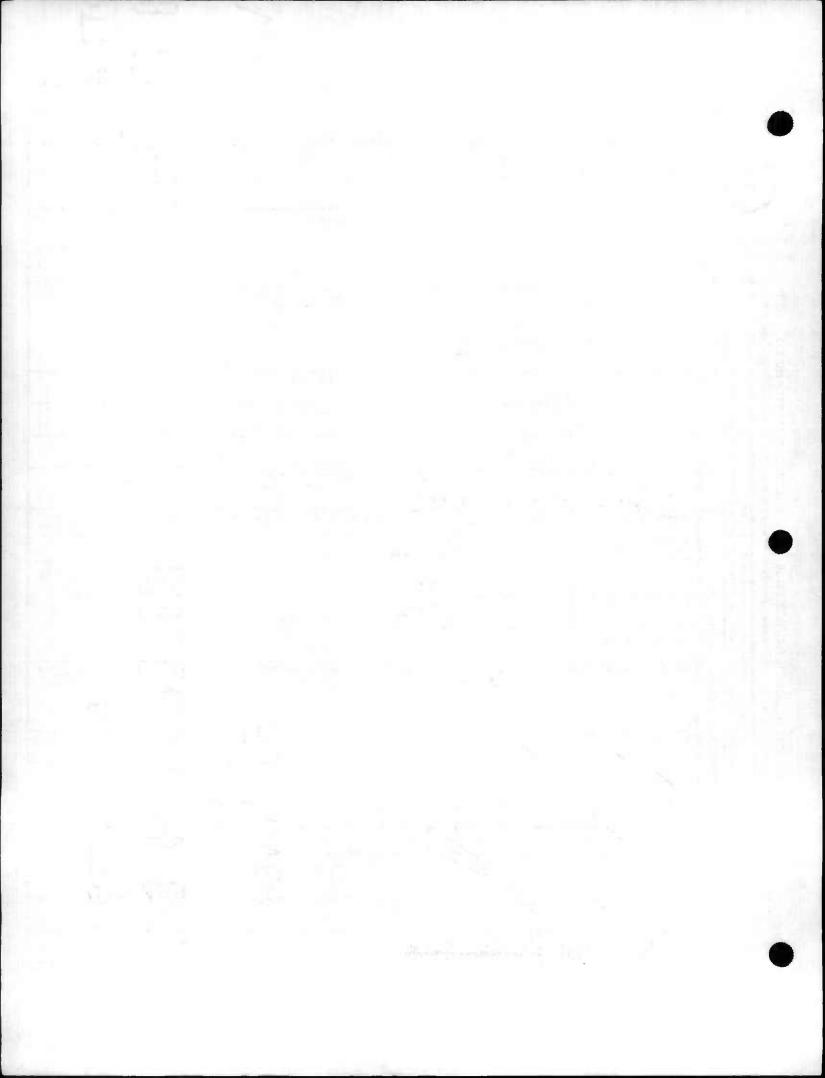


IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows	
IN TREMONERAL DIRECTOR: After his centricate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be filed within 72 hours after death with the State Dept. of Heal	
0 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	0
SALIMORE, MARYLANI	DIVISION OF VILAL NEC	/

	1 - STATE REGISTRAR	STATE OF N	IARYLAND C	/ DEPAR	RTMEN'	T OF H	EALTH DEAT	AND I	MENT	AL HYGIEN	E 9	3	6177	
	1. DECEDENT'S NAME (First, Middle, Leaf)								2. DAT	TE OF OEATH		EAR .	3. TIME OF DEATH	
	Curtis David Barb									12 1	3 9	î	8:50 p M	
	THE CONTRACTOR OF THE PARTY OF	. SEX	6. AGE (In yrs. la		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)	8.	BIRTHP Country)	LACE (State or Foreign	
	235-30-2078 1  9e. FACILITY NAME (If not institution, give stree	M 2   F	7(	/U YRS.						-06-1921		V	VV	
æ				umberland						9c. COUNTY OF DEATH				
ривстоя	Sacred Heart Hosp	<u> </u>			Cun	ber	Land			Allegany				
H	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
	MD Allegar	ny		,				Cı	ımbe	rland	1 WES 2 NO			
1AL	10e. STREET AND NUMBER					Cumberlance 10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	Box 344C Rt 5						215					SA	7.	
	11. MARITAL STATUS  1 □ Never Merried 2 ☒ Married	FORCES? 1	EVER IN U.S. AI	RMED NO	13.	WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuben, Mexican, Puarto Rican, etc.)					ea or No— 14. RACE — American Indian, Black, White, etc.		- American Indian, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES			1 YES 2 NO Specify:					Specify:		White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON .		16	ib. KIND OF BUS	INESS/INDUS	TRY	WIII 00	
		College (1-4 or 5 +	) life	Give kind of use. Do NOT us	work done se retired.)	during mo:	st of workin	g						
MP	7			Car	man					Rai	lroad			
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	-			
BE	Ashby J. Bark									. Rat				
2	19e. INFORMANT'S NAME (Type/Print)									mber, City or Town			01500	
	Mrs. Helen Barb			Rout	_			44C	_				21502	
	1 🗗 Burial 2 🗆 Cremation 3 🗔 Ramova 4 🗆 Donation 5 🗆 Other (Specify)	I from State	20b. PLACE cemetery, cri	ematory or o	ther place)				1		ATION — City			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	Poto	mac			D ADDRES			16th	Keyse	r,	WV	
	Dowaxas	4 1	a), -	`	I	lafeı	r Cha	pel	of	the Hi.				
		milestiane that	The	J	]	.302	Nat'	1. 1	Hwy.	, LaVa.	le, MI	) 21	502	
	23. PART I. Enter the diseesea, or con shock, or heert fellure. Lis	t only one ceu	e on each line	eath. Do r e.	iot enter	the mod	de of dyli	ng, suci	h as ce	rdiac or respir	atory erresi	i,	Approximata Intarvai Between	
	IMMEDIATE CAUSE (Finel dleasse or condition	Coronar	w artor	cu ho	arete d	44.00							Onset and Death	
	resulting in death) a			artery heart disease										
z					P								İ	
E	Sequantially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSE	OUENCE OF	F):									
CA	CAUSE (Disease or Injury													
E	thet initiated events resulting in death) LAST	DUE TO (	OR AS A CONSE	OUENCE OF	F):									
CERTIFICATION	d												-	
CAL	PART II. Other significent conditions of	ontributing to	daeth but not	resulting i	in the un	deriying	cause g	lven in	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS	
	Chronic obstruct	ive pul	monary	disea	ase					PERFORM			WAILABLE PRIOR TO COMPLETION OF CAUSE	
MEI	_Obesity								_				OF DEATH?	
PHYSICIAN: MED														
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER		ACE OF DE	ATH (Che	eck only o	nne)				
1YS	YES 2 NO 1	Inpatient 2			4 🗆 Nun	sing Home		sidence	8 🗆 Oth	er (Specify)				
	1 Netural 5 Pending	28a. DATE OF I (Month, Da	y, Year)	28b. TIM	E OF URY	28c. tNJL WOF	RK?		28d. DE	SCRIBE HOW IN	JURY OCCUR	ED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At ho	ome ferm s	treet facts		ES 2 _	NO	004 1 0	DATION (OL				
COMPLETED	4 Homicide 8 Could not be	building, e	tc. (Specify)	,, .	Aroot, root	ory, ornice		ŀ	Ch	CATION (Street ar or Town, State)	10 Number or I	HURN MOL	ute Number,	
E	290. CERTIFIER	t. To the best of a	u bosuladas d	1000000	and a		S11.20			-				
M	(Check only one) MEDICAL EXAMINER: C	on the beele of ax	my knowleage, as mination end/or	Investigation	n. In my o	me, date a	and place,	end due	to the ca	euse(e) end menr	or as stated.			
BE	TX4 Co	171					D 09		WER		≥ 12-		Month, Day, Year)	
유	30. RAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type.	Print)		- 07				12-	10-	71	
	Paul Snow, M.D. D	eputy M	ed Ex.	124 W	. Th	ird	St.	Cumb	oer1	and. MI	215	02		
	31. DATE FILED DE CO 1 10 8 1991		S SIGNATURE											
	020101331	0	- Ansar - If										1	



i	REGISTRAR	STATE OF MARY			F DEATH	R	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	t)				2. DATE OF D		3. TIME OF DEATH		
	JANIC			BILLM	EYER	12	11 0	1 142346		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	MONTHS DAYS		7. DATE OF B (Month, Day	RTH 8.	BIRTHPLACE (State or Foreig Country)		
	215 18 8295	1 🗆 M 2 💥 🖁	70 YRS.				)2-1921	WV		
~	9e. FACILITY NAME (If not institution, giv			9b. CITY, TOW	N OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH		
DIRECTOR	Memorial Hosp	ital			CUMBER	AND		ALLEGANY		
8	10a. STATE 10b. COUL	VTY	10c. CI	TY, TOWN OR LO	CATION		11.12	10d. INSIDE CITY		
듬	WV M	ineral		Ridgele	V		1 VE			
RAL	10e. STREET AND NUMBER		10g. CITIZE	N OF WHAT COUNTRY?						
E	Route 3 Box 3	99			26753		US	A		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 24 NO	MO If yes, specify Cuben, Mexican, Puerto Rican, etc.)						
	15. DECEDENT'S E	DUCATION		S USUAL OCCUPA		16b. KIN	O OF BUSINESS/INDUS			
1919	(Specify only highest gn Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	f work done during use retired.)	most of working					
립	12		ret.	Lunch	Program	Board of I		Education		
COMPL	17. FATHER'S NAME (First, Middle, Last)				-		, Maiden Surname)			
ш	Howard W. J	ackson			Anr	na Winor	a Rosalie	Mullen		
9 8	19e. INFORMANT'S NAME (Type/Print)	Processor Control	19b. MAILIN	IG ADDRESS (Stre			ity or Town, State, Zip Co			
2	Mr. Ernest B.	Billmeyer, S	Sr. Rout	e 3 Box	399 Rid	gelev. V	W 26753			
	20a. METHOD OF DISPOSITION 1 Majoriel 2 Cremetion 3 R		20b. PLACE AND DA		ON (Name	OATE	20c. LOCATION - Cit	y or Town, State		
	4 Donation 5 Other (Specify)	THOUSE HOM OLERS		ry, crematory or other place)  kv Gap Veterans Cem. 12-16 Flintstone, N						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Scarpelli Funeral Home Cumberland, MD 21502									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
- и	PART ii. Other significant condit	ions contributing to death	but not resulting	in the underl	des seus shus	in Book I ass	. WAS AN AUTOPSY	,		
-	The state of the s				ying ceuse given	in Part I. 241		24b. WERE AUTOPSY FIND		
MEDICAL		120			ying causa given		PERFORMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
: MEDIC	25. WAS CASE REFERRED TO MEDICAL				s. PLACE OF DEATH (	1[	PERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
: MEDIC			utpatient 3 🗆 DOA	28 OTHER:	B. PLACE OF DEATH (	Check only one)	PERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 I Impatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Year	Y 28b. T	OTHER: OTHER: OTHER: SHOWING I	S. PLACE OF DEATH ( Home 5   Residence INJURY AT WORK?   YES 2   NO	Check only one)	PERFORMED?	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	ry 28b. T	OTHER: OTHER: OTHER: SHOWING I	S. PLACE OF DEATH ( Home 5   Residence INJURY AT WORK?   YES 2   NO	Check only one)  28d. DE\$CRIE  281. LOCATIO	PERFORMED?  YES 2 AND	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH 1 Netural 5 Pending Investigative 3 Suicide 8 Could not detarmined.  29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	PY — At home, ferm	OTHER: 4   Nursing I IME OF NJURY M 1  n, street, factory, o	S. PLACE OF DEATH ( Home 5  Residence INJURY AT WORK?  YES 2 NO office	Check only one)  28 Other (Sp 28d, DE\$CRIII  281, LOCATIO City or 76	PERFORMED?  YES 2 AND  ecity)  BE HOW INJURY OCCU  N (Street and Number or win, State)	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  RED  RED		
COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH 1 Netural 5 Pending Investigative 3 Suicide 8 Could not detarmined.  29e. CERTIFIER (Check only)	HOSPITAL: 1 Impattent 2 ER/O 28a. DATE OF INJUR (Month, Day, Year be be left of the best of the INTER: On the basic of security	PY — At home, ferm	OTHER: 4   Nursing I IME OF NJURY M 1  n, street, factory, o	B. PLACE OF DEATH ( Home 5   Residence INJURY AT WORKY   YES 2   NO office date end place, end of on, death occured at t 29c. LICENSE N	Check only one)  28 Other (Sp 28d. DE\$CRII  28f. LOCATIO City or 76	PERFORMED?  YES 2 AND  ecity)  BE HOW INJURY OCCU  N (Street and Number or win, State)  of end manner se stated place, and due to the	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  RED  RED		
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation of determined 3 Suicide 8 Could not determined 4 Homicide 8 Could not determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL: 1 Inpettent 2 ER/O 28a. DATE OF INJUR (Month, Day, Year be be left building, etc. (S) IVSICIAN: To the best of months in the second	PY — At home, farm	28c. OTHER: 4  Nursing I ME OF NJURY M 1  1  1, street, factory, of tion, in my opinion	B. PLACE OF DEATH ( Home 5   Residence INJURY AT WORK?   YES 2   NO office date end place, end con, death occured at te	Check only one)  28 Other (Sp 28d. DE\$CRII  28f. LOCATIO City or 76	PERFORMED?  YES 2 AND  ecity)  BE HOW INJURY OCCU  N (Street and Number or win, State)  of end manner se stated place, and due to the	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  RED  RED  Real Route Number,		
COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Interpretent 2 = ER/O  28e. DATE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR  be in the building, etc. (S)  INSICIAN: To the best of an interpretent in the basis of an in	PY 28b. T	28c. OTHER: 4 Nursing I ME OF NJURY M 1 In, street, factory, of treed at the time, of tion, in my opinion pe, Print)	B. PLACE OF DEATH ( Home 5   Residence INJURY AT WORK?  YES 2   NO poffice  date end place, end d on, death occurred at t  29c. LICENSE N D 36	Check only one)  28d. DE\$CRII  28f. LOCATIO City or 76  lue to the cause(ethe time, date end	PERFORMED?  YES 2 AND  ecity)  BE HOW INJURY OCCU  N (Street and Number or win, State)  of end manner se stated place, and due to the	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  RED  RED  Real Route Number,		
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation of determined 3 Suicide 8 Could not determined 4 Homicide 8 Could not determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL:  1 Interpretent 2 = ER/O  28e. DATE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR  be in the building, etc. (S)  INSICIAN: To the best of an interpretent in the basis of an in	PY 28b. T	28c. OTHER: 4 Nursing I ME OF NJURY M 1 In, street, factory, of treed at the time, of tion, in my opinion pe, Print)	B. PLACE OF DEATH ( Home 5   Residence INJURY AT WORK?  YES 2   NO poffice  date end place, end d on, death occurred at t  29c. LICENSE N D 36	Check only one)  28d. DE\$CRII  28f. LOCATIO City or 76  lue to the cause(ethe time, date end	PERFORMED?  YES 2 AND  ecity)  BE HOW INJURY OCCU  N (Street and Number or win, State)  of end manner se stated place, and due to the	AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 NO  RED  RED  Real Route Number,		



the	det	0
3	be	Ti
De	onld	ed
retal	S Sh	E E
2	age :	9
may	r, pa	st b
9	ecto	Ē
Ba	- P	Je L
Ė	nera	Ē
r de	a fe	ex
afte	th you	ca
SIR	in in	peu
4 TIC	Filled Pn. o	
in 2	ely 1	=
M.	plet	ie.
rted	COL	5
поех	and	ati
9	ian ian	5
ate	nysic Dric	=
tific	d pi	the state
le Cel	Hydin	0 10
eath	atte	7
he	The	큳
hat	and and	À
es t	gne	60
qui	IN SI	¥ 0
W	Dee 1	3 8
16 13	has	n 2
E	Cate	5
CIAN	the S	6
S	is ce	ed,
7	中中	ark
DING	Afte	E
EN	OR:	
A	ECT.	2 E
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained on the form of the company of the	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
TAI	RA	
SS	UNE	¥
부	中山	DRT
TO	TO	MP
-	F 4	=

Dr.

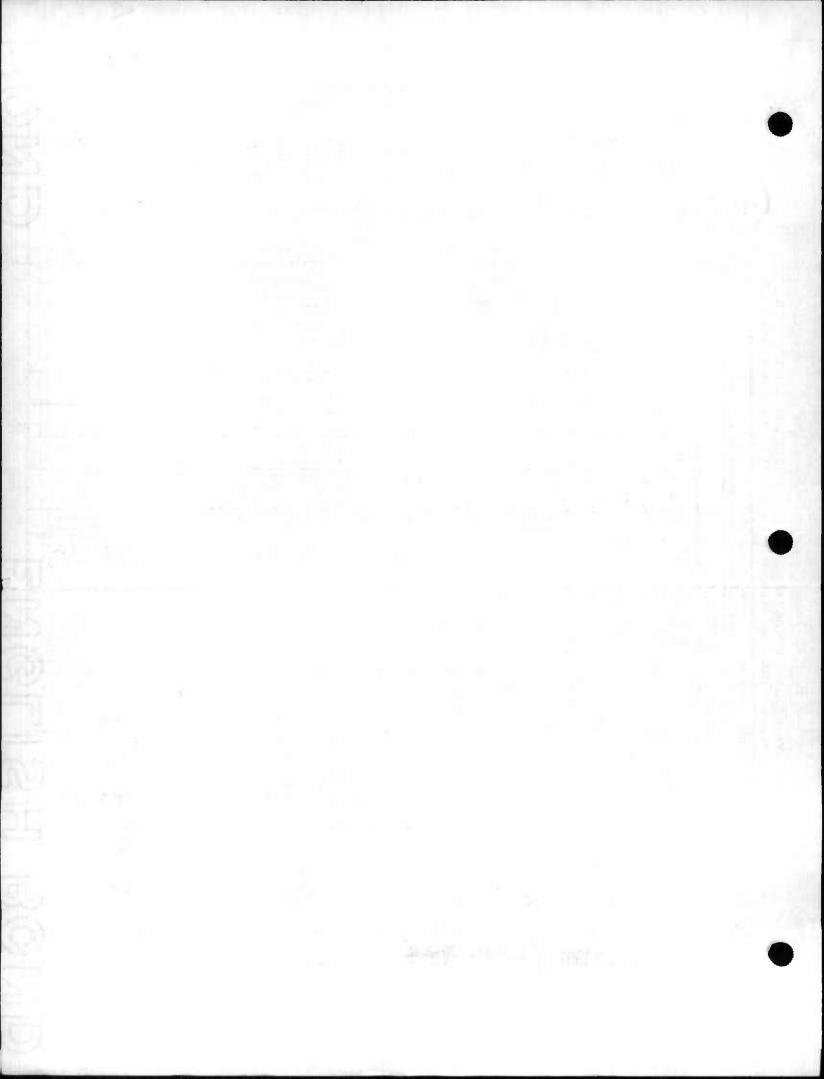
George Breza,

	, Middle, Last)						2. DATE OF OEATH	MY	YEAR :	3. TIME OF DEATH		
ال	SEPH	R			RENS	ON	12 1	5	0.3	0835H M		
4. SOCIAL SECURITY NUM	JER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	-	3. BIRTHPI	LACE (State or Foreign		
217 30 2:	1 XM 2 □ F	57	YRS.	MONTHS DAYS	HOURS MIN.	08-31-1	934		MD OIL			
e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF DE	ATH		
Memorial			01111	73 - 13 PM 5 - 6		AELEC						
RESIDENCE OF DE		CUMB_RLAN			R KLEMD				(23-6141			
IOa. STATE	10b. COUNTY	1	10c. CITY, TOWN OR LOCATION			TION				IOd. INSIDE CITY LIMITS?		
MD	.egany	gany Cumber]			and,			1	YES 2 XX			
0e. STREET AND NUMBER			10	1. ZIP CODE 21502		10g. CITI	IZEN OF WH	IAT COUNTRY?				
Route 2 E	ox 457	- Sunri	se Av	enue				USA				
II. MARITAL STATUS		12. WAS DECEDEN	2. WAS DECEDENT EVER IN U.S. ARMED		13. WAS DECENDENT OF HISPAN		NIC ORIGIN? (Specify Yes or No-		14. RACE -	- American Indian,		
1 Never Married 2 X	Married	FORCES?	XXVES :	2 NO		ocify Cuban, Mexico 3 2 NO Speci	n, Puerto Rican, etc.)		Black, Specify.	White, atc.		
3 Widowed 4 Div	rced		1959			AX. absor	,			white		
	EOENT'S EOU	CATION		a. DECEDENT'S	USUAL OCCUPATI	ON	18b. KIND OF BL	SINESS/INC				
(Specify on Elementary/Secondary (	y highest grade	completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done during m se retired.)	ost of working						
12	,	20.000 (1.4.01.0	"	Super	wisor T	ocomotiv	e Repairsx	Rail:	mad			
7. FATHER'S NAME (First, II	liddle, Last)			Jupes	72001 1		ME (First, Middle, Maide		Loud			
							, , , , , , , , , , , , , , , , , , , ,					
Cheste		enson		105 11411 1111	Annocco /Ou		tie Bishop Route Number, City or To		n Code			
		2										
Mrs. Freda Mae Benson Route 2 Box 457 - Sunrise Avenue Cumberland, MD 21												
10a. METHOD OF DISPOSITION   20b. PLACE AND OATE OF DISPOSITION (Name of cemetary, crematory or other place)   20b. PLACE AND OATE Of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State of cemetary, crematory or other place)   20c. LOCATION — City or Town, State or City or Town, State or City or City or City or City or City or												
					Memorial	Park		<u>Cumbe</u>	rland	, MD		
21. SIGNATURE OF FUNER	L SERVICE LIC	ENSEE		11		ND ADDRESS OF F						
> (lima	in I	- Mas	. 0	1/1			uneral Hom	e				
23. PART I Enter the	Iseases Or (	complications th	nt caused th	he death Do	not enter the m	berland.	MD 21502	alretory er	roet	Approximate		
		List only one ca			not enter the m	ode of dying, so	or cardiec or real	onatory ar	root,	interval Between		
IMMEDIATE CAUSE (Fi	nei	0	4		1 -1	1	_			Onset end Death		
recuiting in death)	<b>→</b>	o. Uc	DUE TO (OR AS A CONSEQUENCE OF):							lan		
		DUE TO	OR AS A C	ONSEQUENCE O	F):					/		
Sequentially list condi	ione C	b										
If any, leeding to imme	quentially list conditions, ny, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
ceuse, Enter UNDERLY		c										
that initiated events		OUE TO	OR AS A C	ONSEQUENCE O	NCE OF):							
resulting in deeth) LA	A .	d										
	ant condition	s contributing to	death hut	not resulting	in the underlyis	o cause alver in	Part I. 24a, WAS A	N ALITABEY	246	WERE AUTOPSY FINDINGS		
PART II Other signific	1-12	10 111	doath but	not resulting	iii tile dilderiyii	ig cause given ii		RMED?		AVAILABLE PRIOR TO		
PART II. Other aignific	D intills mellin 1 □ YES 2 €NO								COMPLETION OF CAUSE OF CEATH?			
PART II. Other algniffic	nule	in							1 TYES 2 NO			
PART II. Other algorific	4	uis										
PART II. Other aignific	teinm	26. PLACE OF DEATH (Check only one)										
25. WAS CASE REFERRED	O MEDICAL		EXAMINER? HOSPITAL: OTHER:									
25. WAS CASE REFERRED	TO MEDICAL		ER/Outpati									
25. WAS CASE REFERRED EXAMINER? 1 YES 2 10 NO	TO MEDICAL	1 Inpatient 2	F INJURY	28b. TII	ME OF 28c. IN	JURY AT	TOO. DEGOTABLE HOW	ZOG, DEGOTIBE NOV MOON! COCONEC				
25. WAS CASE REFERRED EXAMINER? 1 VES 2 IN NO 27. MANNER OF DEATH	Pending	1 Inpatient 2		28b. TII	JURY W	ORK?	200, DEGOTABLE FOR					
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Accident		1 inpatient 2 28a. DATE O (Month,	F INJURY Day, Year)	28b. Till	JURY W	YES 2 NO				sido Nizmbor		
25. WAS CASE REFERRED EXAMINER? 1 VES 2 D NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	Pending Investigation Could not be	28a. DATE O (Month,	F INJURY Day, Year)	28b. Till IN	JURY W	YES 2 NO	28f. LOCATION (Stree City or Town, State	t and Numbe		oute Number,		
25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 Homicide	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year) OF INJURY —	28b. Till IN	JURY W	YES 2 NO	28f. LOCATION (Street	t and Numbe		oute Number,		
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only 1 CERTIFIER)	Pending Investigation Could not be detarmined	28a. DATE O (Month, 28e. PLACE building	F INJURY Day, Year) OF INJURY — I, etc. (Specify,	At home, farm,	JURY W 1 □	ORK? YES 2 NO	28f. LOCATION (Street	t and Numbe	er or Rural Ro	oute Number,		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Accident  3 Sutcide 6 Momicide  4 Homicide  29a. CERTIFIER Check only 1 CERTIFIER	Pending Investigation Could not be detarmined	1 Inpetient 2 28a. DATE O (Month, 28a. PLACE building	F INJURY Day, Year)  OF INJURY I, etc. (Specify, of my knowled)	At home, farm,	M 1 Street, factory, offi	VES 2 NO	28f. LOCATION (Stree City or Town, Staff	t and Numbe	or or Rural Ro			
26. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only) 1 CERTIFIER	Pending Investigation Could not be detarmined	1 Dispatient 2 28a. DATE O (Month, 28e. PLACE building	F INJURY Day, Year)  OF INJURY I, etc. (Specify, of my knowled)	At home, farm,	M 1 Street, factory, offi	VES 2 NO	28f. LOCATION (Street City or Town, Stati a to the cause(a) and m a time, data and place, a	t and Numbe	or or Rural Ro ated. the cause(a)			
25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 6 Homicide  29a. CERTIFIER (Check only one) 2 ME	Pending Investigation Could not be detarmined	1  all inpatient 2 28a. DATE O (Month, 28e. PLACE building	F INJURY Day, Year)  OF INJURY I, etc. (Specify, of my knowled)	At home, farm,	M 1 Street, factory, offi	VES 2 NO	28f. LOCATION (Street, City or Town, Staff	t and Numbe	or or Rural Ro ated. the cause(a)	and manner as stated.		

912 Seton Drive, Cumberland, MD 21502 32. REGISTRAR'S SIGNATURE

M.D.

BMG,



lin.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury or other trainmable asset the mental and approximately asset the purial-transit permit.
---

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND N	MENTAL HYGIEN		1 36180				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Cleo Kathryn	BEEGHLY			12 18 1991							
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	7:30P M HRTHPLACE (State or Foreign				
1	220-10-4107	1 □ M 2 🔀 F	80 YRS.	MONTHS DAYS	HOURS MIN.	12-25-1	EST VA					
J.c.	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH				
DIRECTOR	DOCTORS' HOSP	LTAL		LANHA	М		PRINC	E GEORGE'S				
5	10s. STATE 10b. COUNT	ry	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY				
ਰ	WARM AND DRINGS CHORCELS IN C											
¥	10s. STREET AND NUMBER			10g. CITIZEN	1 YES 2 □ NO  OF WHAT COUNTRY?							
FUNERAL	6462 FAIRBORN	TERRACE	20784		. A .							
J.	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	S. ARMED  13. WAS DECENDENT OF HISPAN  It yes, specify Cuben, Maxicai			or No 14, I	ACE — American Indian, lack, White, atc.				
BY	3	IF YES, GIVE WAR		1 TES	, ruanto racan, arc.)		Specify: WHITE					
ETED	15. DECEDENT'S EDU	JCATION	16a, DECEDENT'S	USUAL OCCUPATION	2W	16b. KIND OF BUS	1					
E.	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT us	ample dama dividual accuration	at of working	20%2000 010000						
P	10		CASHI	ER		RETAIL	L: DR	ug store				
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden Surname)						
BE	RICHARD L. BY	ER			PANSY	V. REED						
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town						
	DELORES BECHTO 20a. METHOD OF DISPOSITION	DLD	6462	FAIRBO1	RN TERRA	CE, NEW	CARROL	LTON, MD				
	1 N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cometery, crematory or o	OF DISPOSITION (Na ther place)	ime of	DATE 20c. LOC	CATION — City o	or Town, State				
	21. SIGNATURA OF FUNERAL SERVICE L	CENSEE /	SS. PETER	& PAUL	D ADDRESS OF FAC	<u>-21-91 Cu</u>	MBERL,	AND, MD				
	Detas / 1/1	anthu n		GEORG	E-UPCHU	RCH FUNE		OME, P.A.				
	23 PART I Enter the discourse	wruncy	1	202 G	REENE S	T, CUMBER	LAND,	MD 21502				
	23. PART I. Enter the diseases, or shook or heart failure.	List only one cause	on each line.	ot enter the mo	111	6		Approximate Interval Between				
	iMMEDIATE CAUSE (Final disease or condition	Channe	a Ollata	Alun (	Holmon	arm tie	0018	Onset and Death				
1	reaulting in death)	DUE TO YOR	AS A CONSEQUENCE OF	noword	OU WAS V	arylow						
z						- 1		i				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE 10 (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or injury	6										
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	3:								
S		d										
AL.	PART II. Other significant condition	URT    Other significant conditions contributing to death out not assisting in the underlying cause given in Part  .   24a, WAS AN AUTOPSY   24b, WERE AUTOPSY FINDINGS										
음	Hypertensial Catenopherotic Cadegras Oular Dislate 1 - VES 2 (100 OUNDERTRO) 1 - VES 2 (100 OUND											
Ä	1		t .	- 0	11			A SEA SEA COMMON				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Chec	k only one)						
HYS	27. MANNEY OF DEATH	1 Denpatient 2 DEN		4 - Nursing Home	5 🗆 Residence 6							
	1 Netural 5 Pending	(Month, Dig) 1		JRY WO	RK7	28d. DESCRIBE HOW IN	LIURY OCCURED	)				
) BY	2 Accident trivestigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY At home, larm, a			281. LOCATION (Street at	nd Number or Bu	nel Brooks Moseker				
COMPLETED	4 Homicide determined	building, atc.	(Specify)			City or Town, State)		an Plantage (Approximation)				
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, death occurre	d at the time date	and place, and due to	the annuals and annual						
OM	one) MEDICAL EXAMINE	R: On the basis of axami	nation and/or in migation	n, in my opinion, de	ath occured at the th	me, data and place, and	due to the caus	e(s) and manner as stated.				
	296. SIGNATURE AND TITLE OF CENTIFIE		XIII	+	29c. LICENSE NUMB							
3 BE	Mullemit	Y 9000	MAL		1166	97	≥ 1 2	- 18 - 91				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)	- 111	1 /11-12	BAAD-	Clarks 1 1 1				
	MILLIAN	UIKUS	SON !	57018	जाम मिर	5 IVEW	CARKO	LUTON, MI				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					70754				
	DEC 2 0 1991	Stona Davido	on-Randoll									

TO BE COMPLETED BY FUNERAL DIRECTO

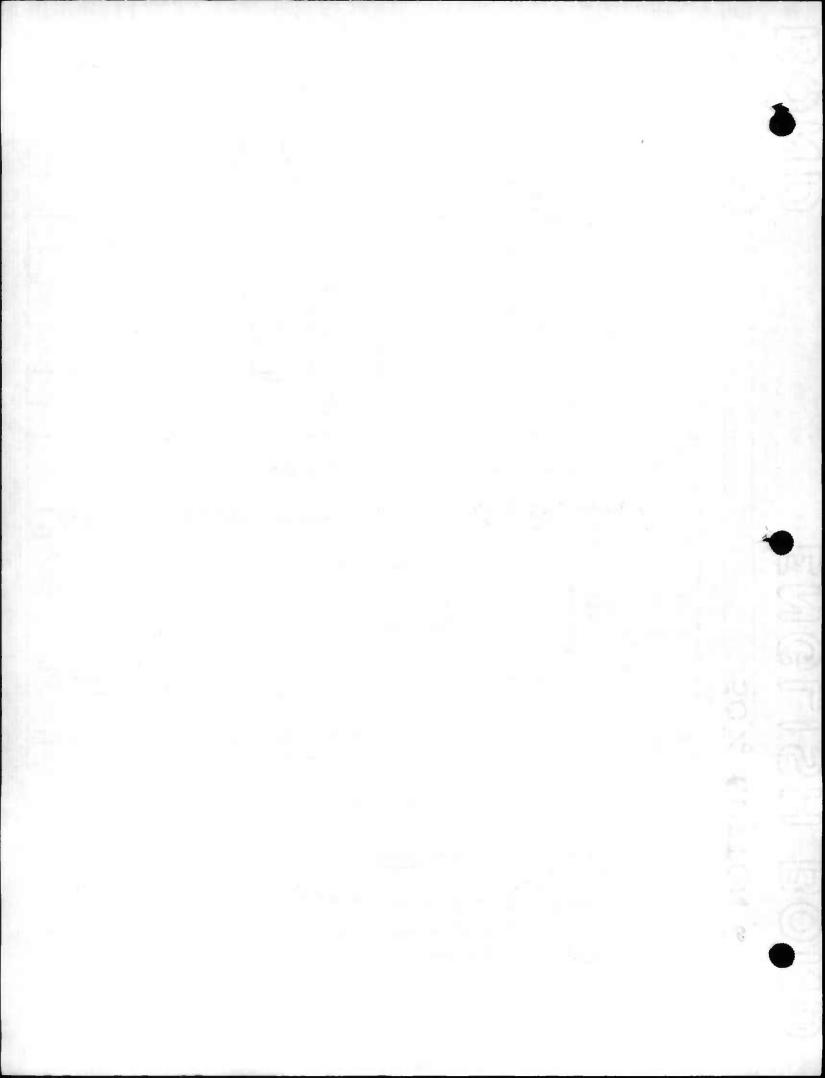
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		C	EKIIFI	CALE	OF	DEAL	<u>H</u>	REG. NO			
I. DECEDENT'S NAME (First, Middle, Last)		COUNTY						2. DATE OF DEATH MONTH 12-19-91	AY	YEAR	3. TIME OF DEATH
		SCELLI									6:15 A.
social security number 156~09-3472	5. SEX	6. AGE (In yrs. In:		MONTHS.	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-28-1	921	6. BIRTH Countr	PLACE (State or Foreign y) NJ
. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN O	R LOCATIO	N OF DE		_	INTY OF D	
109 FOREST STE	REET			CU	MBE	RLANI	)		1	ALLEC	ANY
STATE 10b. COUNT	TV		I soo CITY	, TOWN OR	LOCAT	ION	_				10d. INSIDE CITY
	legany			umber							LIMITS?
. STREET AND NUMBER					101.	. ZIP CODE			10g. CIT	TIZEN OF V	VHAT COUNTRY?
101 Forest Str	reet					2150	)2		τ	JSA	
MARITAL STATUS	12. WAS DECEDE FORCES?	NT EVER IN U.S. AF		13. W	AS DEC	ENDENT OF	HISPAI	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	s or No—	14, RACE Black	— American Indian, c, Whita, etc.
Never Married 2 (XX) (arried Divorced		WAR OR DATES				2 500	Specif			Speci	
15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	(0	ECEDENT'S	vork done du	CUPATIO	ON st of working	7	16b. KIND OF BU	SINESS/IN	IDUSTRY	***************************************
Elementary/Secondary (0-12)	College (1-4 or 5	- 100	. Do NOT us	e retired.)							
12			ret.	supe	rvi	sor		All	egany	7 Bal	listics La
FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	AME (First, Middle, Malder		- 1-1	
Louis Basce	11i							ia Patrici			
I. INFORMANT'S NAME (Type/Print)		19						Route Number, City or Tox			
Jennie Marie E	sascell1	40, 5, 15					: Cu	mberland,		1502 - City or To	David -
Muriel 2 Cremation 3 Re	moval from State	of cemetars	AND DATE	or other pla	ace)						
☐ Donation 5 ☐ Other (Specify) SIGNATURE OF FUNERAL SERVICE L	ICENSEE	_ I ROC	ky Ga	p ve	ter	ans C	em.		Lint	ston	e. MD
-	1	1/						uneral Hom	e		
James 7	tolca	Mug	1		Cuml	berla	nd.	MD 21502			
3. PART I. Enter the diseeses, or	complications th	at caused the d	eath. Do n	ot enter t	the mo	de of dyle	ng, auc	ch ae cerdlec or reep	iratory e	rreat,	Approximate
Shock, Dr heert fellure	. List only one ce	use on eech lin	e.								Onset and De
MMEDIATE CAUSE (Finel isease or condition	Can	1		10	0						Marko
eulting in death)	a. Carc	O OR AS A CONSE	OLIENCI OF	El.	4						10 Ca races
		o for no H correc	.002.1102 01	,	0						i
equentially list conditions,	b	O (OR AS A CONSE	OUENCE OF	n:							<del>-  </del>
any, leading to immediate ause. Enter UNDERLYING		•		,							1
AUSE (Diseese or Injury	C. DUE TO	O (OR AS A CONSE	OUENCE OF	n.							+
nat initiated events esuiting in death) LAST			3, 10100 0	,							
	. d										1
ART II. Other significent condition			resulting l	in the unc	derlyin	g cause g	iven in		N AUTOPSY	248	<ul> <li>WERE AUTOPSY FINDIN AWAILABLE PRIOR TO</li> </ul>
grain M	etas as	75						1 YES	2 00		COMPLETION OF CAUSE OF DEATH?
											1 TES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (C	heck only one)			
1 TYES 2 NO		☐ ER/Outpatient	3 🗆 DOA			ne 5 A	sidenca	6 Other (Specify)			
MANNER OF DEATH	26a. DATE C (Month,	F INJURY Day, Year)	28b. TIM INJ	E OF JURY		JURY AT DRK?		28d. DE\$CRIBE HOW	INJURY O	CCURED	
1 Netural 5 Pending 2 Accident Investigation	,			М	1 🔲	YES 2	] NO				
3 Suicide 6 Could not b 4 Homicide detarmined		OF INJURY — At h g, etc. (Specify)	oma, farm, s	street, facto	ory, offic	00		261. LOCATION (Street City or Town, State		er or Rural	Floute Number,
e. CERTIFIER											
(Check only								a to the cause(a) and m e time, date and place, a			a) and menner as stated
b. SIGNATURE AND TITLE OF CERTIF						29c, LICE					(Month, Qay, Year)
THE OF CENTE		4 -							290. 07	I SIGNE	(moran, pay, rear)
	put	()w				טטט	280			14	17/9/
NAME AND ADDRESS OF PERSON V											
DR. SUNIL K. G	_			EDICA	T E	BLDG,	CUI	MBERLAND,	MD 2	1502	
DATE FILED (Month, Day, Year)		HAR'S SIGNATURE									
DEC 9 A 1001	and and ask	den - Hand	206								

8

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	(	3 should
h		•
200	e de la	Pages
30X 68760, BALTIMORE, MARYLAND 21215-0020	G PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pures 1.
o.	certifi	ding p
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the distinct of within 72 hours after death with the State Dent of Health and Mental Harilene prior to burial premation or removal

- 6	1. DECEDENT'S NAME (First, Middle, La.	nt)						2. DATE OF DEATH MONTH	DAY	3. TIME OF DEA
- 1	CALVIN	C.		COULBO	URNE			12	2 9	YEAR 8:30
	4. SOCIAL SECURITY NUMBER 219-18-9764	5. SEX	6. AGE (In yrs. 67	last birthday) YRS.	MONTHS	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Oct. 31,		6. BIRTHPLACE (State or Fo
1	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN OR LOCAT	ION OF DE			Maryland
PO	UNION MEMORI	AL HOSPIT	AL		BALI	'IMORE (	YTT			
EC	RESIDENCE OF DECEDENT  10a. STATE 10b. COU			10c CIT		LOCATION				
DIRECT	Maryland Anne	Arundel		IOC. OI		Burnie				10d. INSIDE CITY
0	10e. STREET AND NUMBER					10f. ZIP COS	DE		10a, CITIZE	1 YES 2 X
FUNERAL	1 Leymar Rd.					2	1060		U.S.	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. W	AS DECENDENT	OF HISPAN	IC ORIGIN? (Specify Yes, Puerto Rican, atc.)		14. RACE — American Indi Black, White, etc.
B	1 Never Married 2 K Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	_,,,,		YES 2 X NO				Specify: White
	15. DECEDENT'S E		V 2	DECEDENT'S	USUAL OC	TIPATION		165 KIND OF BU	1	
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 -		(Give kind of a life. Do NOT us	work done di	ring most of work	ing	16b. KIND OF BU	ISINESS/INDU	SIRT
릴		Masters		ivil H	Engin	eer		Enginee	ring	
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MO	HER'S NAM	IE (First, Middle, Malder	Surname)	
BE	Richard Oscar (	Coulbourne			_	Ma	rtha	Agnes Was	owicz	
2	19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Tox		
	Alice Coulbours	1e					len E	Burnie, Ma		
	1 Buriel 2 Cremation 3 Res	movet from State	cemetery, o	EANDDATE (	ther place)					ty or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-   Gard	dens c		AME AND ADDRI		12/15 Ba	lto, I	Balto, MD
	A A A	VIV.	0					ck Funera		
- 1	23. PART i. Enter the diseases, or	r complications the	caused the	death Do r	4	21 Crai	n Hwy	., S.E.,	Glen H	Burnie, MD
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONS			acan	est	andre	sucil	Zue
MEDICAL CE	PART II. Other significant conditions	ons contributing 10					given in F	Part t. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FI AWAICABLE PRIOR COMPLETION OF CO OF DEATH?
÷ 1	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF C	EATH (Cher	tk pak opel		
IAN		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:			Other (Specify)		
SICIAN:	EXAMINER?	1 Inpatient 2						28d. DESCRIBE HOW	NULRY OCCU	
	1 VES 2 NO 27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIM	E OF 2	BC. INJURY AT	- 1			RED
Y PHY	1 TYES 2 NO	28a. DATE OF (Month, De	INJURY ly, Year)	INJ	URY M	WORK?				RED
ED BY PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, De	INJURY	INJ	URY M	WORK?	] NO	28I. LOCATION (Street City or Town, State)	and Number or	
ETED BY PHY	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be datarmined  29a. CERTIFIER (Check only)	28a. DATE OF (Month, De 28a. PLACE Of building,	INJURY ly, Year) F INJURY — At I atc. (Specify)	home, farm, a	M M Itreet, lactor	WORK? 1 YES 2 [ y, office	□ NO	28I. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
MPLETED BY PHY	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b datarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28s. DATE OF (Month, De 28s. PLACE Of building, SICIAN: To the best of ax	INJURY hy, Year)  FINJURY — At I atc. (Specify)	home, farm, a	M M Mreet, lactor	WORK? 1 YES 2 [ y, office	NO NO	28I. LOCATION (Street City or Town, State) the cause(a) and man	and Number or	Rural Route Number,
TED BY PHY	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not b datarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PHY	28s. DATE OF (Month, De 28s. PLACE Of building, street of the best of the best of ax ER	iNJURY ny, Year)  FINJURY — At i atc. (Specify)  my knowledga, c amination and/o	home, farm, a	M M Itreet, factor	WORK?  1 YES 2 [ y, office  e, data and place nion, daath occu	, and dua to the tile.	28I. LOCATION (Street City or Town, State) to the cause(a) and mai me, data and place, ar	and Number or	Rural Route Number, cause(a) and manner as st

esta la companya del companya de la companya del companya de la co THE RESIDENCE OF THE PROPERTY

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0	HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
BAL	ter death	the fune	э ехап
	hours af	or remo	medica
	in 24	sty fille	the
760,	ed with	omplete	event
89)	execute	and c	matic
30	ate be	ysician prior t	trau
0	certifica	fing physiene	other
U.	eath	attend ntal H	y, 0r
SON	the d	y the	Injur
Ö	es that	alth a	s any
REC	requir	een si	show
AL	e law	has b	1 23
/IT	W. Th	ficate	iten.
F	/SICI/	certi	d, 0
N	IG PH	ter this ath wil	narke
310	ENDIA	R: Af er de	8
N N	ATT	RECTO Irs aft	₩ 28
ō	AL DR	L DIF	fite
	SPITA	NERA Nin 72	MT: I
		5 =	

burial-transit

notified at once.

pe

must

examiner

91 36 183 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Patricia T. Carter
4. SOCIAL SECURITY NUMBER 08:15 12 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign 1 🗌 M 2 🔀 F 12-5-25 144-22-7169 New Jersey 66 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 103 Cecil Avenue North East Cecil RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil North East NES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 103 Cecil Avenue 21901 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc. BY 1 YES 2 NO Specify: SpecifyWhite 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 N/A Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward A. Thorn Mary E. Andrews 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Karen Wilson 189 Lawrenceville, N.J. 08648 20s. METHOD OF DISPOSITION

1 X Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Princeton Cemetery 12/26 Princeton, N.J. 21. SIGNATURE OF FUNERAL SERVICE LINERSEE 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 South Main Street North East, MD 21901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition reast resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER:
4 | Nursing Home 5 | Residence S | Other (Specify) 1 | Inpatient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH

1 Netural 5
2 Accident 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO ВУ 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CORTIFIER AND STATE OF CORTIFIER AND STA 29d. DATE SIGNED (Month, Day, Year) 2

Chesapeck

Howard

DHMH-16 Rev 1/89

E

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

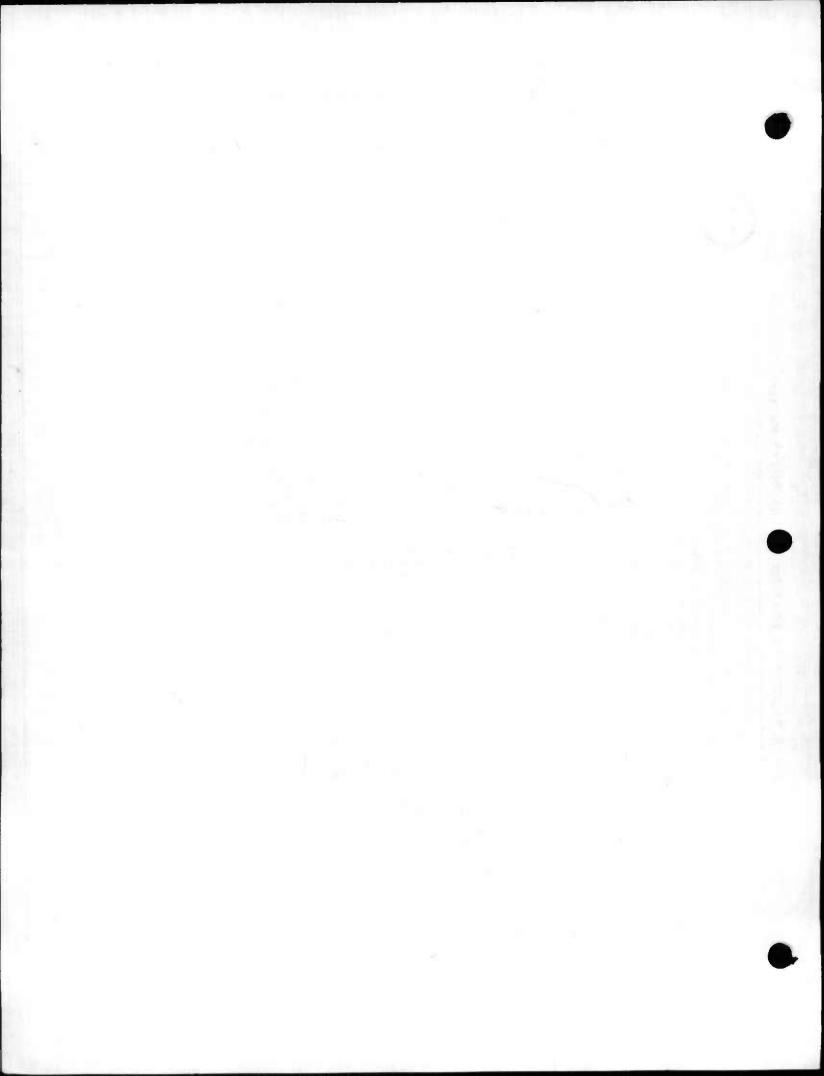
when

TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II

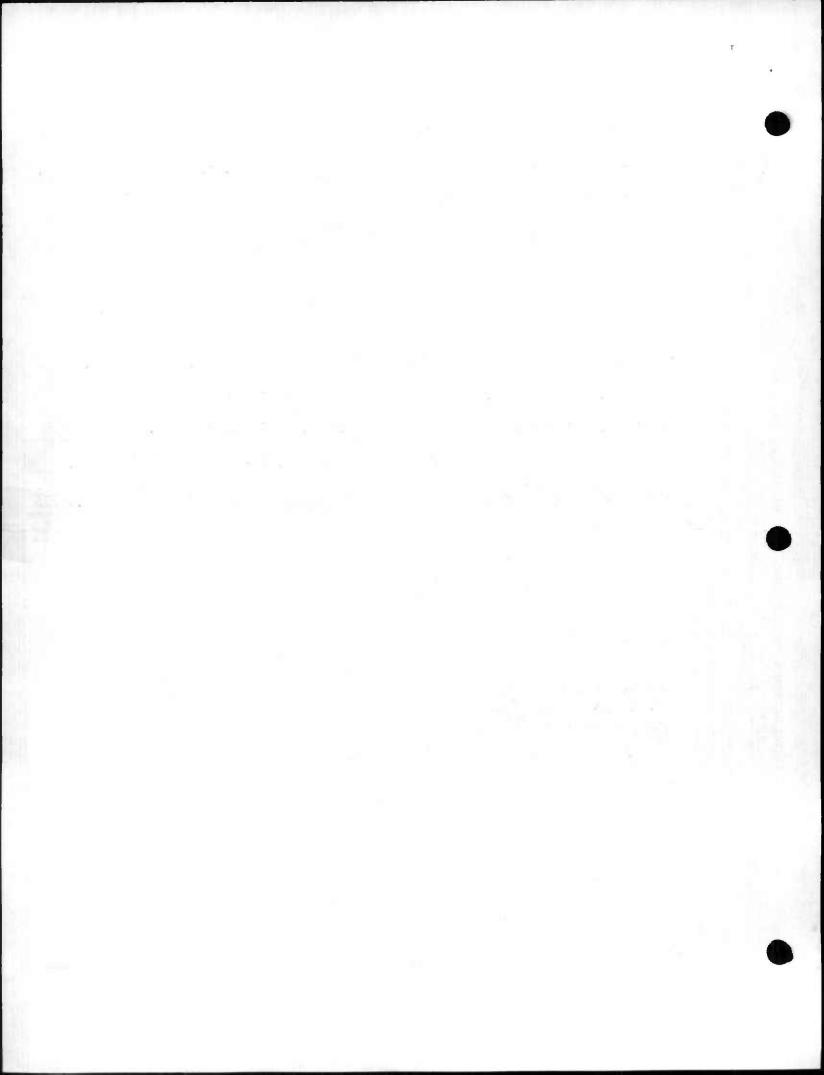
arkas

DEC 23 '91

31. DATE FILED (Month, Day,



	NAME (First, Middle, Las	101	CERTI	FICAI	E OF	DEATH		REG. N	0.		
A SOCIAL SE	James :	M Carpent		1			MON 15	2 1	4	YEAR	12:55 P
212-	0-3076	1 Ø M 2 □ F	GE (In yrs. lest birthde) 72 YRS.	MONTH!	DAYS	IF UNDER 24 HR		t. 8,	1919.	Balt	imore, Md.
5 Balti	AME (If not institution, give MOTE COUNT)	e street and number) LY General Ho	sp.			ulstow				timo	тн
100. STATE Marylo	10b. COU	ur Utimore			ters?						Od. INSIDE CITY LIMITS?  YES 2 1 NO
10e. STREET A 602 11. MARITAL S 1 Never Ma	nd number -A Church	ı Road			101	2113	6	-	10g. CITIZ		AT COUNTRY?
	ATUS rried 2 X Married 4 Divorced	12. WAS DECEDENT EVE FORCES? 1. YI IF YES, GIVE WAR OF	ES 2 NO R DATES	13	If yes, sp	ENDENT OF HIS ecity Cuben, Me 2 XNO Sp	dcan, Puarto	IN? (Specify You Rican, etc.)	es or No—	Black, 1 Specify:	- American Indian, White, atc.
	15. DECEDENT'S Et (Specify only highest gra Secondary (0-12)	DUCATION	16a. DECEDENT (Give kind a life. Do NOT	work don use retired	e during mo.	st of working			USINESS/INDU	ISTRY	
	Chook  AME (First, Middle, Last)  18 M. Cark	nowton Ch	Vice	rres	rdeni	18. MOTHER'S	NAME (First,	Middle, Maide	Envel	Lope	Co.
19a. INFORMAT	T'S NAME (Type/Print) Thy V. Carx		19b. MAILIN	G ADDRE	SS (Street a	Hal nd Number or Ru Rd. R	lie H	nber, City or To	wn, State, Zip (		2/
20a. METHOD (	OF DISPOSITION  Cremetion 3 Re 5 Other (Specify)		20b. PLACE AND DATI	OF DISPO	OSITION /Na	ma of	DA	TE 20c. L	ocation - co Lings N		, State
21. SIGNATURE	OF FUNERAL SERVICE I	Clicenties		22	. NAME AN	D ADDRESS OF	FACILITY	118	24 Rei	ister	stown Rd. Md.21136
IMMEDIATE disease or c resulting in  No Sequentially if eny, leadin cause. Enter	CAUSE (Finel ondition leath)  liet conditions, g to immediate UNDERLYING asse or injury eventa	b. FREUMO	s A CONSEQUENCE	DF3: DF3:	is the mo	ue or dying, s	uch as ce	diac or resp	Piratory arre	et,	Approximate Interval Betwee Onset and Deat
MEDICAL MEDICAL	r significant conditions of the condition of the conditions of the conditions of the conditions of the	27	but not resulting	in the u	inderlying	cause given	in Part I.	24s. WAS AF PERFO 1   YES	HMEDY	CC	THE AUTOPSY FINDINGS ALLARLE PROOF TO MPLETION OF CAUSE DEATH?
S WAS COSE I EXAMINER OF THE PERSON OF THE P	FERRED TO MEDICAL	HOSPITAL:	stputtent 3 🗆 DOA	OTHE 4   No	R:	ACE OF DEATH	-			-	
27, MANGER OF	5 Panding	28e. DATE OF BUUR (Month, Day, Year	7 29b. TH	-	28c. INJU WOR	RY AT	-		INJURY OCCU	MED	
	6 Could not be	38a. PLACE OF INJU building, etc. (S)	RY — At home, farm, secify)	street, fac	story, office	ST .	38f, LOC City	CATION (Street or Town, State)	anif Matther or	Rural Rout	e Number
4 Homici											
# Homici	1 CERTIFYING PHY	SICIAN: To the best of my kno	owledge, death occur	red at the	time, data :	and place, end d	ue to the ca	use(s) and ma	nner as stated	l. cause(s) ar	nd menner as stated.
29e. CERTIFIER (Check only one)  29b. SIGNATURE	1 CERTIFYING PHY 2 MEDICAL EXAMIN AND SITLE OF CERTIF	IER: On the beels of examinat	and/or investigati	on, in my	time, data : opinion, de	and place, and death occured at t	ha time, dat	use(s) and ma	nner as stated and due to the o	cause(s) ar	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mertial Hygiene prior to burial, removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Samuel

DEC

Zygle

'91

M.D.

							9!	36185
	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		REG. NO.		00.00
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NY YE.	3. TIME OF DEATH
	Edwin Lee Cox					Dec. 15	199	10:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH	8. E	BIRTHPLACE (State or Foreign
\	216-12-9855	1)XXM 2 □ F	68 YRS.	MONTHS DAYS	HOURS MIN.			Uto., Md.
	9a. FACILITY NAME (If not institution, give st				OR LOCATION OF DEA		9c. COUNTY	OF DEATH
ĕ	1117 Wood Heigh	ts Ave.		Ва	ltimore	City		
ទ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c. C	ITY, TOWN OR LOCAT	TION			10d. INSIDE CITY
DIRECTOR	Maryland Ba	ltimore		Reiste	rstown			1 YES 2 NO
	10e. STREET AND NUMBER		,	10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	205 Highmeadow	Road			21136			USA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ENDENT OF HISPANI ecify Cuban, Maxican	C ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 X NO Specify:			Specify: White
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT	'S USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INDUST	
Ë	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT	of work done during mo use retired.)	est of worlding	Security 1 min		10
립	High School		Machin	ist		Crown	Cork &	Seal Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	<del></del>			TANKS IN ACTUAL	E (First, Middle, Maiden		
BEC	Carroll M. Cox	Sr.			Lilli	an M. Dit	zel	
2	19a. INFORMANT'S NAME (Type/Print)		3-4-1-5-2	as a constant to the		oute Number, City or Tow		
-	Carroll M. Cox					Hanover,		7331
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from Stata	other place)	rosition (Name of ce Its Cemet	metery, crematory or		CATION - City	
- 1	4 Donallon 5 Other (Specify)		all Sulv		ND ADDRESS OF FAC			town, Md.
	De Ponente Service de	0/1				118		sterstown Rd.
	Jamse &	Mine						own, Md.21136
1	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that cause List only one cause on		o not anter the me	ode of dying, such	ss cardiac or reap	iratory srrest	, Approximate interval Batween
- 1	IMMEDIATE CAUSE (Finel disease or condition	0-01	1	1000	,			Onset end Death
4	resulting in deeth)	a. CO CO	on ct	th cho				
_	_	OUE TO (OR AS	A CONSEQUENCE	OF):				
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE	OF):				
X	if sny, leading to immediata cause. Entar UNDERLYING	•						
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):				
	resulting in death) LAST	d						
	PART II. Other significant condition	ns contributing to death	but not resultin	g in the underlyin	g cause given in	Part 1. 24s. WAS AN	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
<b>8</b>	RENAL CA	T1.186			g	PERFO	RMED?	AVAILABLE PRIDE TO COMPLETION OF CAUSE
	No moral A	Anat	70 6	2NG.) R4	rm.	1 □ YES	2 NO	DF DEATH?
Σ	15.140 00 6	- 13014	1	4400	341)	_		1 1E3 2 NO
M	25. WAS CASE REFERRED TO MEDICAL	1		26. F	LACE OF DEATH (Che	ick only one)		
SIC	1 YES 2 DO	HOSPITAL: 1   Inpatient 2   ER/Ou	rtpatient 3 🗆 DO/	OTHER:	ne 5 KResidence	8 Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		TIME OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	IEO .
ВУР	1 Natural 5 Pending 2 Accident Investigation	(month, bay, rear)			YES 2 NO			
	3 Suicide 8 Could not be	28a. PLACE OF INJUI building, etc. (Sp		m, street, factory, offi	Ce	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	4 Homicide determined							
PL	(Uneck only	ICIAN: To the best of my kno	owiedge, death occ	urred at the time, dat	e and place, and due	to the cause(s) and ma	nner as stated.	
OM	one) 2 MEDICAL EXAMINI	ER: On the beauty axaminat	tion and/or investig	ation, in my opinion,	death occured at the	lima, deta and place, a	nd dua lo lha c	ause(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM	MBER	29d. DATE S	IGNED (Month, Day, Year)
8		X			035	60 b	<b>)</b> (,	717191
10	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CARSE OF	DEATH (ITEM 27) (	Vne Print)		-		

OF DEATH (ITEM 27) (Type, Print)

4000

Old Court Rd.

DHMH-16 Rev 1/89

21208

Pikesville, Md.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

GEORGE E.

DEC 23 91

WICKS,

	FOR										9		36186
	1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	ICATE	OF HE	ALTH	AND N		HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	0	PLAI			DEATH			3. TIME OF DEATH
	EMMA	ELIZABI	DY NE		DAN	INER			2. DATE OF MONTH	DEATH	AY 22	YEAR	09:45 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER		IF UNDER	24 MDC	7. DATE OF		- 22		
\	216-03-3168	1   M 2   XF	77	YRS.	MONTHS		HOURS	MIN.	(Month, D	ay, Ybar)	7074	Country)	LACE (State or Foreign
)	9a. FACILITY NAME (If not institution, give a		- ' '		0) OETY	TOWN OR				10,	1914		yland
/œ			ACCOCT	AMTO							9c. COUN	TY OF DE	
DIRECTOR	NORTH ARUNDEL	HUSPITAL	ASSUCI	ATTO	N.	GLE	N RC	JRNIE	<u> </u>			Α.	A. COUNTY
E	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCATIO	IN						IOd. INSIDE CITY
D	Md. A	A.County		S	evern	1							LIMITS?Y
7	10e. STREET AND NUMBER					10f Z	IP CODE				100 01717		AT COUNTRY?
E.	734 Old Do	naldson /	Ave.			102	2	21144	4		10g. CI112		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II C A	DMCO	40.10							U.S.	
	1 Never Married 2 Married	FORCES? 1	YES 2	NO	11	yes, speci	Ly. Cuban	, Maxican	IC ORIGIN? (S	specify Yer in, etc.)	or No-	14. RACE - Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YES 2	NO	Specify:				Specify:	White
Ω	15. DECEDENT'S EDUC	CATION	16a D	ECEDENT'S	LISUAL OC	CHRATION			10h WII	10 OC 811			WILL CO
E	(Specify only highest grade Elamentary/Secondary (0-12)		- (0	Give kind of v	vork done d	uring most	of working	7	160. KII	ND OF BU	SINESS/IND	JSTRY	
PL	11	College (1-4 or 5 -	, C1	lerica	al Wo	rker			Pe	trol	ium		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									_			
Ö	Charles Ed	sard Trai	nor			- 1			ELizab			-d	
BE	19a. INFORMANT'S NAME (Type/Print)												
2	David M. Danne:	n	19	774 A	ADDRESS	(Street and	Number	or Rural Ro	oute Number,	City or Tow	n, State, Zip	Code)	l. I.
	20a. METHOO OF DISPOSITION				-	_		I Ave	, De				
	1 X Burial 2 - Cremation 3 - Remo	oval from State	20b. PLACE cemetery, cre	emetory or of	her plecal				OATE		CATION — C		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Ever	reen					/24/91	Fin	ksbur	g, M	d.
	and district the service Lie	00	A			AME ANO							21117
	14 7.2	lelean	lo-		123	Knar	at I	unei	ral Ch	raber	0.3-		ills, Md.
	23. PART I. Enter the diseases, or o	omplications the	ceusad the de	eeth. Do n	ot antar t	the mode	of dyla	o etts	es cardiac	or resoi	OW TE	ige m	Approximate
	SHOCK OF HEER TEHLIFE.	List only one cau	se on each line	в.		120. 110.01		3,	00 0010100	or raspi	diory erre	, o	Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Fin	- by	00									Onset and Death
	resulting in death)	DUE TO	OF AS A CONSE	em	a								
		DOE 10	(OH AS A CONSE	OUENCE OF	):								
O	Sequentially list conditions,	OUE TO	(OR AS A CONSE	OHENOE OF									
AT	if any, leading to immediate cause. Enter UNDERLYING	002 10	OH AS A CONSE	OUENCE OF	):								
윤	CAUSE (Disease or Injury	OUE TO	OR AS A CONSE	OUTENOT OF									
E	that initiated events resulting in death) LAST	332 10	(OTT AS A CONSE	OVERCE OF	).								
CERTIFICATION		l											
	PART II. Other aignificant conditions	contributing to	death but not i	raaulting l	n the und	larlying c	ause gi	ven In P	art I. 24	. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
0	Malnutri	tion								PERFOR	1	A	VAILABLE PRIOR TO OMPLETION OF CAUSE
	Depressi	n n							-   1	YES 2	MO NO		F DEATH?
PHYSICIAN: MEDICAL	Depi-e331	J/1							- 1			1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL												
ᅙ	EXAMINER?	HOSPITAL:			OTHER:		E OF DE	ATH (Chec	k only one)				
չ	1 VES 2 W NO	1 ( Inpatiant 2		□ DOA			5 🗌 Resi	denca 6	Other (Sp	ecify)			
됩	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da		26b. TIME		28c. INJURY	Y AT		28d. OEŞCRII	BE HOW IN	JURY OCCU	IRED	
B⊀	2 Accident Investigation				М	1 YES	2 🗌	NO					
	3 Suicide 8 Could not be	28e. PLACE OF building, a	INJURY At ho	me, ferm, e	treat, tector	y, office		1	281. LOCATIO	N (Street a	nd Number o	r Rural Rou	te Number,
ETED	4 Homicide determined								Only Or 10	····, Jiaia)			
MPLE	29a. CERTIFIER (Check only	IAN: To the best of	my knowledge, de	eth occurre	d at the tim	ne, deta and	d place. s	and due to	the cause/s	and men	nor on state	4	
Σ∥	one) 2 MEDICAL FYAMINE								ceuse(a	, area titalli			

29c. LICENSE NUMBER D41365

HOSPITAL DRIVE/GLEN BURNIE, MARYLAND 21061

M.D

CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D./301

32. BEGISTRAR'S SIGNATURE
Gulia Davidson-Rendall

DHMH-16 Rev 1/89

29d. DATE SIGNEO (Month, Day, Year)

22

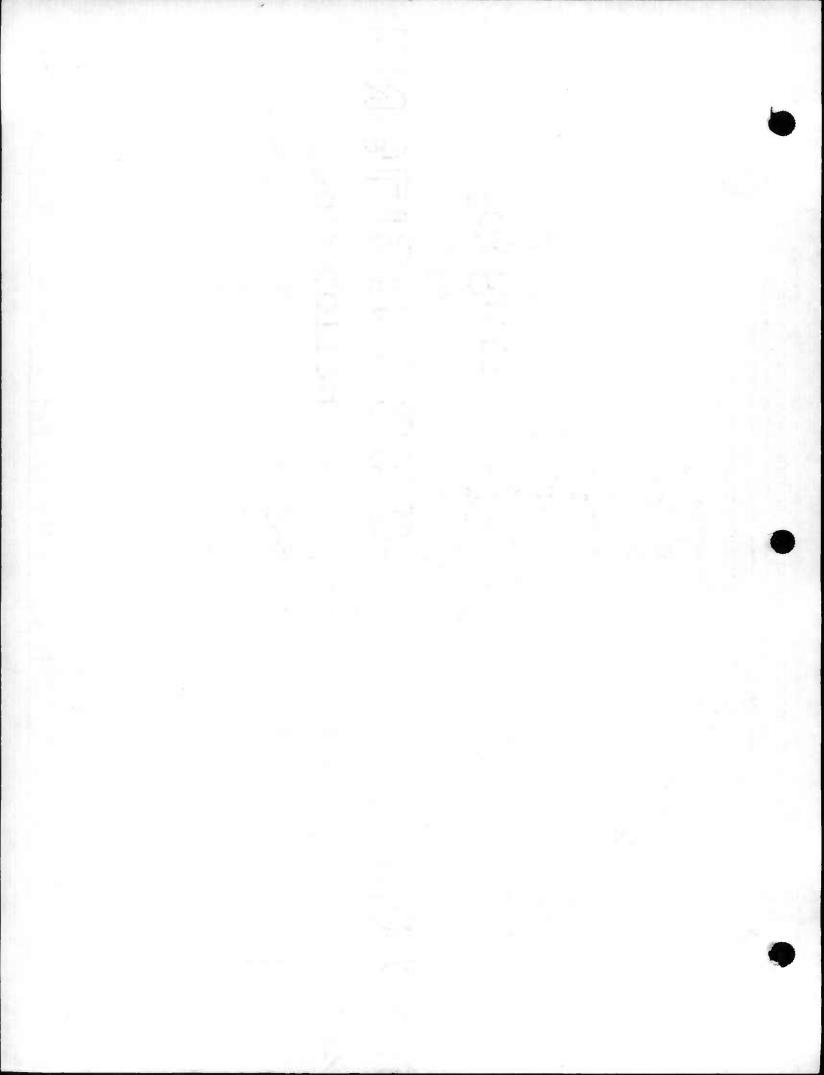
91

12

, 0 . The state of the THE TANK OF THE CONTRACTOR OF THE PROPERTY OF . I in the control of ASAs Androped with easy to the The second of the second secon

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 inquires after death. Page 6 may be retained by the hospital or attending physician.  THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1 be filled within 72 bours after death with the State Dept. of Health and Memal Hygiene prior to bunal, certainly, or removal.  **A PROPERABLY IN THE HOSPITAL OF THE ACCURATE AND THE ACCU		Pages 1	3	· N
2	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRE	hour	IMPORTANT HISTORY OF ITEM 28 is marked or Hem 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
		-	7	

1. DECEDENT'S NAME (First, Middle, La	it)			ICATE OI			TE OF DEATH	AV	VEAR	3. TIME OF OEATH
Anna Mary Dorr	io						2 1	§ 9	YEAR	3:32 p
4. SOCIAL SECURITY NUMBER 214-07-4225	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN		TE OF BIRTH onth, Day, Year)	8	Country	PLACE (State or Foreign ) RYLAND
be. FACILITY NAME (If not institution, gh tburg Hospital,	nc.	74	_ U		OR LOCATION OF TBURG	DEATH		9c. COUNT	leg	
10a. STATE 10b. COU	Allegany		10c. CIT	Frost!						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 58 West Colle	ge Avenue		. 4	1	01. ZIP CODE 2153	2		2075 - 7.5	EN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 N WAR OR DATES	MED NO	If yes,	CENDENT OF HIS pecify Cuban, Me: S 2 NO Sp	Ican, Pue	GIN? (Specify Ye to Rican, atc.)	a or No 1	I4. RACE Black Specif	- American Indian, , White, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Gi	live kind of . Do NOT u	work done during reperted.)	nost of working		16b. KIND OF BU	SINESS/INDU		
17. FATHER'S NAME (First, Middle, Lest)  JAMES ADAMS	CATHCAR	Т	11011				st, Middle, Maiden POWE	Sumame)	71111	
19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	A AOORESS (Stree	and Number or Ru	ral Route A	lumber, City or Tov	vn, State, Zip C	Code)	
ALBERT R. DO			ANO DAT	E OF DISPOSITIO		1	ATE 20c. LC	OCATION — CI	ity or To	wn, Stata
4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE H	De la la la la la la la la la la la la la	IDON	22. NAME	RIAL P	FACILITY	12V19 ANSION	_		-
		de			ROST A			BURG	, M	D 21532
23. PART I. Enter the diseases, ahock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)					ROST A			BURG	, M	
ahock, or heart failu iMMEDIATE CAUSE (Final disease or condition		O OR AS A CONSE		and anter the natural anter th	ROST A			BURG	, M	Approximata Interval Between
shock, or heart failu iMMEDIATE CAUSE (Final disease or condition reculting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due n b. Due n c. Due n d.	O (OR AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSE	QUENCE COLLENCE COLLE	and anter the name of the control of	ROST A mode of dying, s	Or C	SURCE	BURG , interest of the second	, Mi	Approximata Interval Between
shock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significent conditions 25. WAS CASE REFERRED TO MEDICA	a. Due n b. Due n d	O (OR AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSE	QUENCE COLLENCE COLLE	orte mot anter the narray	ROST A mode of dying, s	in Part	24a. WAS AI PERFO	BURG , interest of the second	, Mi	Approximata Interval Betwee Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end
shock, or heart failu  IMMEDIATE CAUSE (Final disease or condition recuiting in daath)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST  PART ii. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	b. Due n  d  HOSPITAL: 1 □ Inpetient 2	O (OR AS A CONSECTION OF COMPANY OF CONSECTION OF CONSECTI	QUENCE COLUMNICE	In the underly	ROST A mode of dying, s	in Part	24a. WAS AI PERPO	BURG , interest of the second	, Mi	Approximata Interval Betwee Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end
shock, or heart failured immediate cause or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the conditions of the conditi	b. Due n  d  HOSPITAL: 1   Inpetient : 28a. DATE { (Month, on)	O (OR AS A CONSECUTOR O deeth but not of the property of the p	QUENCE COUNTY OF THE PROPERTY	orte of the underly o	PLACE OF OEATH OTHER S   NOURY AT NOURY AT NOURY AT NOURY 2   NO	in Part	24a. WAS AI PERPO	BURG AUTOPSY RMED?	24b	Approximata Interval Betwee Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end
shock, or heart failured immediate cause or condition recuiting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the co	b. Due n  d  HOSPITAL: 1   Inpetient: 2  28a. DATE { (Month, on be)   Due n   O (OR AS A CONSEL O (OR AS A C	QUENCE COUNTY OF THE PROPERTY	orte of the underly o	PLACE OF OEATH OTHER S   NOURY AT NOURY AT NOURY AT NOURY 2   NO	in Part	i. 24a. WAS AI PERFO 1 YES	N AUTOPSY RIMEO?  2 NO  INJURY OCCI	24b	Approximate Interval Between Onset and De On	
ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1	b. Due n  b. Due n  d	O (OR AS A CONSECTION OF INJURY — At ho, sec. (Specify)	QUENCE COUNTY CO	OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	PLACE OF OEATH  PLACE OF OEATH	in Part	24a. WAS AI PERFO 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street City or Rown, State	N AUTOPSY RMED?  2 NO  INJURY OCCI.	24b	Approximate Interval Between Onset and De On
ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1	b. Due n  d	O (OR AS A CONSECTION OF INJURY — At ho, sec. (Specify)	QUENCE COUNTY CO	OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	PLACE OF OEATH  PLACE OF OEATH	in Part  (Check on 28d. 28f. due to the time, NUMBER	24a. WAS AI PERFO 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street City or Rown, State	N AUTOPSY RMED? 2 NO INJURY OCCI	24b	Approximate Interval Betwee Onset end De Ons



detach		once.
8		at
5 should		notified
page	,	þe
rector,		must
funeral di		examiner
d in by the	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y file	tion,	the
ompletel	ıl, crema	event,
and c	to bunia	matic
hysicial	e prior	er trau
d Buil	ygien	oth
attend	rtal H	у, ог
the :	d Mer	Injur
e S	th an	any
Sign	Heal	SMO
peed	ot. of	sh
has	o Dec	n 23
ficate	State	Iter
cent	the	0 .
this	with	rked
No.	-	4.0

										91	36	188
	1 - FOR STATE REGISTRAR	STATE OF N		/ DEPAR					MENTAL HYGI			
	1. OECEDENT'S NAME (First, Middle, Last)				-				2. DATE OF DEAT	Н		. TIME OF DEATH
	EUGENE RAY DAVIS								DECEMBE	16.	1991	12:25 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH		6. BIRTNPL	ACE (State or Foreign
	212 24 1079	1 X M 2 🗆 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year 12/30/		Country) MARYI	T.AND
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE			OUNTY OF DEAT	
BC	SACRED HEART HOS	PTTAT.			C	IIMRFI	RLANI	)		ATT	EGANY	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT					OLIDE	CLANIT	,		ALL	EGANI	
HE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION				10	Dd. INSIDE CITY LIMITS?
0	MARYLAND ALL	EGANY		L CI	JMBI	ERLA	ND				1	YES 2 NO
A	10e. STREET AND NUMBER						ZIP CODI	E		10g. CI	ITIZEN OF WHA	AT COUNTRY?
띮	12017 KITE AVE						215	02			JSA	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	RMED	13.	WAS DEC			IIC ORIGIN? (Specify		14. RACE	- American Indian,
7	1 Never Married 2 X Married	FORCES? 17	YES 2 AR OR DATES	NO		If yes, sp	ecify Cuba 2 NO	n, Mexica	n, Puerto Rican, etc.	)	Black, W	Vhite, etc.
В	3 Widowed 4 Divorced			W II			ما پير	оросну	,		Specify:	WHITE
	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. C	ECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND OF	BUSINESS/II	NDUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +		fe. Do NOT us	e retired.)	aunng mo	St of workin	g				
4	12	2		SUPE	RVIS	SOR			FIB	ER/TE	EXTILE	$\Xi$
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, Middle, Ma	den Surname)	)	
BE	LESTER RAY DAY	VIS					МΔΙ	RGAI	эт мт	LLER		
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street a			Route Number, City or		Zip Code)	
임	BETTY B. DAVIS			1201					JMBERLA			1502
	20a. METHOD OF DISPOSITION			EANDDATE							City or Town,	
	1 Buriel 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	val from Stata	cemetery, c	rematory or o	ther plece	1		Da				
	21. SIGNATURE OF FUNE LEVICE LICE	NSEE N	TERUS	IDUK			ID ADDRES		RK 12/1	8 FR	<u>OSTBU</u>	RG, MD
	1	11-11			HP	AFER	CHA	APEI	OF TH	E HIL	LS MC	DRTUARY
	· Cougas	s Ha	P		113	302	NAT:	IONA	AL HWY	LAVAI	LE, MD	21502
	23. PART I. Enter the diseases, or co ehock, or heart fallure. L.	emplications that	causad tha d	laath. Do r	ot ante	r tha mo	de of dyl	ng, aucl	n as cardiac or re	apiratory a	rreat,	Approximata
	IMMEDIATE CAUSE (Final	To the case	at on ascn in	/			1					Interval Between Onset and Death
1	disease or condition resulting in death)	180	hirech	our	4	1 15	ana	lear	- An	. 5		
	a.	OUE TO	OR AS A CÓNS	EOUENCE O	7):		2		Anc	V		
Z	<b>C</b> 6	Pocon	diet	elu	-	fle	100	1				
은	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A STONE	EQUENCE OF	7:	/			4			
CA	CAUSE (Disease or injury	aci	NE	au	He	20	-	1	17			
E	that initiated events	DUE TO	OR AS A CONSI	EOUENCE OF	): /					/	11	
ERTIFICATION	reaulting in death) LAST	mark	1/2 -	Als	y les	100	L -	1	riden.	16/1	Ir Xeres	3 closes
O	PART is Other significant conditions		,	1/				4		1		1
¥ I	PART ii. Other significant conditions	contributing to	death but not	resulting i	n the u	nderlying	cauae g	lven in		AN AUTOPSY FORMED?		ERE AUTOPSY FINDINGS WILABLE PRIOR TO
ă I	mark les	-							1 YES	2 NO	CD	OMPLETION OF CAUSE DEATH?
¥ .	Mulhal	1 30	Uno	2					_			YES 2 NO
ä												_
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	EATH (Che	ick only one)			
Si		HOSPITAL: Inpatient 2	ER/Outpetlant	3 🗆 DOA	OTHE		5 🗆 Re	sidence	6 Other (Specify)			
£ 1	27. MANNER OF DEATH	26s. DATE OF ( (Month, Da		28b. TIM	E OF	28c. INJU	JRY AT		28d. DESCRIBE HO	W INJURY O	CCURED	
BY	1 Neturel 5 Pending 2 Accident Investigation	(MORRI, DE	y, reary	INS	URY M	1 N	ES 2	NO				
18	3 Suicida 8 Could not be	28a. PLACE OF	INJURY — At h	ome, farm, s	treet, lac	tory, office			281. LOCATION (Str.	et and Numbe	er or Rural Route	e Number,
IE	4 Homicide determined	Junuing, a	itc. (Specify)						City or Town, St	ate)		
١٣	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of a	my knowledge d	leath a	d 44 45 - 1	des die		201				
COMPLETED	(Check only one)  2 MEDICAL EXAMINER:	On the besis of av	mination andica	Investigation	u at the i	nme, data	and place,	and due	to the cause(s) and	manner as at	ated.	
8	Total Control of the		,rettoti siid/00	veatigatio	ii, iii my c	pinion, de	etti occun	ed at the	rime, data and placa	and due to 1	lha cause(s) an	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTURES	101:		,	- 1		29c. LICE		BER	29d. DA	TE SIGNED (Mo	igath, Day, Hear)
2	30. NAME AND ADDRESS OF PERSON WHO	enga	m s	/ /	14	CP	D1.	3601		•	12/1	7/9/
	AND DESIGN AND ALBERTAN WAS THE REDSON WAS	CTIMEDI ETED CALICO	COURSEASTAL ON	TO 0 0 0 7	m							

M.D., 925 BISHOP WALSH ROAD, CUMBERLAND, MD 21502

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DR. V. RAUL FELIPA,

31. DATE FILED (MOORR), Day, Year)

DEC 1 8 1991

Wall Street

1 - FOR STATE REGISTRAR

Ó
9
00
9
BOX 68760
Ö
10
o
0
E S
S
F.
RECORDS
M
~
VITAL
-
5
LL.
OF
Z
ō
75
=
DIV

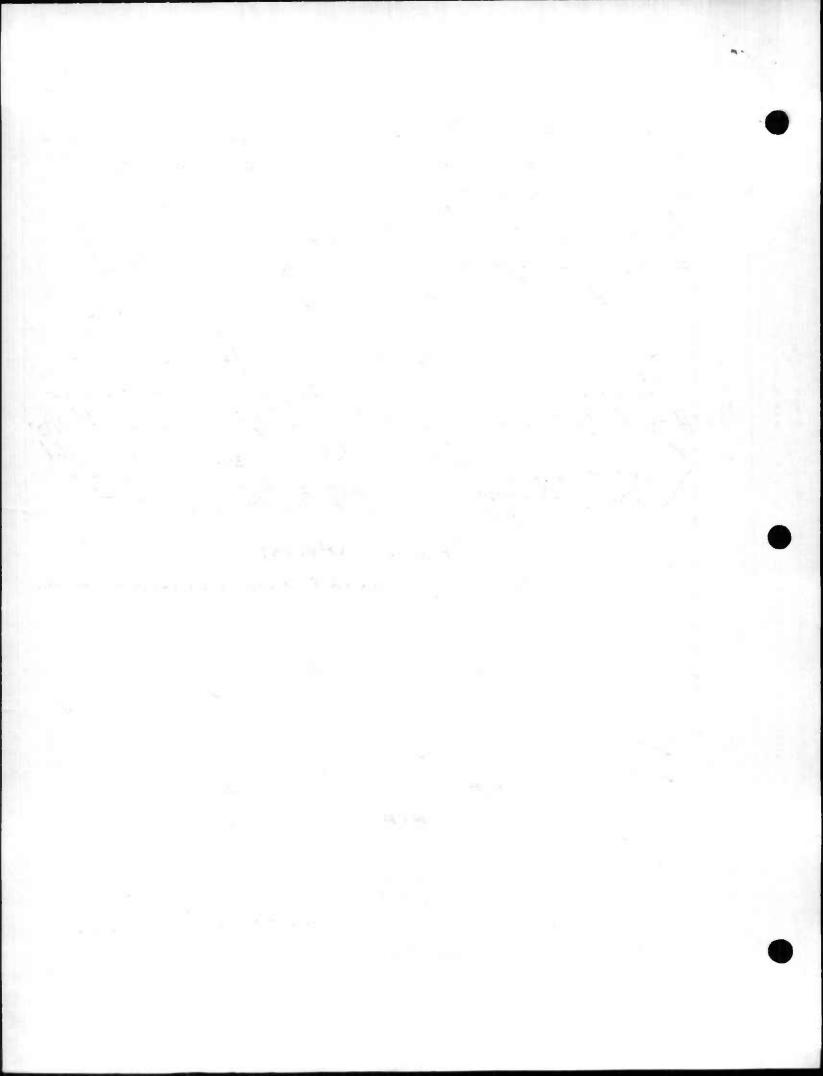
		1. OECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIME OF DEATH
A CONTRACTOR OF THE PARTY OF TH	-	ARTHU		EARL			DODR	ILL	JR		12	16		91	7:00 P
11	11	4. SOCIAL SECURITY NUMBER	BER	5. SEX	(III ) TO. ISS. DIFTIONS			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH 8. E (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign		
FI		233-07-8279  9s. FACILITY NAME (If not institution, give str		1 x M 2 □ F	70	) YRS.					3-	8-21		WE	ST VA
38												NTY OF D			
1, 2,	2	Memorial Ho	Ospita.	1			Cumberland					Allegany			
Pages	H	10a. STATE	10b. COUNTY	1		10c. C	ITY, TOWN OR LOCATION						10d. INSIDE CITY		
permit. P	ā	WEST VA		ERAL		R	RIDGELEY						LIMITS?		
t per	RAL	10e. STREET AND NUMBER					10f, ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
physician. burial-transit	TO BE COMPLETED BY FUNE	10 WABASH	SIKE	E L  12. WAS DECEDEN	NY EVER IN U	0.45450	26753								
physician. burlal-tran		1 Never Married 2		FORCES?	X YES	2 NO	ED 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yes or if yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 ☐ YES 2 1 1 NO Specify:					or No-	or No— 14. RACE — American Indian, Black, White, etc.		
attending se as the		3 Widowed 4 Divo	rced		V.II			1 📙 🚻	ES 2 X 1 NO	Specin	у:			Speci	WHITE
_ 3		15. OEC (Specify onl	EDENT'S EDUC y highest grade	CATION completed)	16	Give kind o	EDENT'S USUAL OCCUPATION land of work done during most of working to NOT use retired.) Plant Worker								
nospital o ached for se.		Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	Shinn	use retired.)	Pla	ant W	orke	er	PP	G	NOU	STRIES
detache		17. FATHER'S NAME (First, M	iddle, Last)			OR UPP	ipping Dept. P.P. 6							OIKILO	
at o		ARTHUR EARL DODRILL, SR. GOLDIE M. GOFF													
5 should notified		19a. INFORMANT'S NAME (1								, State, Zip	Code)				
ector, page		196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  RT.1, BOX 553 - RIDGELEY, WV 26753												53	
		20e. METHOD OF DISPOSITION  1 M Burlet 2 Cremation 3 Removal from State  4 Donation S Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of completery, cremetery, or other place)  SUNSET MEMORIAL PARK (A-/1-9)  CUMBERLAND, MD													wn, State
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  GEORGE-UPCHURCH FUNERAL HOME												D, MD	
e funeral dir funeral dir l. examiner		Dalland.	6	Lock	/ >		G	EOR	GE-U	РСНІ	URCH				
d in by the or removal.	$\vdash$	23. PART i. Enter the or heady or he	101	UPCPULA		deat D	20	02	GREE	NE S	ST.,	симве	RLAI	ND, M	D 21502
pletely fille cremation, ent, the		interval Between											Approximata interval Between Onset and Deeth		
ending physician and I Hygiene prior to but or other traumatil	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):													
hed by the att th and Menta any Injury,		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING													
sign Heal WS	MEDICAL			PERFORMED?  1  YES 2 NO					AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO						
has b Dept.	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL T						DI 405						
ficate State	SIC	EXAMINER?		HOSPITAL:	FR/Outentia	w 3 □ DOA	OTHE	R:	PLACE OF D						
DIRECTOR: After this certificate has been hours after death with the State Dept. of Item 28 is marked, or Item 23 sho	ву рну	27. MANNER OF DEATH  1. Natural 5   1	Pending nvestigation	28a. OATE OF (Month, D	INJURY	28b. TII		28c. IN	IJURY AT /ORK?  YES 2			(Specify)	JURY OCC	UREO	
ECTOR: Aft s after dean n 28 is n	ETED E	3 Suicide 6 G	Could not be letermined	26s. PLACE O building,	F INJURY — / atc. (Specify)	At home, farm,	atreet, tec	tory, off	Ica		28f. LOCAT	TION (Street ar Town, State)	nd Number	or Rural Ru	oute Number,
TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR TO THE FUNERAL THE THE THE THE THE THE THE THE THE THE	COMPLE	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	CIAN: To the best of t: On the bests of a	my knowledg	e, death occur	red at the t	ilme, dat	te and place,	and dua	to the caus-	e(s) and manning place, and	due to the	ed. e ceuse(a)	and manner ea stated.
HE FU ed wit	w	296. SIGNATURE AND TITLE							_	NSE NUM					(Month <sub>ii</sub> Day, Year)
E B B	TO B								D 2	3371			<b>&gt;</b> /	2/10	8/91
12		Dr. O. Zama	an, Jol	hnson He	ights	Medica		ild	ing,	Cumb	erlar	nd, MD	21	502	
~		31. DATE FILEO (Month, Day, )	bar)	32. REGISTRA	R'S SIGNATUI	RE									
		DEC 191	331 3	· www.	our-Lindo										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91 36189

24 T 4 T 1 198 of the

_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
The second	1. DECEDENT'S NAME (First, Middle, Last) RICHTANS	/	2. DATE OF DEATH DAY YEAR	
	4. SOCIAL SECURITY NUMBER	200 DINJERMAN  5. SEX, 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HE	12 19 91	11:30 A
(.p)	215-40-0970	1 D/M 2 D F 47 YRS. MONTHS DAYS HOURS MIN	N. (Month, Day, Year)	THPLACE (State of Foreign Intry)
1	90. FACILITY NAME (If not institution, give st	la all Ha 4/		
CTOR	RESIDENCE OF DECEDENT	General Mestainster	Carr	011
t. Pages DIREC	100 STATE 10b. COUNTY	IDE CENTOWN OR LOOKTION		10d. INSIDE CITY
	100. STREET AND NUMBER	4.1		1 YES 2 NO
Ties Line	4 Frederick St.	Apt 5 101, ZIP CODE	7 109.01.5	WHAT COUNTRY?
ā. ā	11. MARITAL STATUS 1 Never Married 2 Merried	If yee, specify Cubin, Ma		Cr — American Indian,
as the D	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES  1 ☐ YES 2 ☐ FNO Sp	Pecify:	オナル
r use as	15. DECEDENT'S EDUC (Specify only highest grade of	completed) and of world done during most of working	166. KINO OF BUSINESS/INDUSTRY	
once.  COMPLET	Elementer Secondary (0-12)	College (1-4 or 5 +)	FRINTING	Co.
detach com	17. FATHER'S JAME First, Middle, Last)	18. MOTHER'S	NAME (First, Middle, Maiden Surfame)	11. 1. 1.
should be officed at	190-INFORMÁNT'S NAME (TVORTEIR)	FRAZ	1º STOTT	72/4/2/
2 2		196. MAILING APDRESS (Street and Number of Plus 1/2 / C St.	iral Raina Nyfinber, City or Town, Statis, Zip Code)	in 12/18
must be	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	val from State	OATE 20c. LOCATION - ORly or	Fown, State
	4 Donetion 5 Other (Specify)		1233 9/ 1/14 53	8
e funeral di I. examiner	Mon Al		Main Silver E	4
or removal	23. PART I. Enter the diseases, or co	omplications that caused the death. Do not anter the mode of dying, a	such as cardiac or raapiratory arrest,	Approximata
filled in	IMMEDIATE CAUSE (Final	ist of the causa on each line.		Interval Between Onset and Death
ompletely Il, cremati event, tl	disease or condition reaulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	57	
0.0			MRDIAL INFARCTION	N Zwks
ysician and c prior to buris r traumatic CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):		
her to	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):		
or other	reaulting in death) LAST			
Nem a	PART II. Other algolficant conditions	contributing to death but not resulting in the underlying cause given	In Part I. 24s. WAS AN AUTOPSY 2	Ib. WERE AUTOPSY FINDINGS
			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Dept. of Hea 23 shows AN: MEI				1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (		
the State I, or Item HYSICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   OTHER: 4   Nursing Home 5   Residence		
with the ked, or PHY	27. MANNER OF DEATH  1 Paturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED	
	2 Accident Investigation	28e. PLACE OF INJURY — All home, farm, street, factory, office	NA	
after 28 is	3 Suicide 8 Could not be determined	building, etc. (Specify)	281. LOCATION (Street and Number or Rura City or Toyn, State)	l Route Number,
	290. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my knowledge, death occurred at the time, data and piece, and o	fue to the cause(s) and manner as stated	
Within 72 hou MANT: If Ite	2 MEDICAL EXAMINED	On the besie of examination and/or investigation, in my opinion, death occured at t	the time, date end place, and due to the ceuse	(e) end menner es stated.
De filed within 72 h IMPORTANT: If III	36. SIGNATURE AND TITLE OF CERTY IES	- Assistment Pro Fesser 29c LICENSEN	NUMBER 29d. OATE SIGNE	O (Month, Day, Year)
28 2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH WEM 27 (TO STATE OF THE AUTHOR)	1975 12-2	10-91
	SAMURIC DOZ	COMPLETED CAUSE OF DEATH (ITEM 27) (Bypo, Print)  ON WEL, Mrs Very OF Mb  32. REGISTRAR'S SIGNATURE	Hospital Bulking	Che SA 51361
	31. DATE FILED (Month, Day, Year)  NFC 2 3 191	32. REGISTRAR'S SIGNATURE		1



	_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	O.	
		1. OECEOENT'S NAME (First, Middle, Last)	Edv		EKLu	. 1	2. DATE OF OEATH		3. TIME OF OEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)		Nd	12-1	7 - 19	71 536 "
_		117-07-5579	. W	YRS.	# UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 28, ]		BIRTHPLACE (State or Foleign Country)
should	_	9a. FACILITY NAME (If not institution, give str		1.1	96. CITY, TOWN	OR LOCATION OF O		9c. COUNTY	Maryland of DEATH
1	DIRECTOR	Harlord MCH	lorial trosp	ital	Haure	de Car	ace Mil		tartorc
P	REC	10s. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
		Maryland 100. STREET AND NUMBER	Cecil		Perry				1 TES THE NO
nsit w	FUNERAL	35 Creswell Lane			10	219	U 3		OF WHAT COUNTRY?
physician. burial-transit	FUN	11. MARITAL STATUS	12. WAS OECEOENT EVER IF	N U.S. ARMEO	13. WAS OEG	ENGENT OF HISPA	NIC ORIGIN? (Specify Y		S.A.  RACE — American Indian,
	ВУ	1 Never Married 2 Married  XX Widowed 4 Divorced	IF YES, GIVE WAR OR O		1 TYES	2 X NO Specif	in, Puerto Rican, etc.) y:		Black, White, atc. Specify: White
r attending use as the	E C	15. OECEOENT'S EOUC (Specify only highest grade of	ATION completed)	18s. OECEOENT'S	USUAL OCCUPATION	ON	16b. KINO OF BI	USINESS/INOUS	
10 a	J.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Repairn	nan/Opera	ator			
the hospit detached once.	COMPLET	Eight Years 17. FATHER'S NAME (First, Middle, Last)		Heavy F	<u>lquipment</u>		Pennsy		Railroad
3 E	BE C	A. Fritz Eklund					la Gerhaus		
5 should be notified at	10	19s. INFORMANT'S NAME (Type/Frint)					Route Number, City or To		
	*	Vera Jane Lane	200	The second secon	eswell I		rryville,		
rector, p		NXBurist 2 ☐ Germation 3 ☐ Ramo 4 ☐ Donation 9 ☐ Other (Specify)	red from State cen	retesy, crematory or of T 1 n C 1 p 1 o	Cemeter			ocation – city rrvvi 11	e, Maryland
after death. Page 6 may be by the funeral director, page emoval.		21. SIGNATURE OF TUNERAL SERVICE LICE	NSEE/	1	22. NAME A	O ACCRESS OF FA	CILITY Son & Son		
after death.  by the funeramoval.		TRUA S X	Meson	Se	Perry	ville, M	Maryland	21903	
leath certificate be executed within 24 hours after attending physician and completely filled in by the ntal Hygiene prior to burial, cremation, or removal y, or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the diseases, or co shock, or haart failura. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	OUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF	am.	est	Myo	zary!	Approximate interval Between greet and Daath
ending Hygie or oth	IH	resulting in death) LAST	302 10 (011 X3 X	CONSCOURNCE OF	r).				
the death the attend Mental H Injury, or	LC	PART II. Other significant conditions	contributing to death be	ut not resulting	in the underlying	Cause given in	Part I. 24e. WAS AF		
een signed by of Health and shows any	AN: MEDICAL					, outse given in	PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAR.ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ANQ
N: The ficate h State C	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XX10	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
PHYSICIA this certif with the tked, or	PHYSICIAN:	27. MANNER OF OEATH	28s. OATE OF INJURY	28b. TiM	E OF 28c. INJI	JRY AT	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURE	0
DING PHYS After this death with s marked	ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			ES 2 NO			
OR ATTENDING DIRECTOR: After hours after death		3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm, a	treet, factory, office		28f. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,
로 로 로 드	COMPLETED	2 MEDICAL EXAMINER:	AN: To the best of my knowle On the bests of sxamination	edge, death occurre and/or investigation	ed at the time, date	and place, and due onth occured at the	to the cause(s) and ma time, data end place, ar	nner se stated. nd due to the cer	use(s) and manner as stated.
TO THE HOSPI TO THE FUNER De filed within IMPORTANT:	O BE	296. SIGNATURE AND TITLE OF CERTIFIER	> Yun	/		D/Z	9 D	29d. OATE SIG	NED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	714	76		,
	-	31. DATE FILED (Month, Day, Year)	32. REGISTHAR'S SIGNA	TURE	11)	216	18		
		DEC 18'91	Julia Das	Hodson-Rano	lace				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	46, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physic	d within 24 cours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mpletely filled in by the funeral director, page 5 should be detached for use as the buria i, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH		HTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	- 1	-		2.	DATE OF DEATH	YE	3. TIME OF DEATH	
	HEINRICH  4. SOCIAL SECURITY NUMBER	E IC	hENDER	DERT YEAR IF UNDER		12 · 22	9	SIRTHPLACE (State or Foreign	
)	213-34-9982	1)XM2 = 8	7 YRS. MONT	B DAYS HOURS	MIN.	Month, Day, Year)	4 6	ERMANY	
HO.	90. FACILITY NAME (If not Institution, give st  LONG VIEW RESIDENCE OF DECEDENT			MANCA	4	ER	9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			N OR LOCATION				10d. INSIDE CITY	
		RROIL	MAN	ICHEST	ER			1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER  3332 MAIN	STREET		10f. ZIP COD	-		-	of what country?	
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2	S. ARMED	13. WAS DECENDENT	OF HISPANIC C			RACE — American Indian, Black, White, etc.	
B⊀	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 - YES 2 NO		area mount, assay		Specify: White	
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade	completed)	e. DECEDENT'S USUA (Give kind of work do life, Do NOT use retin	one during most of world	ing	16b. KIND OF BUS	INESS/INDUST	RY	
PLE	8th grade	College (1-4 or 5+)		et Maker					
CON	17. FATHER'S NAME (First, Middle, Last)			18. MOT		First, Middle, Maiden	Surname)		
BE	Heinrich Eichenbe	erg	195 MAILING ADDI	AESS (Street and Number		llerbuhl	State Zin Cor	(4)	
2	Alma Eichenberg		The second second	t. Carmel					
	20a. METHOD OF DISPOSITION 1 Greater Specify Comments Spe	oval from State of	her place)	(Neme of cemetery, cre				or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC		rrorr cre	nation Ser 22. NAME AND ADDRI		TW.		l. Md. 21074 al Home	
	* Steven	W. Eline		934 S. M	ain St			i, Md. 21074	
	23. PART i. Enter the diseases, or a shock, or heart feilure.	complications that caused the List only one cause on each		nter the mode of dy	ring, euch a	cardiec or reepi	atory arrest	Approximate interval Between	
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. Bto	r cho	PNR	in	nice		2 days	
		DUE TO (OR AS A CO	ONSEQUENCE OF):	1					
TION	Sequentielly liet conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):						
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A CO	ONSEQUENCE OF):						
CERTIFICATION	reaulting in deeth) LAST	d							
AL C	PART II. Other aignificent condition			underlying cause	given in Par	t i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC	- argo	me ()	rain	Jana	nem	1 🗆 YES 2	110	DF DEATH?	
N.						•		1 NES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	JO	26. PLACE OF HER: Nursing Home 5 🗆 F					
HYS	1 YES 2 TO	1 Inpetient 2 ER/Outpetic	28b, TIME OF	Nursing Home 5 - F		d. DESCRIBE HOW II	JURY OCCUR	ED	
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street	factory, office	28	f. LOCATION (Street a City or Town, State)	ind Number or Rural Route Number,		
LEI	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowled	ge, death occurred at	the time, date end plea	e, end due to t	he cause(e) end men	ner as stated.		
COMPLETED	amal	ER: On the basis of examination e	nd/or investigation, in	my opinion, death occ	ured at the time	e, date end place, en	d due to the c	suse(e) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ond MI	7	D 0	ENSE NUMBE	6	29d. DATE SI	GNED (Month, Day, Year)	
10	30. NAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, Pript	N	1111	chest	CAL	122/9/	
							/ //		
	31. DATE FILEO (Month, Day, Year) DEC 23 '91	A 32. REGISTRAN'S SIGNAT	HELDE_		77 7		7.4		

X 

1	-	STATE REGISTR	AR
Γ,	0	ECEDENT'S	N.A

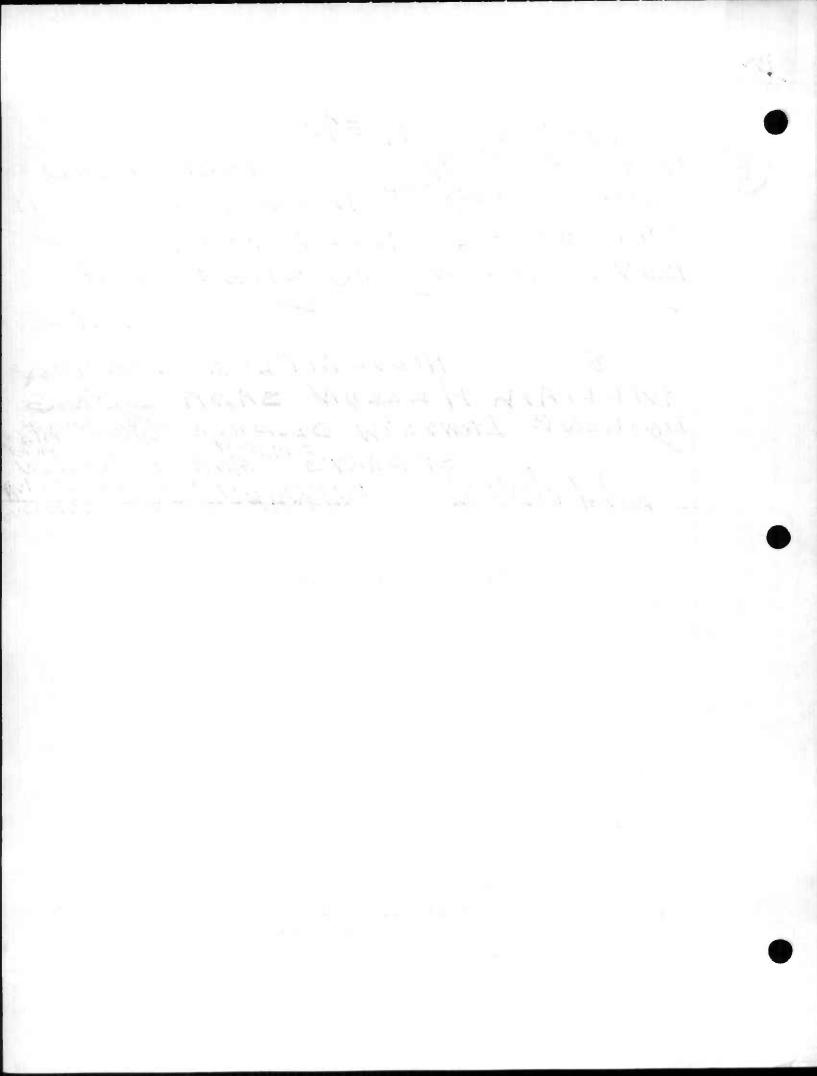
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	_	REGISTRAR	C	ERTIFIC	ATE OF		REG.	NO.						
		1. DECEDENT'S NAME (First, Middle, Last)	INE	1	EN	13	2. DATE OF DEATH MONTH		3. TIME OF DEATH					
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. la		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	16	BIRTHPLACE (State or Foreign					
		013 31	1 M 2 F 97	YRS.	NTHS DAYS	HOURS MIN,	JULYS		Y MD					
		9a. FACILITY NAME (If not institution, give stree	2 D1 WTY	105 bos	. CITY, TOWN C	R LOCATION OF O	EATH	9c. COUNT	Y OF DEATH					
.33 3	2	RESIDENCE OF DECEDENT			JY.	F5/1	1/1/5/	4/2	CAKROL					
		10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY					
		10e. STREET AND NUMBER	ROLL	IN	, E 2	mi	W3/	SR	1 WES 2 NO					
NEDA			PRUN			ZIP CODE	158	10g. CITIZE	N OF WHAT COUNTRY?					
I I	- 11	11. MARITAL STATUS  1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2	NO NO	If yes, spi	city Cuben, Mexica	NIC ORIGIN? (Specify in, Puerto Rican, atc.)	Yee or No — 14	Black, White, etc.					
3	- 11	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specif	y:		Spectly: 17 L					
ETEN	j II	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (C	ECEDENT'S USU	done during mo	N st of working	16b. KIND OF	BUSINESS/INDUS	TRY					
ā		Elementary/Secondary (0-12)	College (1-4 or 5+)	DO NOT USO TO		1/1 =	+ H	01/41	=hasa					
once.		17. FATHER'S NAME (First, Middle, Last)	1 / /	- 00		18. MOTHER'S NA	ME (First, Middle, Maid	en Sumama)	-100127					
1 m	. 1	WILLIA	mH	2 55	501	1 3	ARY	7 1	UDhuc					
TO BE		190. INFORMANT'S NAME (Type/Print)	= / V 19	b. MAILING ADD	PRESS (Street at	nd Number or Rural	Route Number, City or	own State Zip.Co	8 . TM . T					
P	ł	200. METHOD OF DISPOSITION	- LYONS	119	1. 1	DEEL	ORUN	RO	WEST					
must		1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	I from State cemetery, cr	AND DATE OF DI	SPOSITION (Nai	ne olc EM	1 11 / la	LOCATION — CIT	y or Town, State M					
examiner	1	21. SIGNATURE OF FUNERAL SERVICE LICENS	A. I. T	7.7	22. NAME AN	D ADDRESS OF FA	CILITY	( )	TIPATON					
exam		· Rupol De	me &		437	MA	PIL	Asa	20101					
medical		23. PART I. Enter the diseases, or comehock, or heart failure. Lie	nplications that caused the det only one cause on each line	eth. Do not e	enter the mod	de of dying, auc	h es cardiac or re	epiratory arrea	l, Approximete					
the m		IMMEDIATE CAUSE (Final disease or condition	Tomy one cause on each line						Intervet Between Onset and Daath					
		resulting in death)												
or other traumatic event,	Securedally the section of the ACUTE ARMEN													
CATION		Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
ther t		CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):										
	- 11	resulting in death) LAST												
E 0		PART II. Other significant conditions of	ontributing to death but not r	resulting in th	e underlying	cause given in	Pert I 240 MMS	UN AUTOPSY	Cat. Marca Auroccau communica					
any injury, DICAL C					· · · · · · · · · · · · · · · · · · ·	given in	PERF	ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
shows							1 TYES	2   NO	DF DEATH?					
23 s														
SICIAN:			OSPITAL:	ОТ	26. PL/ HER:	ACE OF DEATH (Che	eck only one)							
PHYS		27. MANNER OF DEATH	☐ Inpatient 2 ☐ ER/Outpatient 3  28e. DATE OF INJURY	DOA 4 =	Nursing Home 28c, INJU		6 Other (Specify) 28d. DESCRIBE HOY	/ IN ILIEN OCCUR	En.					
marke BY P	ı	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOF	IK? ES 2 NO	200. DESCRIBE NOT	INJUNY OCCUM	ED					
8 Is n		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, lerm, street	, factory, office		281. LOCATION (Street City or Town, Sta	t and Number or i	Rural Route Number,					
ET ET	-	20- CERTIFIED												
ANT: If item 2		(Check only	N: To the best of my knowledge, de	ath occurred at	the time, data a	and place, end due	to the cause(s) and n	anner ee stated.						
<b>E</b> S	ŀ	29g. SIGNATURE AND TITLE OF CERTIFIER	on the beele of examination end/or i	investigation, in				end due to the co	euse(e) end menner ee stated.					
IMPORTANT: If Item 28 Is marked, or O BE COMPLETED BY PHYS	1	Halez D	Xap)	7.00		29c. LICENSE NUM	IBER	29d. DATE SI	GNED (Month, Day, Year)					
일	İ	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print,	,	13 631	12 4	1-12	414141					
		H. A. SYED &	ED CROSSE	CAC	SI	RIVE.	own.	MG D	11LLS 21/17					
		31. DATE FILED (Month, Day, Year)	Julia Jandana Trans	nda 90										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, the tention of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECT

1 .

FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPART	CATE (	F HEA	LTH AND	MENTAL HYGIEN	E	U	0194
1. DECEOENT'S HAME (First		- 0						2. DATE OF DEATH MONTH DA	NY .	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY HUME	OLIV	G.	ENGLE					12 15	_/9	191	5:55 PH
212-03-5643		1 M 2 F	6. AGE (In yrs. les	-	IF UNDER 1 YE	-	OURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	
9a. FACILITY NAME (If not in		reet and number)	CEN	TIED	9b. CITY, TO	WN OR L	OCATION OF DE	L8/10/1902	90 001	INTY OF DE	yland
WILSON RESIDENCE OF DEC	HE	EALTH	CARE	121	6A	iT		BURG	Me	ONI	GOMERY
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	OCATION					10d. IHSIDE CITY
Maryland	Mon	tgomery			thers	burg					LIMITS?
201 Russell	Avenue	4					0877			IZEN OF WI SA	HAT COUNTRY?
11. MARITAL STATUS	714 -114	12 WAS DECEDEN	IT EVER IH U.S. AR	MED	13. WAS			IIC ORIGIN? (Specify Yes			— American Indian,
1 X Never Married 2		FORCES? 1	YES 2 X	0	If yes	, specify	Cuban, Maxica	n, Puerto Rican, etc.)	01110-	Black,	White, etc.
3 Widowed 4 Divo		- 51.53	300			YES 2	U nio specin	··		Specify	White
15. DEC (Specify only Elementary/Secondary (0	EDEHT'S EDUC y highest grade o	ATIOH completed) College (1-4 or 5 a	(Gi	DEDENT'S U we kind of wo Do NOT use	SUAL OCCUP ork done during retired.)	PATION g most of	working	16b. KIND OF BUS	INESS/INI	DUSTRY	
8	7.2,	Conega (1-4 or 5 4		rator				Wester	n Un	ion	
17. FATHER'S HAME (First, M.	liddle, Last)					18.	MOTHER'S NA	ME (First, Middle, Maiden		. 011	
George Will		1e						e) Harriet			an
19a. INFORMANT'S NAME (7)								Route Number, City or Town		p Code)	
FVERETT C.	IOH			8 Wei				chester. V		2601	
1X Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Ramo	val from State	cemetary, cres	natory or oth	oisposition er placa) Cemeto	- 144	of			City or Tow	
21. SIGNATURE OF FUHERA	L SERVICE LICE	INSEE	Buch	nger	22. HAM	E AHD A	DDRESS OF FAC	12/18 Bit		er. M	aryland
1 2 Kg	Jan	y Jour	ndu		155 1	Main	Stree	Homes, P., t; Grantsv	ille	. MD	21536
23. PART I. Enter the di ehock, or he	iseesas, or co	omplicetione that	t ceused the de	th. Do no	t enter the	mode o	of dyling, such	as cerdiec or reeple	ratory an	rest,	Approximata
IMMEDIATE CAUSE (Findiseese or condition		Δ	L. M		1.	1	5	CI	•		Intarval Between Onset and Death
resulting in death)		DUE TO	(OR AS A CONSEQ	DEHCE OF):	ercli	al		furcti			Inour
Sequentieily list conditi	ione, b	1946	105c	lerc		h	Bar.	dise	ase	3	5 year
if any, leading to immed ceuse. Enter UNDERLY	NG	DOE 10	(OR AS A CONSEO	UENCE OF):							
CAUSE (Diseese or Inju thet initieted evente		OUE TO	(OR AS A CONSEO	UENCE OF):						-	<u> </u>
resulting in death) LAS	T d										
PART N. Other significa	nt conditione	contributing to	deeth but not re	suiting in	the underl	vina ce	use given in l	Pert i. 24s. WAS AN	MITTABEV	245.1	VERE AUTOPSY FINDINGS
Congest Cerebral	Ne h	cart -	faily	e	050	301	00005	PERFOR	MED?	1	WAILABLE PRIOR TO COMPLETION DF CAUSE
Cerebra!	ars	eriosa	derosi	S		V		7	duo		OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		1	26 OTHER:	. PLACE	OF DEATH (Che	ck only one)			
1 YES 2 NO		1   Inpetient 2		DOA 4	Hursing I	lome 5	☐ Rasidenca	B  Other (Specify)			
Natural 5 🗆 I	Pending	28a. OATE OF (Month, De		28b. TIME	RY	WORK?	AT NO	28d. DESCRIBE HOW IN	JURY OC	CURED	
3 Sulpido	rivestigation Could not be	28e. PLACE OF	F IHJURY At hon	10, farm, str			2   110	28f. LOCATIOH (Street as	ad Number	or Purel Por	oto Alumbas
	Jetarmined	building,	atc. (Specify)					City or Town, State)	.S (Normber	or regret (10)	no managa,
29a. CERTIFIER (Check only	IFYING PHYSIC	AN: To the best of	my knowledge, dea	th occurred	at the time, o	iete end	place, and due t	to the cause(s) and mane	per as stat	ed.	
one) 2 MEON	CAL EXAMINER	On the besis of ax	amination and/or in	veatigation,	In my opinio	n, death	occured at the t	ime, data and place, and	due to th	e cause(s) a	ind manner as stated.
29b. SIGNATURE AND TITLE		7 21	0			-	LICENSE HUM				Aonth, Day, Year)
	ors	D) (V	100		mi		777	21			6-91
30. HAME AHD ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type P	rint)		116	<u> </u>	/	_ /	0 /1

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

191 Julia Saidon Pandese James K.M 50 31. DATE FILED (MORIN, Day, Ybar) DEC 2 0 1991

ENGLE CONVE

WILL ON TEALTH CASE THITMESOCIEST IS TUTS

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician. IT THE FINISPAL INSECTION After this particles has been signed by the attending physician.	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	---

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / D	DEPARTMENT OF HEALTH AND RTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	00193							
	1. DECEDENT'S NAME (First, Middle, Last)	Tull	GREEN	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH P							
	4. SOCIAL SECURITY NUMBER 193-20-0803	5. SEX 6. AGE (In yrs. lest b	VRS.   IF UNDER 1 YEAR   IF UNDER 24 MRS.   WINDER 24 MRS	7. DATE OF BIRTH (Month, Day, Year) 11-23-1919	8. BIRTHPLACE (State or Foreign Country)							
тов	9a. FACILITY NAME (If not institution, give st  PENTINSILA GEN  RESIDENCE OF DECEDENT	ERAL HOSPITAL	9b. CITY, TOWN OR LOCATION OF B	DEATH 9c.	COUNTY OF OEATH WICOMICO							
DIRECTOR		omerset	Princess An	NE	10d. INSIDE CITY LIMITS?  1 YES 2 \( \text{\text{NO}}\) NO							
FUNERAL	100. STREET AND NUMBER  RT-2 Box 3		101. ZIP CODE 2185.	3	CITIZEN OF WHAT COUNTRY?							
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECEMBENT OF HISP/ If yes, specify Cuban, Maxic  1 — YES 2 NO Spec		9- 14. RACE American Indian, Black, Whita, atc. Specify: BIALCA							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY											
	17. FATHER'S NAME (First, Middle, Last)	11		AME (First, Middle, Melden Surnan								
TO BE	19a. INFORMANT'S NAME (Type/Print) GEORGE E Gr	EEN 25	MAILING ADDRESS (Street) and Number or Fural 40 M. 18 19 ST.	Route Number, City or Town, State	e, Zip Code)							
	20a. METHOD OF DISPOSITION 1 General Donalion 5 Other (Specify)		DATE OF DISPOSITION (Name of tory or other place)	9-13-91 Philip	N — City of Town, State							
	21. BIGNATURE OF TUNERAL SERVICE LICI	lan M-0065		n AUR. Prin	PIESS ANNEMY 21833							
	IMMEDIATE CAUSE (Final	and only one cause on each line.	fibrillation	ch sa cardiac or respiratory	Interval Batween Onset and Death							
NO	DUE TO (OR AS A CONSEQUENCE OF):  Requentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  120 mil											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUÊNCE OF):  LUNG CAUC INO MO.  DUE TO (OR AS A CONSEQUÊNCE OF):											
	PART II. Other cloudleast one title											
MEDICAL	TANT II. Ottal significant conditions	contributing to death but not resu	uiting in the underlying cause given in	Part J. 24a. WAS AN AUTOP PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)	reck only one)	1 TYES 2 NO							
IXSI	1 TYES 2 TAO	HOSPITAL: 1 Dinpetiant 2 ER/Outpetiant 3		6 Other (Specify)								
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	6b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY	OCCURED							
ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — AI home, building, etc. (Specify)	farm, straal, factory, offica	281. LOCATION (Street and Nun City or Town, State)	nber or Rural Route Number,							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, death On the basis of axamination and/or inve	occurred at the time, data and place, and due stigation, in my opinion, death occured at the	to the cause(a) and menner as time, data and place, and dua i	stated. to the cause(a) and menner as stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	auen mn	29c. LICENSE NU		DATE SIGNED (Month, Day, Year)							
	30. NAME AND ADDRESS OF PERSON WHO		RIVERSIDE DR SUITE	BIOI SALISBUR	24 mo 21801							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Durkett.									

Same Carrier Transmit at AT A FEATURE man all all health a med to the last of th

Comment of the second

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notellined at once.

	REGISTRAN		OL	-1 5 1 14	IOAIL	/ DEAIII		nec	1. 140.					
- 9	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEA	ATH		3. TIME OF DEATH			
	Annabel	F.	Goch	דווחח	-			монтн 2 (	)5 1	991	10:50 P M			
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. lest		IF UNDER 1 YE	AR IF UNDER 24 H		DATE OF BIRT			IU:3U - "			
- 1					MONTHS DA			(Month, Day, Y		Countr	γ)			
- 4	220-26-1363	1 🗌 M 2 📈 F	03			05-13			1926	Ma	ryland			
0.1	9a. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY, TO	WN OR LOCATION	OF DEATH		9c. C	OUNTY OF D	EATH			
Œ	McCready Foundation	n Inc												
5	RESIDENCE OF DECEDENT	m, Inc.			CITSI.	reid			120	merset				
E	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY			
E.	MD Sor	nerset		М	anokin						LIMITS?			
-		iic I SC C		1 11	anokin				1					
¥	10e. STREET AND NUMBER					101. ZIP CODE			10g.		VHAT COUNTRY?			
FUNERAL DIRECTOR	Box 85					21836				U.S.				
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED		DECENDENT OF H				- 14. RACE	E — American Indian,			
Ī.	1 Never Married 2 Married		MAR OR DATES	10		yes 2 NO		uerto Rican, a	tc.)	Speci	k, White, atc.			
ВУ	3 Widowed 4 Divorced	11 120, 0112	AN ON DATES		'"	TES Z Z NO	opecity.			Whi				
	15. DECEDENT'S EDUC	CATION	180 DE	CEDENT'S	USUAL OCCU	PATION		165 KIND	OF BUSINESS		Le			
1	(Specify only highest grade	completed)	(Gi	ve kind of	work done durin	g most of working		100.1010	J. DOG!!!EGG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3	Elementary/Secondary (0-12)	College (1-4 or 5	+)											
4	11			Hou	sewif	2								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	I'S NAME (	First, Middle, I	Maiden Surnam	10)				
E 0	Curtis 0.	Farro	Al			Jur	ne	Thomp	son					
BE	19e, INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (St	eet and Number or				Zin Code)				
2														
	Mr. Kennard Go	chnour				<u>Manokir</u>								
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	other pla	ece)		of cometery, cremator			ec. LOCATION					
	4 Donation 6 Other (Specify)		- Be	eech	wood	Cemeter	ry		Pr.	Anne,	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	4 Donation 6 Other (Specify) Beechwood Cemetery Pr. Anne, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
- 1	Hinman's Funeral Home													
	Jams 2 Hr	~~~ V	M00295	5	1167	73 Somer	set A	Ave. I	Prince	ss Anr	ne, Md.21853			
7	shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if emy, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST	d												
ö									711 7 0					
MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO													
ä								- 15	1-					
Z Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				· · · · · · · · · · · · · · · · · · ·	6. PLACE OF DEAT	TH (Check o	only one)	1					
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER:	Home 5 - Rasid	tence &	Other (Spec	thu)	*				
PHYSICIAN:	27. MANNER QE-DEATH	28a. DATE O		28b. TII		. INJURY AT			HOW INJURY	OCCURED				
<u>a</u>	1 Netural 6 Pending		Day, Year)	IN	JURY	WORK?	. 100			00001125				
BY	2 Accident Investigation			YES 2 N										
	3 Suicide 8 Could not be 4 Homicide datasement	28e. PLACE building	OF INJURY — At he l, etc. (Specify)	ome, ferm,	street, factory,	offica	28	City or Town	(Street and Nur n, State)	mber or Rural	Route Number,			
COMPLETED	CONTROL OTHY	29s. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
FO BE	206 BIGHTURE AND TITLE OF CERTIFIE	+	leele	71	MI	29c. LICENS	O J	14	29d.	DATE SIGNED	O (Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	JSE OF DEATH (ITS	<b>A 277</b> (Typ	e, Print)	,		1.0						
	James A. Sterlin	ng, M.D.	Main	St.	Cri	sfield,	Md.	21817						
. II			AR'S SIGNATURE											
-	31. DATE FILED (Month, Day, Year)		La Davidson											

23 - 12 - 13 L

TO BE COMPLETED BY FUNERAL DIRECTO

hing turns after death. Page 6 may be retained by the ho	in by the funeral director, page 5 should be detact	t, the medical examiner must be notified at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing wirs after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete in by the funeral director, page 5 should be detached as fined within 72 hours after death with the State Deni of Health and Mental Hotelete prior to burdal, created.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certifing the filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH									
ED	ITH L.	GANDY			Nov.	29,	199		2:30 PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		a. BIRTH	IPLACE (State or Foreign
215-01-4614	1 □ M 2 😾 F	91 YRS.	MONTHS DAYS	HOURS MIN.	Dec.	8, 18	399	Mar	yland
9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DI		1	9c. COUN		4
Home - Main Stree	Home - Main Street, Ext. Crisfield Somerset							set	
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUNT									10d. INSIDE CITY LIMITS?
Maryland Somerset Crisfield 1□ YES 2 ⋈ NO									
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
Main Street, Extended 21817 U.S.A.									
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, etc.)  14. RACE — American Indian, Black, White, etc.							E — American Indian, k. White, etc.		
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			S 2 NO Specif		,		Speci	ity:
									White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of life. Do NOT u.	Work done during in	ION lost of working	16b. KII	ND OF BUSI	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)		se reureu.)		,	Marine	a Day	ale.	
H. S. Graduate		Teller		1				ık.	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Sumame)		
Reeve Gandy					Bowder				
190. INFORMANT'S NAME (Type/Print) Edith G. Bestry		The second second second		and Number or Rural d Wint					700
	00.01				er spr	1			
20s. METHOD OF DISPOSITION 12-1 1 X Burlal 2 Cremation 3 Rem	OZ-91 noval from State	20b. PLACE OF DISPO other place)				20c. LOC	ATION —		
4 Donetion 5 Other (Specify)		Sunnyridg		al Park			Cri	Sil	eld, MD
21. SIGNATURE OF THERAE SERVICE LI	1111	2				1	77		
Robert H. Br	adshaw, Jr	up		shaw & So W. Main S					21817
23. PART I. Enter the diseases, or	complications that cau	the death. Do							Approximate
shock, or heert failure.  IMMEDIATE CAUSE (Finel	List only one cause or	n eech line.			1	1			Interval Between Onset end Deeth
diseese or condition	. acut	, (he	10111	Pial.	the I	0 20	A	3.	
resulting in death)	Ø.,	S A CONSEQUENCE	)F):	dial .	y rep	الماس الماس	- Cuy s		
_	· Cha	Eura	P (C	all L	es				ļ
Sequentially liet conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE O	)F):						
ceuse. Enter UNDERLYING									
CAUSE (Diseese or Injury that initiated events	OUE TO (OR A	AS A CONSEQUENCE O	F):						
resulting in deeth) LAST	d,				_				
PART II. Other eignificant condition	ne contribution to doct	h hut out moulding	In the underful	an anna abaa la	Port I a	- 400 411	AIFTOROV	Lan	WEST HITTORY ENDINGS
FART II. Other eighticant condition	is contributing to dear	in but not resulting	in the underlyi	ng cause given in	Part 1, 24	PERFORI	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
·					1	YES 2	NO		OF DEATH?
					—				1 YES 2 NO
	1								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C	heck only one)				
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
27. MANNER OF OEATH  28a. DATE OF INJURY (Morith, Dey. Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED  WORK?									
2 Accident Investigation			- 11	YES 2 NO					
3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
4 Homicide datarmined									
Criticis Oray									
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.									
29b. SIGNATURE AND TITUE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)									
Gergario M. Sellan M. D. D-29505 12-2-91									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
Gregorio Belloso, M.D McCready Hospital - Crisfield, MD 21817									
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  DEC = 4 '91  Savidus Product									
HILL Y	a	AND DESCRIPTION OF THE PARTY OF							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNEBAL DIRECTOR; After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR	TO THE FUNERAL DIR	be filed within 72 hour	IMPORTANT: If Item

-30	FOR STATE OF MA	RYLAND / DEPART	MENT OF H		NTAL HYGIENE REG. NO.				
4	1. DECEDENT'S NAME (First, Middle, Lest) LILLIAN M. GROSS			2. 0	OATE OF DEATH DAY	YEAT	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 024-24-8196 1 □ M 2 ☑ F	87 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN. 7. 6	Month, Day, Year) 4-13-04	a. Bii Co M2	RTHPLACE (State or Foreign untry) ASS.		
COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT	1	96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY  BALTIMORE CITY						
	10s. STATE 10b. COUNTY 10c. CITY, TO			OWN OR LOCATION LTfield			10d. INSIDE CITY LIMITS?  MXYES 2   NO		
	100. STREET AND NUMBER 10 E. Mian St.		101. ZIP CODE 17320			109. CITIZEN OF WHAT COUNTRY? USA			
	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT 1 FORCES? 1 IF YES, GIVE WAR	YES 2 300	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, atc.)  1  YES 2 PNO Specify:				ACE — American Indian, Back, White, etc. PecifyWhite		
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5+)	i+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Secretary			16b. KIND OF BUSINESS/INDUSTRY  Medical				
E COM	17. FATHER'S NAME (First, Middle, Last) Archiebald McIlwraith			18. MOTHER'S NAME (First, Middle, Melden Surneme) Margaret Montgomery					
TO BE	19a. INFORMANT'S NAME (Type/Print)  Beverly Roth  19b. MAILING ADDRESS (Street and Number or Rural Route Number, 223 Fairfield Station)								
	20e. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) EVErgreen Ce			demetery Gettysburg, Pa.					
	21. SIGNATURE OF FUNERAL SERVE LICENSEE  Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Balto. Md. 21228								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. PV UNIT TO (OR AS A CONSEQUENCE OF):								
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
	PART II. Other eignificant conditions contributing to d			g cause given in Par	1 i. 24a. WAS AN A PERFORM	WED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  1 Pagetient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)								
ВУ РНУ	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1   YES 2   NO								
	2 Accreeix 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					ural Route Number,			
COMPLETED	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
86	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  12/21/9/								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (17/04, Print)  D. BYECKEY 600 N WORE SA BULL MD 91205								
	31. DATE FILED (Month, Day, Year) 32. RECONTRAL	'S SIGNATURE							

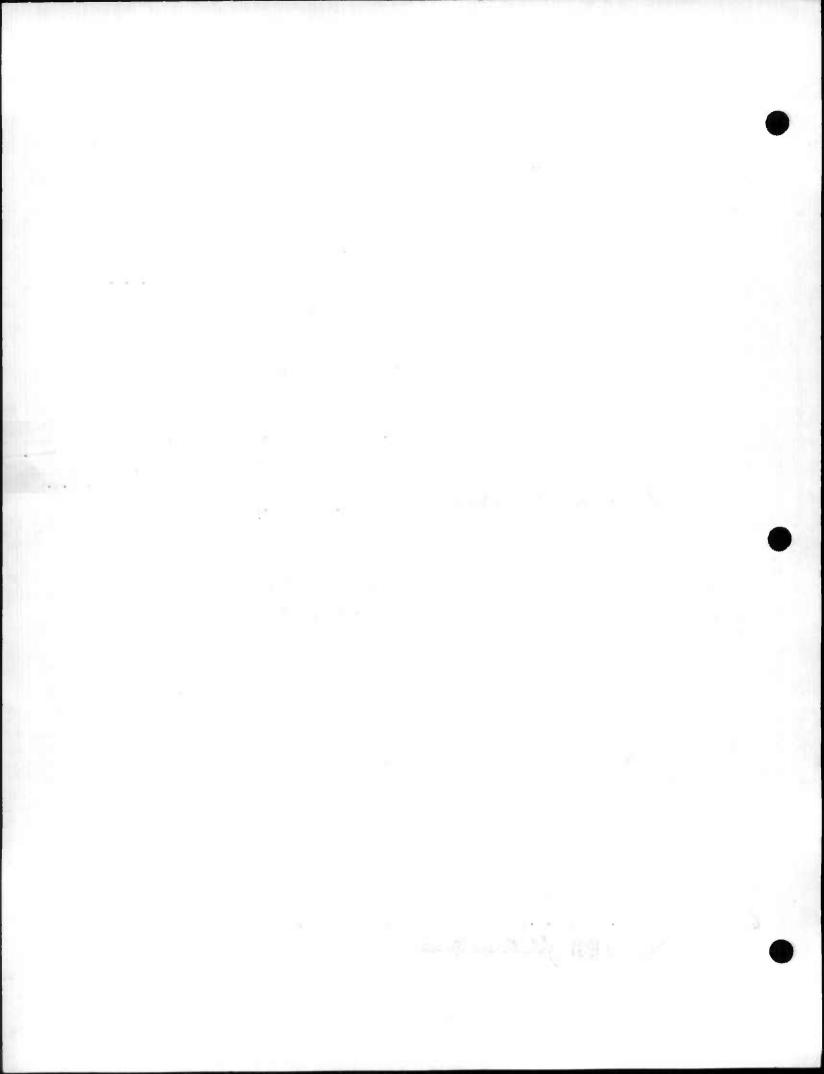
	1	3	
le		les 1	east
Pr. 1	Riter	Pag Pag	E STA
BALTIMORE, MARYLAND 21203-3146	PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
OF VITAL RECORDS, P.O. BOX 13146,	at the death certificate be executed within	<ul> <li>this certificate has been signed by the attending physician and completely filled in by the is a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.</li> </ul>	y injury, or other traumatic event,
AL RECOR	he law requires that	has been signed by Dept. of Health a	n 23 shows any
	CIAN: TI	artificate he State	or iten
OF	S PHYSIC	or this ce	arked,
DIVISION	TO THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After the filed within 72 hours after death v	MPORTANT: If Item 28 is ma

10

	1 - STATE OF MAR		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN BEG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Pietra L. Grass			2. DATE OF DEATH	Y 9. 1	3. TIME OF DEATH
			DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
1	9e. FACILITY NAME (If not institution, give street and number)	13	ITY, TOWN OR LOCATION OF D	6/20/96 EATH	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	emen Center	BELHEZO	A	Mon	ST COMERY
뿐	10e. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?
	MD Montgomery	Be	ethesda,			1 YES 2 NO.
RAI	10e. STREET AND NUMBER		101. ZIP CODE 20814		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	7932 Maryknoll Avenue					JSA
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 WMMM 4 Divorced 12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR (	YES 2 KNXX	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic  1 ☐ YES 2 ■ NO Specify  Sp	en, Puerto Rican, etc.)	or No— 14.	RACE — American Indien, Black, White, atc. Specify:
8	15. DECEDENT'S EDUCATION	18+. DECEDENT'S USUAI		16b. KIND OF BUS	SINESS/INDUST	
<u> </u>	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	Illie. Do NOT use retire	ne during most of working d.)			
MPI	12	retir	ed employee	Ma	caroni	Factory
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Malden		-
BE (	Anthony Grassi			zilda Space		
10	190. INFORMANT'S NAME (Type Office) Mrs. Vilma C. Ford	19b. MAILING ADDR	ESS (Street end Number or Rural	Route Number, City or Tow	n, State, Zip Coo	to)
	Mrs. Mary Louise Michel		esda, MD 2081			
	20e, METHOD OF DISPOSITION  1	other place)	(Name of cemetery, crematory or		Cumbo	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- Str Mary	S COMPLETY 22. NAME AND ADDRESS OF FA	CILITY	CURIDE	L-Laiking Pills
	· Johns 7 stoays	elli	Camborlan	Funeral Ho	2	
	23. PART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause	used the death. Do not an on each line.	tar the mode of dying, au	ch as cardiac or reap	ratory arreat	, Approximata Interval Between
	IMMEDIATE CAUSE (Final					Onset and Death
	disease or condition resulting in death)	AS A CONSEQUENCE OF):	andon			Seconds
_	- COLO O	AS A CONSEQUENCE OF):	y di sear	•		1
CERTIFICATION	Sequentially list conditions,  OUE TO (OR	AS A CONSEQUENCE OF:	y ou sur	د		years
X	Cause. Cittal OlioCheriito		*			! '
Ħ	CAUSE (Disease or injury that initiated events DUE TO (OR	AS A CONSEQUENCE OF):				
F	reaulting in death) LAST					
	PART II. Other significant conditions contributing to de	oth had not required to the		5		
CAL		ith but not resulting in the	undariying cause given ir	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	hypon tension			1 TYES 2	NO	OF DEATH?
Σ						1 TYES 2 NO
ÿ						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТІ	26. PLACE OF DEATH (C.	heck only one)		
PHYSICIAN: MEDI	1 VES 2 NO 1 Inpatient 2 ER		Nursing Home 5 - Residence			
	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJ (Month, Day, 1)		28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
B	2 Accident Investigation	JURY — At home, farm, street,	1 YES 2 NO	ORE LOCATION CO.		2-10-14
TED	3 Suicide 8 Could not be 4 Homicide determined		rectory, office	28f. LOCATION (Street City or Town, State)	end Number or I	tural House Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the basis of examiner					euse(e) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			IGNED (Month, Day, Year)
H	Barer ml		ATY	139	D /5	-15-51
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OF DEATH (ITEM 27) (Type, Print)	41 -1		(1	. ) (1
	RUBERT BAYER MIN S		ALN BE	7H. MA		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	RLV, BE	1.11/10		
	DEC 1 6 1001 Sulis Navido	an Badelle				

self and a second

		FOR Item: 1 - STATE REGISTRAR	5 per	STATE OF I	MARYLAN	ND / DEPA CERTII	/ 9 2 RTMEN	reb TOFF	IEALTH DE AT	AND	MENT		<b>VE</b>	J	5200
		1. DECEDENT'S NAME (Firs				OLITTI	IOAI	_ 01	DLA		2. DAT	REG. NO	OAY	YEAR	3. TIME OF DEATN
		ANASTAZ.		LA GANZI				_			12/16/91				7:45 P
	+	181 14 476		1. M 2 X F		rrs. last birthday,	MONTHS	DAYS	HOURS	24 HRS. MIN.	(Mo	E OF BIRTH nth, Day, Year)		Country	
1	ф)	9a. FACILITY NAME (If not in			89	1110.	9h CITY	V TOWN (	OR LOCATIO	ON OF F		/27/02			OSLAVAKIA
	E E	FROSTBURG V	/ILIAGI		G HOME			ROST		ON OF L	EAIN			NTY OF OE	
Ar . sees	EC	RESIDENCE OF DE	10b. COUNT	1		10c. CI	TY, TOWN	OR LOCAT	ION					T	
<b>2</b>	DIRI	MARYLAND	ATITA	EGANY			EL A			ע בכני	NT)				10d. INSIDE CITY LIMITS?
bermit.		10e. STREET AND NUMBER		JCI II I			Lill A	_	. ZIP CODE		IND		10g. CIT		1 YES 2 X NO
38	FUNERAL	200 NORTH	BEL A	R DRIVE					2150	12			ı	J.S.A	
020 physician. burial-transit	5	11. MARITAL STATUS 1 Never Married 2	Marada .	12. WAS DECEDEN FORCES? 1	NT EVER IN U.	S. ARMED	13.	WAS DEC	ENDENT O	F NISPA	NIC ORIG	NN? (Specify Ye	s or No—	14. RACE	American Indian,     White, atc.
	B	3 Widowed 4 Div		IF YES, GIVE V	MAR OR DATE	s X			2 NO	Speci		o Prican, arc.)		Specify	<i>(</i> :
- 0 0	0	15, DEC	CEOENT'S EDU	CATION	16	a. DECEDENT'S	I I SUAL O	CCUBATIO	41 M		1.00				WHITE
T. 6 .	151	(Specify on Elementary/Secondary (I	ly highest grade 0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT	work done	during mo	st of workin	g	18	56. KIND OF BU	SINESS/INC	USTRY	
o g g	릴	8 ?	,	5011090 (14 01 5		OWNER-	OPERA	TYOR				TAV	EDVI		
AND the hospit detached	COMPL	17. FATHER'S NAME (First, M	fiddle, Last)			OTTALL	OL III (	11011	18, MOTH	VER'S NA	AME (First,	Middle, Maiden			
3 E E	l iii	MARTIN							A	NNA		?			
Shou shou	0	19a. INFORMANT'S NAME (	Type/Print)			19b. MAJLIN	G ADDRESS	S (Street a				mber, City or Tow	m, State, Zip	Code)	
. 2 8 0	-	IRENE HUG				200 1	N. BE	LA	IR DR	IVE	, CU	MBERLA	ND, M	D 21	502
THE THE		20a. METHOD OF DISPOSIT	on 3 🗌 Rem	oval from State	cemeter	ACE AND DATE	other place)				OA	TE 20c. LO	CATION —	City or Tow	n, Stata
		4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FUNERA		ENSEE	- HO	LY TRI	YTIV	CEMI			11/	20 FOR	D CII	Y, P	AA
_ = e E	- 1	M	1	mi	6	)	22.	NAME AN	ID ADDRES	S OF FA	CILITYS	OWERS 1	FUNER	AL H	OME, P.A.
W - = @		1/100	1011/	11.39	owe	20/	60	) W.	MAIN	ST	., F	ROSTBU	RG, M	D 21	532
5; F.C. BOX 6610U, death certificate be executed within 24 hours after attending physician and completely filled in by th martal Hyglene prior to bunal, cremation, or remov, ry, or other traumatic event, the medical	ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										Approximate interval Between Onset and Death			
he death cerri the attending Mental Hygie	B			l											
v requires that the been signed by the t. of Health and Misshows any Injury	IN: MEDICAL	PART II. Other significa		s contributing to	death but r	not resulting	in the un	deriying	cause g	iven in	Part i.	24a. WAS AN PERFOR 1 YES 2	1		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  I YES 2 NO
N: The law ficate has State Dep	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DE	ATN (Ch	eck only o	nne)			
SICIAN: The certificate the State	ΥS	1 TYES 2 NO		1 Inpatient 2 I		nt 3 🗆 00A	4X Nun		5 🗆 Res	Idence	s 🗆 Oth	er (Specify)			
NG PHYSI fter this c eath with marked,	РНҮ	27. MANNER OF OEATH	Pending	28e. DATE OF (Month, De		28b. TIN	IE OF IURY	28c. INJU	RK?		28d. OE	SCRIBE HOW II	NJURY OCC	URED	
OING After death	B	2 Accident	Investigation	20. 81 405 01	T In Harm		M		ES 2	NO					
TTEN TOR: after	ETED		Could not be datarmined	building,	atc. (Specify)	At home, tarm,	street, tect	ory, offica			28t. LO	CATION (Street a or Town, State)	and Number	or Rural Ro	ute Number,
DIRECT HOURS	2	29a. CERTIFIER 1 CERT	IFYING PNYSIC	CIAN: To the best of	my knowledge	e, death occurr	ed at the ti	me, data :	and place	and due	to the co	use(s) and man		, i	
HOSPITAL FUNERAL WITHIN 72	COMPL	one) 2 MEDI	CAL EXAMINER	t: On the basis of ax	xamination and	d/or investigation	n, in my o	pinion, de	ath occure	d at the	time, date	e and place, an	d due to the	ceuse(s) :	and manner es stated.
THE HOSPI THE FUNEF filed within	U U	29b. SIGNATURE AND TITLE							29c. LICEN						
TO THE TO THE be filed	00	1	un	1 60	-						24	ر ا	DATE	1)	Aonth, Day, Year)
/	유	30. NAME AND ADDRESS OF												101	11171
6		JESUS H.		.D., FRO	STBURG	F PLAZZ	A, FR	OSTE	BURG,	MD	215	32			
		DEC 1 9	1991	32. REGISTRAI	AS SIGNATUR	dell									



FOR

TO BE COMPLETED BY FUNERAL DIRECT

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

1 - STATE REGISTRAR	OINTE OF MIN	CE			F DEATH	MENTA	REG. NO	_				
1. DECEDENT'S NAME (First, Middle, Last) PATRICIA	ANN	G	ARDN	ER		2. DATE	OF DEATH	<sup>^*</sup> 91	YEAR	3. TIME OF DEATH 20:50		
4. SOCIAL SECURITY NUMBER 234-42-6709	5. SEX 6.	AGE (In yrs. les		IF UNDER 1 YEA			OF BIRTH h, Day, Year)		Count			
9a. FACILITY NAME (If not institution, give s	X	61	YRS.	a. a.z		Feb	12,	1930		st Virginia		
SACRED HEART HOS					BERLAND,				EGAN			
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	,		100 CIT	Y TOWN OR LO								
WV Mine			10c. CITY, TOWN OR LOCATION  Keyser							10d. INSIDE CITY LIMITS?  1 7 YES 2 NO		
10e. STREET AND NUMBER				1	101. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?		
32 Gilmore Street 26726 U.S.A.												
11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  3 XXWidowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO II yes, specify Cuban, Mexicen, Puerto Rican, atc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.)  14. RACE — American Indian, Black, Whita, atc.  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.)  16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.)  17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.)  18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.)  19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, Whita, atc.)												
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION	166	KIND OF BUS	SINESS/INI	DUSTRY	WILLCE		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	vork done during a retired.) emaker	most of working		Oran	n Hom				
17. FATHER'S NAME (First, Middle, Last)			HOI	CHUIZCI	18. MOTHER'S N	AME /Elmt			E			
Clarence Trenum					1110-1110		izabet		tca1	fe		
19a. INFORMANT'S NAME (Type/Print) Biard M. Gardner,	Jr.				stand Number or Rura Street, K			0.00				
				FDISPOSITION		eyser		267		000PU -		
20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	cemetery, cres	matory or of			1			•	st Virginia		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRESS OF F	ACILITY						
Harold Near Nothings 111 S. Mineral St., P.O. BOX 912 Keyser, WV 26726												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  Approximate interval Between												
Interval Between Onast and Daeth												
disease or condition reaulting in death)	Cano		of	2 no	oustr	iun	ar	th		>24101		
	NO) 01 300	A ACONSEO	UENCE OF	): 	2000	4	0601	05/	T	12/300		
Sequantially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	UENCE OF	3	2	10	0	1	,			
CAUSE (Disease or injury	· Hell	AS A CONSEO	1	ack	ku	art	60	656	ucho	u		
that initiated avants resulting in death) LAST	10101	a la Ol	DENCE									
	. <u>a</u>	anes	5_									
PART II. Other significant condition	a contributing to das	ith but not re	eaulting i	n tha underly	ing cause given i	n Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
							1 _ YES 2	DO NO		COMPLETION DF CAUSE OF DEATH?		
										1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				20	DI ACE OF DEATH #	St	-					
EXAMINER?  1 Tes 2 No	HOSPITAL:	/Outpatient 3	□ DOA	OTHER:	PLACE OF DEATH (C		1115					
27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIME	OF 28c. I	ome 5 Residence	-	CRIBE HOW II	NJURY OC	CURED			
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	emr)	INJU		VORK? YES 2 NO							
3 Suicide a Could not be determined	28e. PLACE OF IN building, atc.	JURY — Al hon (Specify)	ne, ferm, s	treet, factory, of	fica	281. LOC City	ATION (Street a or Town, State)	and Number	or Rural F	loute Number,		
29a. CERTIFIER Check only	CIAN: To the best of my	knowledge des	th occurre	d at the ilms d	te and place and 4	a to the ac-	no(a) and m					
	R: On the basis of exami									) and menner as stated.		
296 SIGNATURE AND TITLE OF CERTIFIER	17		_		29c. LICENSE NO	JMBER		29d. DAT	E SIGNED	(Month, Day, Year)		
John Mel	Lahus	77	D		10-1	154		1	2-(-	7-91		
DR. JOHN MEHANN					CUMBERL	AND.	MD 215	502				
31. DATE FILED (Month, Day, Year) DEC 1 9 1991	32. REGISTRAR'S	SIGNATURE				,						
DEC 1 9 7991 5	erta Davidson	Mandelle										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

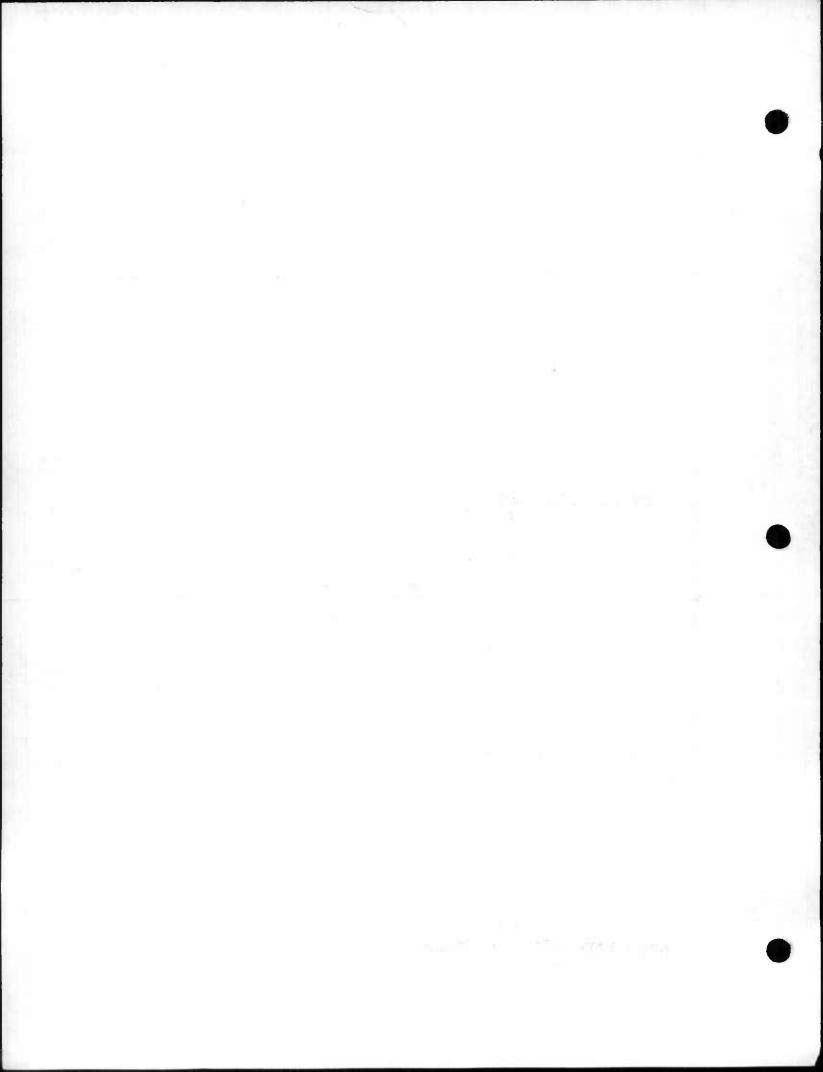
To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages in the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

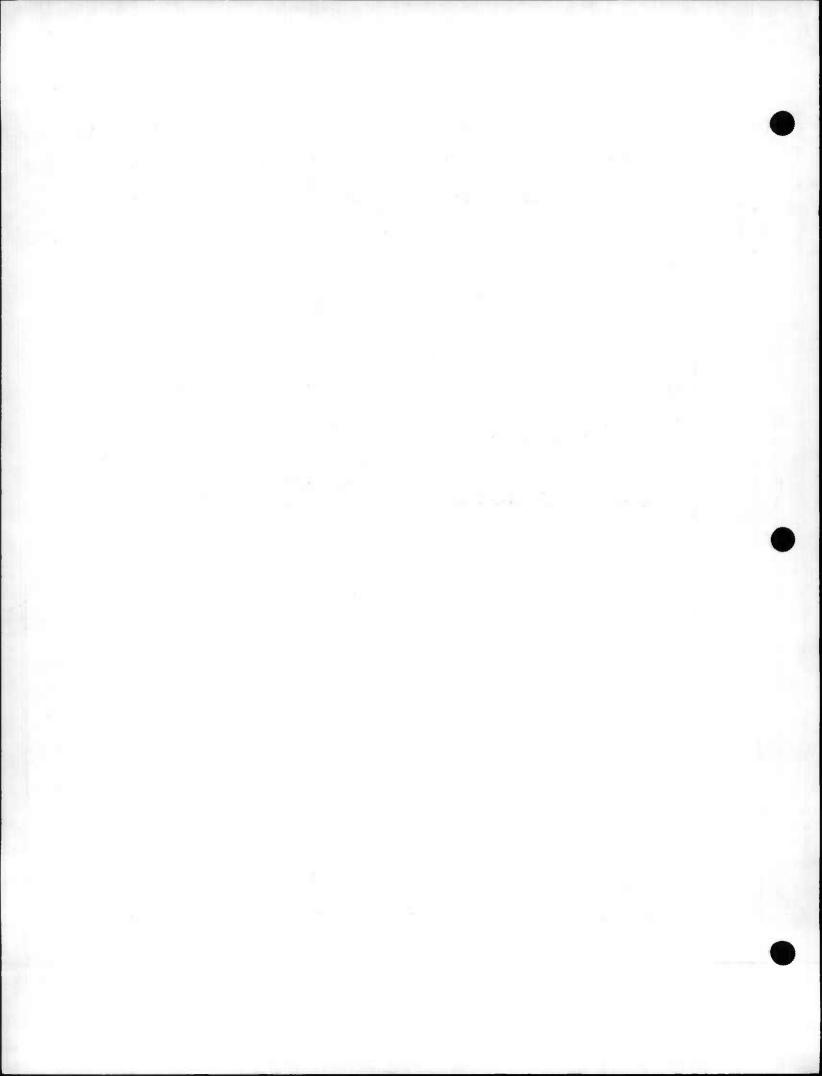
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev



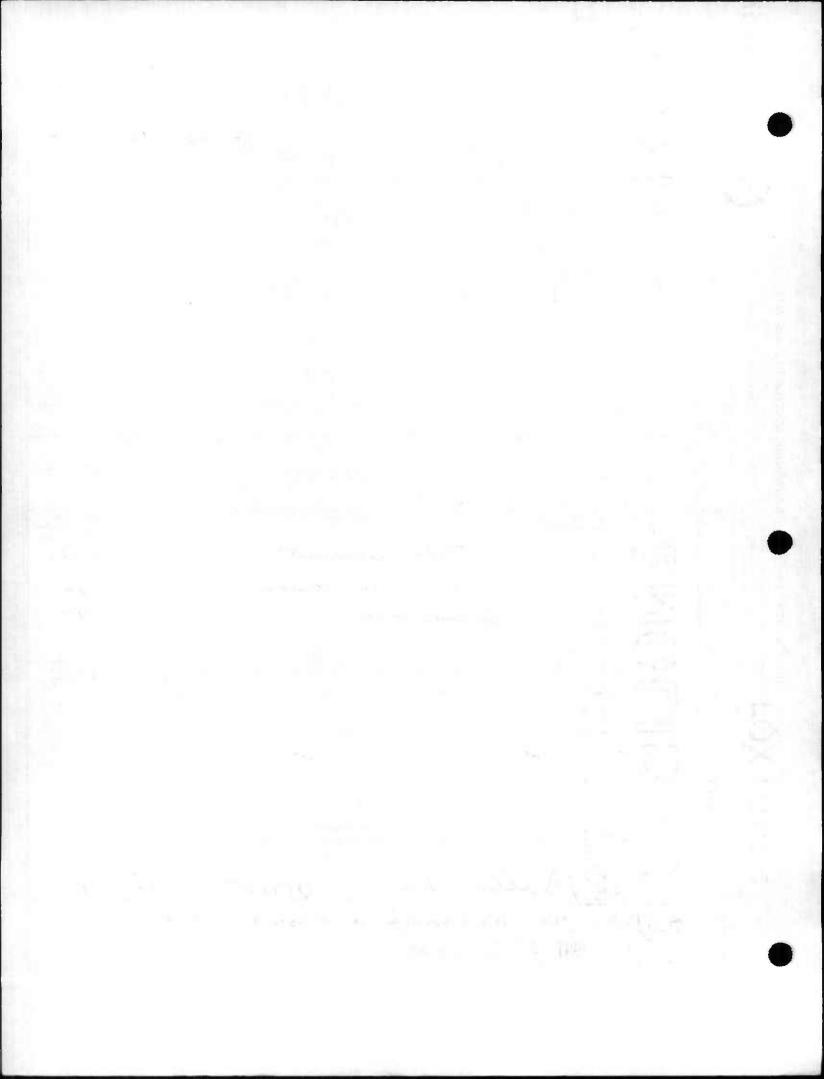
	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).		
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH	
		Raymond Ho	lmes			December December		1145 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (/	n yrs. last birthday) III	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign	
- 3	The second secon	1 🕅 M 2 🗆 F		INTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	untry)	
	212 01 3070					Aug. 27,			
	9a. FACILITY NAME (If not institution, give stre			b. CITY, TOWN O	R LOCATION OF OE.	ATH	9c. COUNTY O	FOEATH	
8	Union Hospital of	Cecil Count	у	Elkton			Cecil		
J.	RESIDENCE OF DECEDENT								
F	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
F	Maryland Cecil		Elkt	on				1 X YES 2 NO	
F	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
E	218 Melbourne Bou	levard			21921		U.S.A	i •	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	g or No.— 14. B.	ACE — American Indian,	
E	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	cify Cuban, Mexical	n, Puerto Rican, alc.)	В	lack, White, stc.	
BY	3 🔀 Widowed 4 🗌 Olvorced	IF YES, GIVE WAR OR O	TES	1   YES	2 NO Specify	**	S <sub>i</sub>	White	
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S US	1141 0001104710	•	AND WHILD OF BU	ISINESS/INDUSTR		
1	(Specify only highest grade or		(Give kind of wor	done during mo	st of working	IOO. KIND OF BO	SINESS/INDUSTR		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Laborer	sured.)		Firewo	orks Pla	nt	
A P			Laborer			Tilewo	JIKS IIU	.110	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider			
ш	Grason Holmes				Caroli	ne Rothwel	LT		
00	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AI	ODRESS (Street a	nd Number or Rural F	Route Number, City or Tox	vn, State, Zip Code)		
2	Cecilia A. Pellet	ier	218 Me	lbourne	Bouleva	rd El	kton, M	D 21921	
	208. METHOD OF DISPOSITION DEC.	19, 1991 1200	PLACE OF DISPOSIT				OCATION — City of		
	1 X Buriel 2 Cremation 3 Ramov	val from Stala	other place)		retery, crementory or				
	4 Donation 5 Other (Specify)		Elkton Cer				kton, Ma	ryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		H1CK	S HOME I	or Funeral	ls, PA		
		1 1 P		103	West Sto	ckton Stre	eet		
	23. PART I. Enter the diseases, pr co	J. Huch	( the death Dense			21921-552		I Association	
	shock, Dr haart failure. Li			antar tha mo	da or dying, suci	n aa caronac or reap	oratory arrest,	Approximate Interval Between	
- 1	IMMEDIATE CAUSE (Final							Onset and Death	
	disease or condition resulting in death)	DUE TO (OR AS A  CONCONCENT  DUE TO (OR AS A	Mys CHOW	MAL	IN FAM	TOOW			
	Todaming in doubly	DUE TO (OR AS A	CONSEQUENCE OF):						
-		CONONEH	W AL	TE M	1) where	_			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	- (	10 39 /		· ·		
¥	cause. Enter UNDERLYING	ANTEN	OSCUM	to TIL	CARNI	V V 48 Cur	AN W	(,	
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	V /1	0		you lot	•	
E	resulting in death) LAST								
Ä	d.								
	PART II. Other aignificant conditions	contributing to death b	ut not resulting in	the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS	
3							PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
0						1 TYES	2 NO	OF DEATH?	
Σ								1 TYES 2 NO	
ż									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
S		HOSPITAL: 1   Inpatient 2   ER/Outp		THER:	e 5 🗆 Residence	6 Other (Specify)			
<b>\( \)</b>	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME	OF 28c, IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	0	
	1 Natural 6 Pending	(Month, Day, Year)	INJUI	TY WC	PRK? YES 2 NO				
BY	2 Accident Investigation								
	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str cify)	et, factory, offic	•	26f. LOCATION (Street City or Town, State	t and Number or Ru e)	ral Route Number,	
COMPLETED	4 Homicide determined								
اي	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(s) and m	anner as stated.		
ž.	CONDON ONLY							use(s) and manner as stated.	
8				ALL STREET					
B	29b. SIGNATURE AND TITLE OF CERTIFIER	1 +			29c. LICENSE NUI		1 .	NED (Month, Day, Year)	
	June 1	agent			D074	63	1 /7	-19-91	
2	30. NAME AND ADDRESS OF PERSON WHO								
	Rolándo A. Najera	a, M.D.	105 East	Main St	reet	Elkton,	MD 219	21	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE						
1,9	DEC 19'91	Julia Bavidson-V	fandale						



111	1. DECEDENT'S NAME (First, M	liddle, Last)								2. DATE Of	DEATH			3. TIME OF DEATH
*	Pic	hard	Clarer	CO H	arman					MONTH	-		CHEAR	10
- 1	4. SOCIAL SECURITY NUMBER		5. SEX		rs. last birtnday	I II III	ER 1 YEAR	IF UNDER	A4 MPC	7. DATE OF	BIRTH	0	Z PIRTUR	LACE (State or Flore
	214-28-0842	•	1 M 2 F	6. AGE (III)		MONTHS		HOURS	MIN.	(Month, L	Day, Year)		Country,	
-	9a. FACILITY NAME (If not instit	tution also e		0	9b. CITY, TOWN OR LOCATION OF D					6-1-1931 Maryland				
œ	Carroll Coun			spita	7					AIII	Carroll			
8 F	RESIDENCE OF DECE			OP L GG	_	Westminster					Carroii			
DIRECTOR		Ob. COUNTY			10c, C	TY, TOWN	OR LOCA	TION				10d. INSIDE CITY LIMITS?		
	Maryland	Ca	rroll			Han	npste	ad				1 - YES 2 N		
FUNERAL	10e. STREET AND NUMBER		7				10	1. ZIP COD		1074		10g. CIT		HAT COUNTRY?
<u> </u>	4511 Foxtail	L Road	0.						۷.	L074		USA		
2	11. MARITAL STATUS  1 Never Married 2 M		12. WAS DECEDEN FORCES? 1	YES	.S. ARMED 2 NO	13				IC ORIGIN?		or No-	14. RACE Black,	<ul> <li>American Indian Whita, etc.</li> </ul>
B	3 Widowed 4 Divorce		IF YES, GIVE Y	A OR DATE	PYES 2 NO If yes, specify Cuban, Maxica 1 YES 2 NO Specify Cuban, Maxica 1 YES 2 NO Specify								Specify	White
	15. DECED	ENT'S EDU		<del></del>	6a. DECEDENT	S USUAI	OCCUPATI	ON		16h K	IND OF BUS	SINESS/IN	DUSTRY	WILLCE
COMPLETED	(Specify only h	ighest grade			(Give kind o	f work don	ne durina m	ost of workli	g	1				
2	7th grade	4)	College (1-4 or 5	*'	Self-	-Emp]	loyed	1			Truck	Dri	ver	
8	17. FATHER'S NAME (First, Midd	dle, Last)						7	HER'S NAI	ME (First, Mic	ldle, Malden	Sumame)		
O I	Rev. Clarence	ce M.	Herman					La	veni	a Sny	der			
0	19a. INFORMANT'S NAME (Typ				19b. MAILI	IG ADDRE	ESS (Street	and Number	or Rural F	loute Number	City or Tow	n, State, Zi	ip Code)	
임	Irene Herman	n			4511	Foxt	tail	Road	, Hai	npste	ad, M	d. 2	1074	
l	20a. METHOD OF DISPOSITIO	N _			LACE OF DISP	OSITION (	(Name of ca	metery, crer	natory or		20c. LO	CATION -	- City or Tow	rn, Stata
	1 Donation 5 Communication		ther place) ampstea	ad Ce	emete	ery		Hampstead, Md. 2107						
ı	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE 1			ND ADDRE	SS OF FA	TILLE			ral H			
- 1	Atre													
	23. PART i. Enter the disc shock, or hee IMMEDIATE CAUSE (Fine disease or condition	eases, or o	complications the	at caused t	ha death. Do					treet	, Ham	pste	ad, N	Approximatinterval Be
FICATION	23. PART I. Enter the disc shock, or hee IMMEDIATE CAUSE (Fine	eases, or cort failure.	List only one co	at caused tuse on sec	ha death. Do	onot ant				treet	, Ham	pste	ad, N	Approximatinterval Be
NCAL CERTIFICATION	23. PART I. Enter the dis- shock, or hee IMMEDIATE CAUSE (Fine disease or condition reculting in death)  Sequentially list conditio if eny, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury	ns, fellure.	E. DUE TO	at caused tuse on each	ha death. Do h line.  ONSEQUENCE ONSEQUENCE	ory:	ter tha me	oda of dy	ing, auci	Part I. 1	c or respi	pste	ead, N	Approximatinterval Be Onset and Manager File
MEDICAL	23. PART I. Enter the disselect, or hee immediate CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate G	E. DUE TO	at caused tuse on each	ha death. Do h line.  ONSEQUENCE ONSEQUENCE	ory:	underlyin	oda of dy	ing, auci	Part I. 3	c or respi	AUTOPSY	ead, N	Approximatinterval Be Onset and Onse
MEDICAL	23. PART I. Enter the dis- shock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list conditio if eny, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant	ns, ate G	DUE TO	at caused to use on economic of the caused to use on economic of the caused to use on economic of the caused to use of the caused to us	ha death. Do h line.  ONSEQUENCE  ONSEQUENCE  not resultin	orp:	underlyin	ng cause	given in	Part I. I	, Ham c or respi	AUTOPSY	ead, N	Approximatinterval Be Onset and Onse
MEDICAL	23. PART I. Enter the dissahock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immediacause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant in the condition of the conditi	ns, ate G	DUE TO  A. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  D.	at caused to use on second or caused to use on second or caused to use on second or caused or ca	ha death. Do h line.  ONSEQUENCE  ONSEQUENCE  ONSEQUENCE	orp:	underlyic	ng cause	given in	Part 1. 1	AR WAS AN PERFOR	AUTOPSY	rrest,	Approximatinterval Be Onset and Onse
PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee immediate CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  15. WAS CASE REFERRIED TO EXAMINER?  17. WAS CASE REFERRIED TO EXAMINER?  18. WAS CASE REFERRIED TO EXAMINER?  19. WAS CASE REFERRIED TO EXAMINER?  10. WAS CASE REFERRIED TO EXAMINER?	nases, or or failure.  Ins, ate G	DUE TO	at caused tuse on efficiency as a control of the cause of	ha death. Do h line.  ONSEQUENCE  ONSEQUENCE  ONSEQUENCE	orp:	underlyin	ng course	given in	Part 1. 1	, Ham c or respi	AUTOPSY	rrest,	Approximatinterval Be Onset and Onse
BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee immediate CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  1 VEB 2 NO  37. MANNER OF DEATH  1 Natural 2 PART II. Natural 3 PART III. Natural 1 PART III. Natural 1 PART III. Natural 1 PART III. Natural 2 PART III. Natural 1 PART III. Natural 2 PART III. Natural 1 PART III. Natural 2 PART III. Natural 2 PART III. Natural 3 PART III. Natural 2 PART III. Natural 3 PART III. Natural	ns, ate G / Condition	B. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  D. DUE TO	at caused to use on 96c of the period of the	ha death. Do h line.  ONSEQUENCE  ONSEQUENCE  ONSEQUENCE  not resultin	orp:	underlyin	ng cause	given in	Part I. 2  BC Only One)  B C Other ( 284, 0590	AR. WAS AN PERFOR	AUTOPSY NO	rrest,	Approximatinterval Be Onset and Onse
BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  15. WAS CASE REFERRIED TO EXAMINERY  16. WAS CASE REFERRIED TO EXAMINERY  17. WANNER OF DEATH  18. Natural S. P. Accident  26. Suicide 6 C. C.	nases, or or failure.  Ins, ate G	B. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  D. DUE TO	at caused to use on efficiency as a control of the caused to use on efficiency as a control of the caused to the c	onsequence  not resultin	orp:	underlying to a second	ng cause	given in	Part I. 2  Part I. 2  pok conty and  B	AR. WAS AN PERFOR	AUTOPSY NO	24b.	Approximatinterval Be Onset and
BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRIED TO EXAMINERY  1 PART III. Other significant  26. WAS CASE REFERRIED TO EXAMINERY  1 PART III. Other significant  27. WANNER OF DEATH  1 Natural  2 Accident  3 Succession of the condition of the	ns, ate G  t condition  MEDICAL  MEDICAL	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  D.	of Bhattery Cor Bh	onsequence onsequence onsequence onsequence onsequence onsequence	or):  OF):  g in the	underlyin	PLACE OF DIRECT YES 2	given in	Part I. 2  B G Other (28d, Desc. Copy)	AR. WAS AN PERFOR	AUTOPSY NAMED?	24b.	Approximatinterval Be Onset and Onse
BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRIED TO EXAMINERY  1	ns, ate G  t condition  MEDICAL  mending ending ending ending the formula out of the form	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  D. DATE O  J.	of thurstery by the process of the p	onsequence onsequence onsequence onsequence onsequence and resultin	or):  OF):   underlyin	PLACE OF E	given in	Part I. 2  B Other (28st. COpy)  To the cause	AR. WAS AN PENFOR ID YES 1	AUTOPSY NAMED?	24b.	Approximatinterval Be Onset and Onse	
BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee immediate CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  15. WAS CASE REFERRIED TO EXAMINERY  1	ns, ate G / Condition  MEDICAL  ending westigation outd not be stermined	DUE TO  B. DUE TO  B. DUE TO  C.	of thurstery by the process of the p	onsequence onsequence onsequence onsequence onsequence and resultin	or):  OF):   underlyin	TLACE OF E	given in	Part I. 2  Bick conty one)  Bi Other (  28d. DESO  28f. LODA)	AR. WAS AN PENFOR ID YES 1	AUTOPSY SMED? NO	24b.	Approximatinterval Be Onset and Manual Private	
E COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRIED TO EXAMINERY  1	ns, ate G / Condition  MEDICAL  ending westigation outd not be stermined	DUE TO  B. DUE TO  B. DUE TO  C.	of thurstery by the process of the p	onsequence onsequence onsequence onsequence onsequence and resultin	or):  OF):   underlyin	TLACE OF E	given in	Part I. 2  Bick conty one)  Bi Other (  28d. DESO  28f. LODA)	AR. WAS AN PENFOR ID YES 1	AUTOPSY SMED? NO	24b.	Approximatinterval Be Onset and Onse	
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRIED TO EXAMINERY  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 2 Accident 3 Death  29. CERTIFIER Check only one 2 MEDIC	ns, ate G  t condition  MEDICAL  MEDICA	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  D.	of this party of the property	ha death. Do h line.  Continuence  Consequence  rp:  OF:  OF:  OF:  OF:  OF:  OF:  OF:  O	underlyin	TLACE OF E	given in	Part I. 2  Bick conty one)  Bi Other (  28d. DESO  28f. LODA)	AR. WAS AN PENFOR ID YES 1	AUTOPSY SMED? NO	24b.	Approximatinterval Be Onset and Onse	
E COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the dissahock, or hee immediate CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if eny, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  15. WAS CASE REFERRIED TO EXAMINERY  1	ns, ate G  t condition  MEDICAL  MEDICA	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  D.	of this party of the property	ha death. Do h line.  Continuence  Consequence  rp:  OF:  OF:  OF:  OF:  OF:  OF:  OF:  O	underlyin	TLACE OF E	given in	Part I. 2  Bick conty one)  Bi Other (  28d. DESO  28f. LODA)	AR. WAS AN PENFOR ID YES 1	AUTOPSY SMED? NO	24b.	Approximatinterval Be Onset and Manualle Private Completion of Completio	

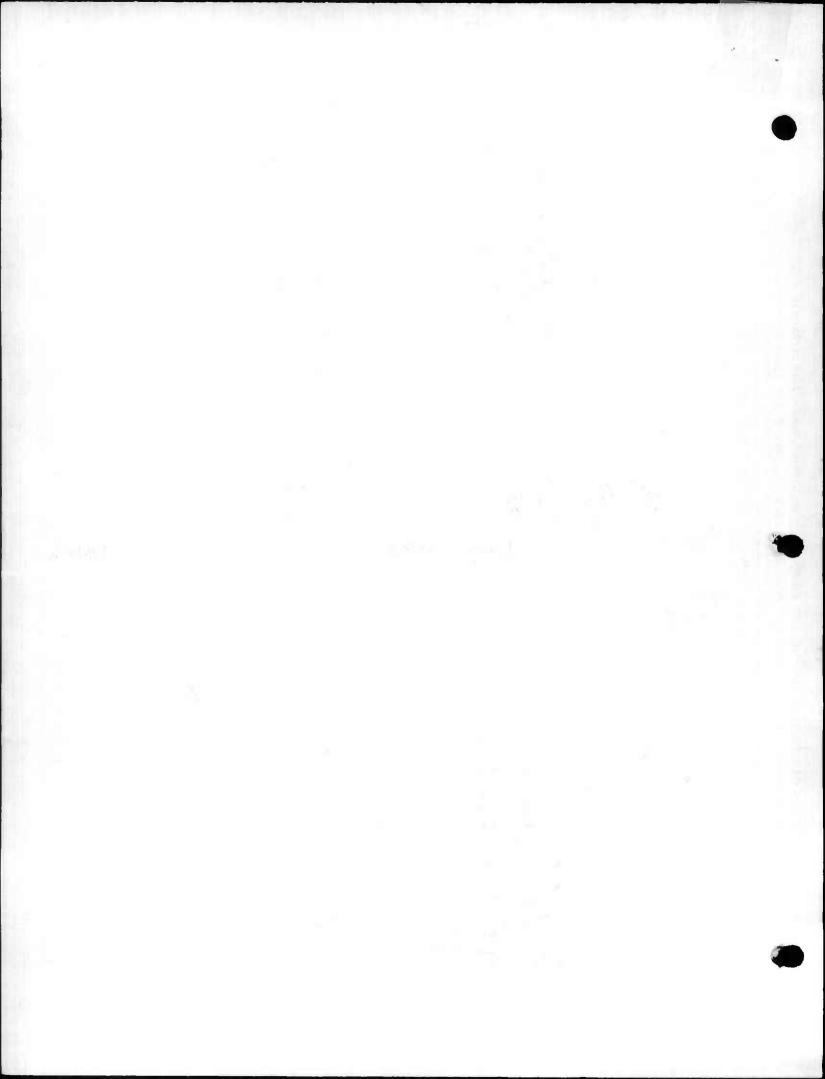
detacl		Duce
ed be		d at
shou		ofiffe
page		be n
ector,		must
ral dir		liner
e fune	ei.	EXAIT
by th	emova	dical
lled in	1, 00 ,	me
tely fi	mation	t. th
отріе	al, cre	even
and	o buri	matic
ysician	prior 1	frau
ng ph	giene	other
attend	Ital Hy	V. Or
y the	Mer Mer	Injur
ned t	alth ai	A SANV
en sig	of He	shows
has b	Dept.	23
ficate	State	Hen.
s certi	th the	Ju 10
er this	ath wi	narke
JR: Aft	ter de	Rich
VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	Nurs af	IT if then 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
PAL D	2 hc	1 16 lb
¥	를	5

	1 - STATE REGISTRAR	STATE OF N				T OF HI E OF			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF OEATH
-3	CARRIE H. H	EMMIS							4.0	AY 5	YEAR 9	3:15 PM
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. last b	birthday)		R t YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
1	214-32-3713	1 🗀 M 2 🖽 🛣	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 06-09-1	907	Country)	PA
0	9e. FACILITY NAME (If not institution, give	street end number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE		9c. COUNTY OF DEATH		
<b>4</b> E	109 W. First S	treet		Cumberland							Allega	anv
DIRECTOR	RESIDENCE OF DECEDENT	CL CCC				02.00 03				<u>.</u>		
	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCATI	ON					10d, INSIDE CITY LIMITS?
		legany		C	umbe	rlan	d,				2	YES 2 NO
A	10e. STREET AND NUMBER					101.	ZIP COD			10g. CIT	IZEN OF WI	HAT COUNTRY?
FUNERAL	109 W. First S	treet					215	02		T	JSA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMI	ED	13.	WAS DECE	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	14. RACE	- American Indian, White, etc.
BY F	1 Never Merried 2 XXgerried 3 Widowed 4 Divorced	IF YES, GIVE W				1 TES					Specify	r.
		1									<u> </u>	white
臣	15. DECEDENT'S EDI (Specify only highest grad	JCATION (e completed)	16a. DECE	EDENT'S	work done	during mos	N at of world	ng	16b. KIND OF BU	JSINESS/IN	DUSTRY	
뿌	Elementary/Secondary (0-12)	College (1-4 or 5	+)									
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		n n	ous	ewif	e				home	;	
									ME (First, Middle, Maide	n Sumame)		
B	Scott Woods								za Sensor			
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or To			
1	Mr. Clarence W	. Hemmis							Cumberland			
	20e. METHOD OF DISPOSITION 1 □ Squrial 2 □ Cremation 3 □ Ren	noval from State	of cemetary, c	remator	v or other	place)			1		City or Tow	
	4 Donation 5 Other (Specify)		Davi	s Me	emor	ial (	eme:	tery		Cumbe	rland	MD
	21. SIGNATURE OF PUNERAL SERVICE L	ICENSEE /	1.	1.	22				uneral Hon	20		
	Vares 7	X Ca	Mean	1								
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fellure. List only one cause proceed line.  Approximate interval Between the mode of dying, such as cerdiec or reepiratory arrest, interval Between the mode of dying, such as cerdiec or reepiratory arrest, interval Between the mode of dying, such as cerdiec or reepiratory arrest, interval Between the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, such as cerdiec or reepiratory arrest, and the mode of dying, and the mode of dying are considered as a constant of the mode of dying are considered as a constant of the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying are constant or the mode of dying areal area.											
	IMMEDIATE CAUSE (Finel	. List only one cat	se pr eech line.									Onset and Death
	disease or condition		strop	e	~ 2	cun	~	7				246
	resulting in deeth)	DUE TO	(OR AS A CONSEOL	JENCE/C	NF):							
z		. C	OR AS A CONSEOL	-0-	enle		de	en				-zn
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate	DUE TO	(OR AS A CONSEOU	JENCE C	F):							1
8	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c (	Ethers	cl	-02	u						yes.
프	that initiated events	DUE TO	(OR AS A CONSEOL	JENCE C	F):							
	resulting in death) LAST	d										
	PART II. Other significent condition	ens contributing to	deeth but not re-	suiting	in the u	ndedvino	COLUMN	alven in	Part I. 24s, WAS A	N ALITOPSY	245	WERE AUTOPSY FINDINGS
CAL			dootii bat iiot io.	ounting	ni uio c	indutying	, 00000	Stager III	PERFO	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 YES	2 NO		OF DEATH?
MED									l			1 TYES 2 NO
Ë												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_	OTHE		ACE OF E	DEATH (Ch	neck only one)			
YSI	1 YES 2 NO	1 superient 2	ER/Outpetient 3	DOA			6 CM	Sidence	6 Other (Specify)			
F	27, MANNER OF DEATH	26e. DATE OF (Month, L		26b. TII	WE OF	28c. INJ	URY AT RK?		26d. DEŞCRIBE HOW	INJURY O	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				M	1 🗆 1	/ES 2 [	_ NO				
	3 Suicide 6 Could not be	28e. PLACE C building.	OF INJURY At hom , etc. (Specify)	ie, farm,	street, fa	ctory, office			26f. LOCATION (Stree City or Town, State	t end Numbe	or or Rural Ru	oute Number,
	4 Homicide determined					- 61						
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	f my knowledge, deal	th occur	red at the	time, date	and place	e, end due	to the cause(s) end m	anner as st	ated.	
N N	one) 2 MEDICAL EXAMIN	IER: On the basie of a	examination and/or in	westigati	on, In my	opinion, d	eath occu	red at the	time, data end place,	and due to	the cause(s)	end manner as stated.
	29b. SIGNATURE AND TITLE-OF CERTIFI	ER A		_		_	29c. LIC	ENSE NU	MBER	294 DA	TE SIGNED	(Morith, Day, Year)
H	60	Ball	no Th	-60					565			13/9/
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	ISE OF DEATH (ITEM	27) (Nn	e, Print)							,,,,
		1.D. 95	5 France	ME .	ke (	54	Cura	1600	12nd M	12	101	
						'	2 - 07	10			3	
	DEC 1 6 1991	Juna Vac	idean Road	102								
1	1001	1		-								



BALTIMORE, MARYLAND	nurs after death. Page 6 may be retained by the hos	lified in by the funeral director, page 5 should be detach n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M		) / DEPAR Certif					IENTAL	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) George M. Harman	n							2. OATE MONTH	OF DEATN		AR	TIME OF DEATN 3:20 a m
0	4. SOCIAL SECURITY NUMBER 220 01 2028	5. SEX 1 X M 2 F	6. AGE (In yrs		IF UNDER	DAYS	HOURS	MIN.	7. DATE (Month	OF BIRTN Day, Year) MBER ]	19 a., 3,19 M	BIRTNPLA Country) ARYI	CE (State or Foreign
5	99. FACILITY NAME (If not institution, give to 451 EAST BALTIMOR					rown o		ON OF DEA	ATN		9c. COUNTY Carr		N
HEC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			73.75	Y, TOWN		ION						d. INSIDE CITY LIMITS?
AL D	MARYLAND CARRO			TA	NEYI	-	ZIP COD				10g. CITIZEN		XYES 2 NO
LONE	451 EAST BALTIMOR  11. MARITAL STATUS 1 Never Merried 2 X Merried	RE STREET  12. WAS DECEDENT FORCES?  15 YES, GIVE W				If yes, spe	elfy Cuba		, Puerto R	? (Specify Yes	USA or No— 14.	RACE — Black, W	American Indian, hite, etc.
בר סו	3 Widowed 4 Divorced	WORLD W.	AR II	. DECEDENT'S	USUAL O	CCUPATIO	ON .			KIND OF BU	SINESS/INDUST		ASIAN
ILEI	(Specify only highest grade Elementary/Secondery (0-12) 12th	College (1-4 or 5 +		(Give kind of life. Do NOT u	se retired.)			ng	A	UTOMOI	BILE RE	TAIL	JING
200	17. FATNER'S NAME (First, Middle, Last) CALVIN HENRY HARM	MAN						NER'S NAM		fiddle, Maiden	Surname)		
2	19a. INFORMANT'S NAME (Type/Print) JEAN M. HARMAN										n, State, Zip Coo TOWN ,		TAND21787
	20a METHOD OF DISPOSITION 1 A Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State		MARY				natory or			LVER RU		State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	censee Judy			22. NAME AND ADDRESS OF FACILITY 136 EAST BALTIMORE S' SKILES FUNERAL HOME TANEYTOWN, MD 21787								
	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one ceu	t coused the	deeth. Do line.		the mo	de of dy	ing, auch	aa cerd	liec or resp	iretory errest	,	Approximete Interval Between Onset and Deeth
NI.	Sequentially list conditions,	b	(OR AS A CO										
CALICIA	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CON										
באווי	that initiated events resulting in death) LAST	d	(OR AS A CON	ASEQUENCE C	PF):								
MEDICAL	PART II. Other algoliticent condition	na contributing to	death but n	ot reaulting	In the u	nderlyln	cause	given in F	Part I.	24a. WAS AN PERFO	RMED?	AM CC OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_		OTHE		ACE OF E	DEATH (Che	ck only on	e)			
27.0	1 TYES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 I	INJURY	28b. TIR	4 🗆 Nu	28c. INJ	URY AT	esidence (			INJURY OCCUR	ED	
10	1 Netural 5 Pending Investigation 3 Suicide 6 Could get be	(Month, D	ey, Year) F INJURY — A		JURY M	1 🗆 '	PK? YES 2 [	□ NO	281, LOC	ATION (Street	and Number or i	Rural Rout	n Number
	4 Homicide 6 Could not be determined	building,	etc. (Specify)							or Town, State			
CMT	(Check only one)  1 CERTIFYINO PNYS  2 MEDICAL EXAMIN	ER: On the basic of a										euse(a) er	nd manner ea stated.
0 00 0	29b. SIGNATURE AND TITLE OF CERTIFIE	Shi	J.				29c. LIC	DO 3	BER 396	464	29d. DATE SI	GNED (M	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	hah MD	SE OF DEATH	(ITEM 27) (Type	YP.	19	Rd	, (	GeH	rysbu	716	+1	7325
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATUR	RE				119		,	0		



IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

31. DATE FILED (Mont

1 9 1991

												9		36206
	1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	TMEN	T OF H	EALTH DEAT	AND I	MENTA	L HYGIEN	IE		
	1. DECEDENT'S NAME (First, A	Aiddle, Last)								2. DATE	OF OEATH			3. TIME OF CEATH
	GEORGE AND	REW I	NGRODI							MONT	- 16 h	1.0	YEAR	3:50 P
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. la	et hirthrim)	IE LIMO	ER 1 YEAR	IF UNDER	24 1000		OF BIRTH	- 19		
	159127232		1 XM 2 F	72	YRS.	MONTHS		HOURS	MIN.	(Mont	(Month, Day, Year) 5/3/19		Countr	PLACE (State or Foreign y)
1				12										NSYLVANIA
1	9e. FACILITY NAME (If not insti				9b. CITY, TOWN OR LOCATION OF DE							9c. COL	JNTY OF D	EATH
16	SACRED HEA		SPITAL		Cumbola							ECANY	COUNTY	
DIRECTO	RESIDENCE OF DECE											JOINT	OUDITI	
분		10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	MARYLAND	ALLE	K-AINY		FRO	STB	URG			(CCI	EAN HI	LL)		1 YES NO
FUNERAL	10e. STREET AND NUMBER						10	. ZIP CODE				10g. CI1	IZEN OF W	HAT COUNTRY?
8	RT. 1, BOX	344						27	532			1 77	C 7	
Z	11, MARITAL STATUS		12. WAS DECEOEN	T EVED IN II S AS	DMED	1 42	WH C OF						S.A.	
	1 Never Merried 2 N	erried	FORCES? 1	YES 2		13	If yes, sp	ecify Cuber	n, Mexice	n, Puerto I	f? (Specify Yea Ricen, etc.)	n or No-	14. RACE Black	- American Indian, White, atc.
ВҰ	3 Wildowed 4 Divorce		IF YES, GIVE W		TES 1 TES			YES 2 XNO Specify:					Specif	
	16 DECEP	DENT'S EOUC	TATAT		ECEDENT'S								<u> </u>	WHITE
	(Specify only h	nighest grade	completed)	(6	Bive kind of v	vork done	during me		g	16b	. KINO OF BUS	SINESS/IN	DUSTRY	
7	Elementery/Secondery (0-1)	2)	College (1-4 or 5	•)	. DO NOT BE	e reureu.	,							
Σ	8			T	RUCK	DRI	VER			T	RANSPO	RTAT:	ION	
COMPLETED	17. FATHER'S NAME (First, Mide	fle, Last)						16. MOTH	ER'S NAI	ME (First, F	Middle, Meiden	Sumame)		
BE	JOHN TNG	RODT						А	NNA	2				
0	19a. INFORMANT'S NAME (Type	e/Print)		19	b. MAILING	AODRES	SS (Street a				ber, City or Tow	n, State, Zi	p Code)	
F	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  MRS. GEORGE A. TNGRODT  RT. 1. BOX 344. FROSTBURG, MD 21532													
	20a METHOD OF DISPOSITION													
	12 Suriel 2 Cremetion 3 Removal from State													
	TO ST TAWN MEMORIAL GARDENS LIZZIN TAVALE MARVIAND													
	SOWERS FUNERAL HOME											OME		
	Mari	100	7/13	XIO/114	m-	1	60 W	MAI	N SI	., F	ROSTB	URG,	MD 2	1532
	23. PART i. Enter the dies	ases, or c	omplications that	t ceused the de	eath. Do n	ot ante	r tha mo	de of dyle	na, euch	as card	flac or respi	iratory er	rest	Approximata
	enock, or nee	rt ranure. L	ist only one ceu	se on eech line	<b>.</b>				.,		nao or respi	natory or	1000,	intervel Between
	iMMEDIATE CAUSE (Fine)		1	1 1	ni	1	1.						Onset and Death	
- 1	resulting in death)			COR AS A CONSE	1717	aci	٤_							60 min
			DUE 10	(UH AS A CONSE	OUENCE OF	7):	2	1		/				
N	Sequentially list condition	10. F b		mgest	100	H	ear	+ 1	Las	10/2	0			
ERTIFICATION	If any, leading to immedia	ite i	OUE TO	(OR AS A CONSE	OUENCE OF	):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury													
분대	thet initieted evente resulting in death) LAST		DUE TO	(OR AS A CONSE	OUENCE OF	):								
H	resulting in death) LAST	d												
O	PART II Other significant	condition -	in a mark the sale of the											
PHYSICIAN: MEDICAL	PART II. Other eignificent	conditione	contributing to	death but not r	resulting i	n the u	nderiying	ceuse g	iven in i	Part i.	24e. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă											1   YES 2			COMPLETION OF CAUSE OF DEATH?
¥.										- 1				1 TYES 2 NO
-										_				1 120 2 100
M	25. WAS CASE REFERRED TO I	MEOICAL		-			26. PI	ACE OF DE	ATH (Che	ck only on	el .			
S	EY WINER?		HOSPITAL:	EB/Outpations 2	□ 204	OTHE	R:						_	
ξ	27. MANNER OF DEATH		28e. DATE OF					5 🗆 Rec	idence (					
4	1 Natural 5 Per	nding	(Month, De		26b. TIMI	URY		RK?		28d. DE\$	CRIBE HOW II	NJURY OC	CUREO	
B	2 Accident Inv			М		'ES 2 🗌	NO							
0	3 Suicide 6 Could not be determined determined									28f. LOCA	ATION (Street e	and Number	or Rural Ro	oute Number,
E	1 Hornicide del	ermined								,	, 512107			
COMPLETED	29e. CERTIFIER (Check only	YING PHYSIC	IAN: To the best of	my knowledge, de	ath occurre	d at the	time, date	end place	end due	to the care	sals) and man	mer ee al-	lad	
N	one) 2 MEDICA	L EXAMINER	: On the beele of ex	amination and/or i	Investigation	n, In my	opinion. 4	eath occurs	d at the t	lime date	and piece co-	d due to 4		end menner ee stated.
	290. SIGNATURE AND TUXE OF		, ,	A		,	,			uata		~ and to (I	C=USO(0)	wird mienner ee stated.
H	1 July of	) I I	Buch	/				29c. LICEN	_		( )			Month, Day, Year)
0	1 100 1 100													

Heart

COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

BOEHME Sacred

932 REGISTRAR'S SIGNATURE Stima Landson-Handell

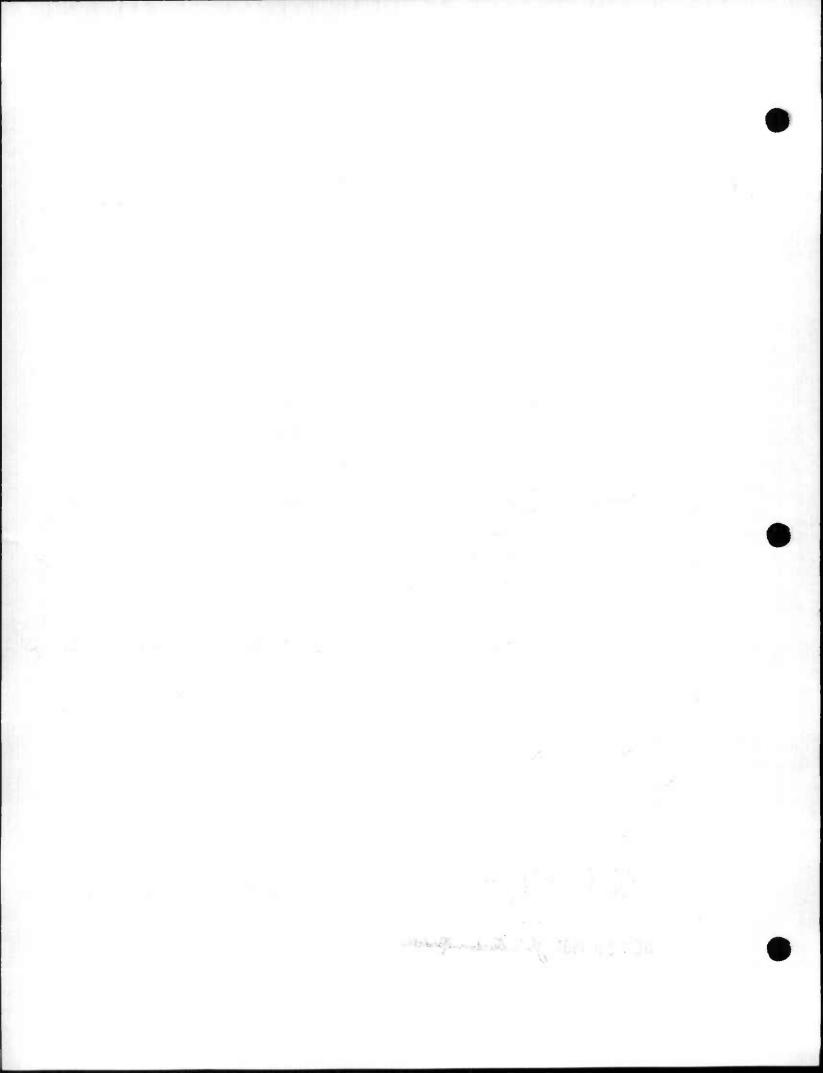
Room

Emergency

Auto 1 Sales Marie Carlo

TO THE THOSPINAL DESCRIPTION FITSOLAND: THE LAW REQUIRES that the death certificate has been standed by the hospinal of TO THE FUNESAL DIRECTIONAL PARENTIAN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		00201				
	1. DECEDENT'S NAME (First, Middle, Last)  LYNN	A		JOHNSON	2. DATE OF DEATH DOWN 12	18 YEAR	3. TIME OF DEATH 1 08:35 AMM				
1	4. SOCIAL SECURITY NUMBER  057-26-7734  9a. FACILITY NAME (If not institution, give s	1 - M 2- F	59 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-23-3	2 Net	THPLACE (State or Foreign intry)  W YOYK				
стОн	NORTH ARUNDEL			GLEN BURNI		9c. COUNTY OF	.A. COUNTY				
DIRE		Arundel		own on Location rna Park			10d. INSIDE CITY LIMITS? 1  YES 2 NO				
FUNERAL	100. STREET AND NUMBER 405 Severnside Dr			101. ZIP CODE 21146		U.S.a	F WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP/ If yea, specify Cuban, Maxic t  YES 2 NO Spec	en, Puerto Rican, atc.)	81	CE — American Indian, ack, Whita, atc. acity: White				
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16s. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY					
	17. FATHER'S NAME (First, Middle, Last)	4	Research		Nat1. Si AME (First, Middle, Malden		Agency				
TO BE	Charles G. Schult  19a. INFORMANT'S NAME (Type/Print)			Ethel PRESS (Street and Number or Rure		rn, State, Zip Code)					
	Mr. Robert B. Johnson  405 Severnside Drive Severna Park, MD 21146  20a. METHOD OF DISPOSITION  1  Burlet 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify)	Meadowridge Mem. PArk 12/2 Dorsey, MD  1. SHUNATURE OF THERM. SETTINGE LICENSES.  495 Ritchie Hwy.  Barranco&Sons FH Severna Park MD 21146									
	23. PART . Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Sept	the death. Do not a sch line.  Sho CONSEQUENCE OF:	intar the moda of dyling, su	ch as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death 3 deugh				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Dreamon 16  Due to (or as a consequence of):  C. Due to (or as a consequence of):  Due to (or as a consequence of):  Adult Respiratory  O Syndrone  2 classifications and consequence of the consequ										
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	s contributing to death bu	- 4			AUTOPSY 24	Nb. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ortient 3 DOA 4	26. PLACE OF DEATH (C) HER: Nursing Home 5  Residence							
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED					
- 48	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Speci	At home, farm, street	, factory, office	28t. LOCATION (Street a City or Town, State)	and Number or Rure	Route Number,				
COMPLETED	29e. CERTIFYER (Check only one) 1 CERTIFYINO PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurred at and/or investigation, in	the time, date and piece, and due my opinion, death occured at the	to the cause(a) and man	ner as stated.	(a) and menner as stated.				
TO BE C	296. SIGNATURE OF CERTIFIER	Padcett 1	20	29c, LICENSE NU			D (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO NEIL PADGETT,	M.D./7706 QU	ARTERFIELD		RNIE, MARYI		61				
	DEC 2 0 1991	Julia Dandon	Andelle								



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director pane 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Ì	y th	De d		ato
	pe	pla		pe
	stain	Sho		1
	De n	50		2
	Jay	Dag		à
)	9	ctor		TUS
	age	dire	-	5
	th.	leral		E
	dea	e fur	-	exa
	after	A Ch	nova	cal
	ELIZ	d ii	ren	9
	4 70	pell	n. 0	E
	in 2	Bly f	atio	=
	With	pleti	Crer	ent
	patr	COT	la.	6
	xecu	and	B	ati
	pe e	Jan	or to	aun
	ate	hysic	pu	r tr
	rtific	d B	Hene	the
	h ce	ndir	¥	01.0
	deat	affe	ental	ž
	the	the	W	를
	that	d b	Jan (	my
	res	igne	ealth	50
	edni	en s	H JO	how
	J ME	s be	Dt.	3 8
	he	e ha	e De	E
	N. I	heat	Stat	ite
	ICIA	Sertif	흠	0
	HYS	his	with	Ked
	NG P	ter t	ath	mar
	NO	R. Al	r de	.00
	ATTE	B	afte	28
	DR /	)RE	OULS	E
	AL	ALL	72 h	=
	SPI	NER	hin	불
	HO.	F	wit	M
	王	H	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	0
	2	2	2	2

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT O	F HEALTH AND I	MENTAL HYGIENE REG. NO.	91	36208			
	1. DECEDENT'S NAME (First, Middle, Last) Herman Wil	bert Jacks	272		2. DATE OF DEATH MONTH DAY	Q YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 220-18-5933	00	YRS. MONTHS DA		7. DATE OF BIRTH (Morith, Day, Year) Oct. 13,19	Country)	LACE (State or Foreign yland			
TOR	9a. FACILITY NAME (If not institution, give s Harford M.e.m. RESIDENCE OF DECEDENT		4 3	re de 6	_	1tarfol	1			
DIRECTOR	Maryland 10b. country	Cecil	oc. CITY, TOWN OR LI	Deposit			10d. INSIDE CITY LIMITS? 1 YES 2XXNO			
FUNERAL	1151 Tome Highway			10f. ZIP CODE	1904	U.S.A				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes	OECENDENT OF HISPAN , specify Cuban, Mexical YES 2XXNO Specify	IC ORIGIN? (Specify Yea or n, Puarlo Rican, etc.)	r No- 14. RACE - Black, Specify:	- American Indian, Whita, atc. White			
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) Eleven Years	College (1-4 or 5 +)  (Give k iiie. Do	DENT'S USUAL OCCUP ind of work done during NOT use retired.)	most of working	Motropol		T			
OM	17. FATHER'S NAME (First, Middle, Last)	LLITE	Insuranc		ME (First, Middle, Maiden Su	mame)	e Ins. Co.			
BE	J. Herman Ja	ckson			rgaret Sut					
10	190. INFORMANT'S NAME (Type/Print)  L. Genevieve Jack	son 11		eet and Number or Rural R	Oute Number, City or Town, S Deposit, M	State, Zip Code)				
	20a METHOD OF DISPOSITION 1X Suriat 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	20b. PLACE AND	DATE OF DISPOSITION DEV OF Other place) II Cemete	(Name of	DATE 20c. LOCA	TION - City or Town				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee	22. NAM Lee	A. Patter	son & Son I					
	23. PART i. Entar tha diseases, pr	omplications that caused the death.	Do not antar tha	ryville, moda of dylng, such	Maryland as cardiac or respirat	Dry arrest.	Approximata			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Congest	we her	it fail	yre		Interval Batwean Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
AL C	PART II. Other algnificant conditions	contributing to death but not resul	Iting in the underl	/ing cause givan in i	Part I. 24s, WAS AN AU	TOPSY 24h W	/ERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICA					PERFORME  1 YES XX	NO O	WALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO			
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	HPSPITAL:	OTHER:	PLACE OF DEATH (Che	ck only one)					
H	27. MANNER OF DEATH	1 1 Impatient 2 ER/Outpatient 3 D		INJURY AT	Other (Specify)  28d. DESCRIBE HOW INJU	IDV 000HDED				
B	1 Mitural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year)  28s. PLACE OF INJURY — At home, I	M 1 (	WORK?  YES 2 NO						
ETED	4 Homicide detarmined	bulloing, arc. (Specify)			281. LOCATION (Street and City or Town, State)		te Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, death o	occurred at the time, o	ata and place, and due to	o the cause(a) and manner me, data and placa, and d	as stated. un to the cause(s) a	nd manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	· yeo, lul	FAC	29c. LICENSE NUMI	SER 25	Del. DATE, SIGNED (M	South, Day, Year)			
		U								
	31. DATE FILED (Month, Day, Year)  DEC 18'91	32. REGISTRAR'S SIGNATURE Julia Davidson-M	Pandelle							
		U					DHMH-16 Rev 1/89			

a reconstitutionells

31. DATE FILED (Month, Day, Year)

DEC = 4 91

	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH	DAY	vera	3. TIME OF DEATH
	HENRY MART	IN KNIE	RIM.	SR.				12	NTH 0.3	199	YEAR	20:15 P.
	4. SOCIAL SECURITY NUMBER	T T	8. AGE (In yrs.		IF UNDER 1 Y	_	IF UNDER 24 HRS	(0.4)	TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
1	138-22-9667	1 € M 2 □ F	60	YRS.	MONTHS	AYS	HOURS MIN.	12	onth, Day, Year)	1930	Nev	
,	9e. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, 11	OWN OF	R LOCATION OF	DEATH			UNTY OF C	
O. H	11917 Sherree	Lane			Prin	nce	ss Anr	ne		S	omer	set
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	·	-	10c, CIT	Y. TOWN OR	LOCATI	ON					10d. INSIDE CITY
E	Marvland Some	erset		D.	n i n o o		0					LIMITS?
	10e. STREET AND NUMBER	erser			FINCE		Anne ZIP CODE			10g. CI	TIZEN OF Y	WHAT COUNTRY?
FUNERAL	11917 Sherree	Lane					21853			1	II. S	
3	11. MARITAL STATUS	12. WAS DECEDENT	EVERTIN U.S.	ARMED	13. WA	S DECE	NDENT OF HIS	PANIC ORI	GIN? (Specify	Yes or No-	14. RAC	— American Indian,
	1 Never Merried 2 Merried	FORCES? 1 [		□NO			city Cubert, Mex 2 NO Spe		to Rican, etc.)		Spec	k, While, etc. //y:
BY	3 Widowed 4 Divorced	Korean									Whi	te
ETED	15. OECEDENT'S EDU (Specify only highest grade		16a.	(Give kind of a life. Do NOT us	work done dur			- 10	16b. KIND OF	BUSINESS/IN	DUSTRY	
Z.	Elementary/Secondary (0-12)	College (1-4 or 5+)				- 1	0.66:		0			
COMPL	17. FATHER'S NAME (First, Middle, Last)	4+		orre	ction	aı	Offic 18. MOTHER'S					-
_		ır Knie	rim				Irene	0.000	inn	en sumeme)		
BE	Henry Melthu  190, INFORMANT'S NAME (Typo/Print)	II KIIIE	T T III	19b, MAILING	ADDRESS (S	Street an	TTEITE			Town, State, Z	(in Code)	
5	Mrs. Jean W. k	(nierim					ee Lar		Princ			Md 01
	20a. METHOD OF DISPOSITION		20b. PL/	CE AND DAT				7		LOCATION -		
	1 Surial 2 Cremation 3 Removal from State of cemetary. crematory or other place) 4 Donation 5 Other (Specify) Beechwood Cemetery 126 Pr. Anne, Maryland											
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Hinman Funeral Home., Inc.											
	1	. (	)	2005								•
	23. PART/ Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory street,										Approximate	
	Vehock, or heart failure. List only one cause on each line.									Interval Betwee		
	disesse or condition resulting in deeth) s. Metastatic lung Carrier								9 mos.			
	resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):									1		
z												
10	Sequentielly liet conditione, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
TIE	that initiated events resulting in death) LAST	DUE TO (	OR AS A CON	ISEOUENCE O	F):							
	Country or doday brot	d										
H	PART ii. Other aignificent condition					riying	cause given	in Part i		AN AUTOPS	Y 246	. WERE AUTOPSY FINDING
AL CERTIFICATION			- rels	WW.	1 Asil	1				FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A.	Dep 1	rem of	2111	PM	repro				1			1 YES 2 NO
A.	Deep 1	rem 91	VIV. 12	PM	N ejer				1			
MEDICAL	Dep 1	rein gr	VIII 6	PM	N 171V							
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PM		26. PL	ACE OF DEATH	(Check only	y one)			
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:			OTHER:		ACE OF DEATH					
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH	HOSPITAL:	ER/Outpetlen	r 3 🗆 DOA	OTHER:		5 TResiden	ce 8 🗆 O		W INJURY O	CCUREO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF (Month, De	ER/Outpatien INJURY 19, Year)	1 3 DOA 28b. TIN	OTHER: 4   Nursin	g Home Bc. INJL WOI 1  Y	JRY AT RK7	28d.	other (Specify) DESCRIBE HO			
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1  Natural 5 Pending Investigation 3  Suicide 8 Could not be	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, Da	ER/Outpatien INJURY 19, Year)	1 3 DOA 28b. TIN	OTHER: 4   Nursin	g Home Bc. INJL WOI 1  Y	JRY AT RK7	28d.	ther (Specify)	et end Numb		Route Number,
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  2 Accident 8 Could not be determined	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, Da	ER/Outpatien INJURY IV, Year)  FINJURY — A	1 3 DOA 28b. TIN	OTHER: 4   Nursin	g Home Bc. INJL WOI 1  Y	JRY AT RK7	28d.	OCATION (Str	et end Numb		Route Number,
IPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Inpatient 2  28e. DATE OF (Month, Da 28e. PLACE OF building, i	ER/Outpatien INJURY IV, Year)  F INJURY — A atc. (Specify)	28b. Till IN.	OTHER: 4   Nursin	g Home Bc. INJL WOI 1 Y y, office	5 Nesiden JRY AT RK7 ES 2 NO	28d. 28d. 28f. L	ther (Specify) DESCRIBE HO OCATION (Str. City or Town, St	net end Numb ate)	er or Rural	
IPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Inpatient 2  28e. DATE OF (Month, Da 28e. PLACE OF building, i	ER/Outpatien INJURY IV, Year)  F INJURY — A atc. (Specify)	28b. Till IN.	OTHER: 4   Nursin	g Home Bc. INJL WOI 1 Y y, office	5 Nesiden JRY AT RK7 ES 2 NO	28d. 28d. 28f. L	ther (Specify) DESCRIBE HO OCATION (Str. City or Town, St	net end Numb ate)	er or Rural	Route Number,
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Inpatient 2 Inpatient 2 Se. DATE OF (Month, De Duilding, 1) 28e. PLACE OF building, 1 ICIAN: To the best of (ER: On the basic of ex	ER/Outpatien INJURY IV, Year)  F INJURY — A atc. (Specify)	28b. Till IN.	OTHER: 4   Nursin	g Home Bc. INJL WOI 1 Y y, office	5 Nesiden JRY AT RK7 ES 2 NO	28d. 28d. 28f. L	ther (Specify) DESCRIBE HO OCATION (Str. City or Town, St	menner as at	er or Rural tated, the cause(	

TO BE COMPLETED BY FUNERAL DIRECT

Pages

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

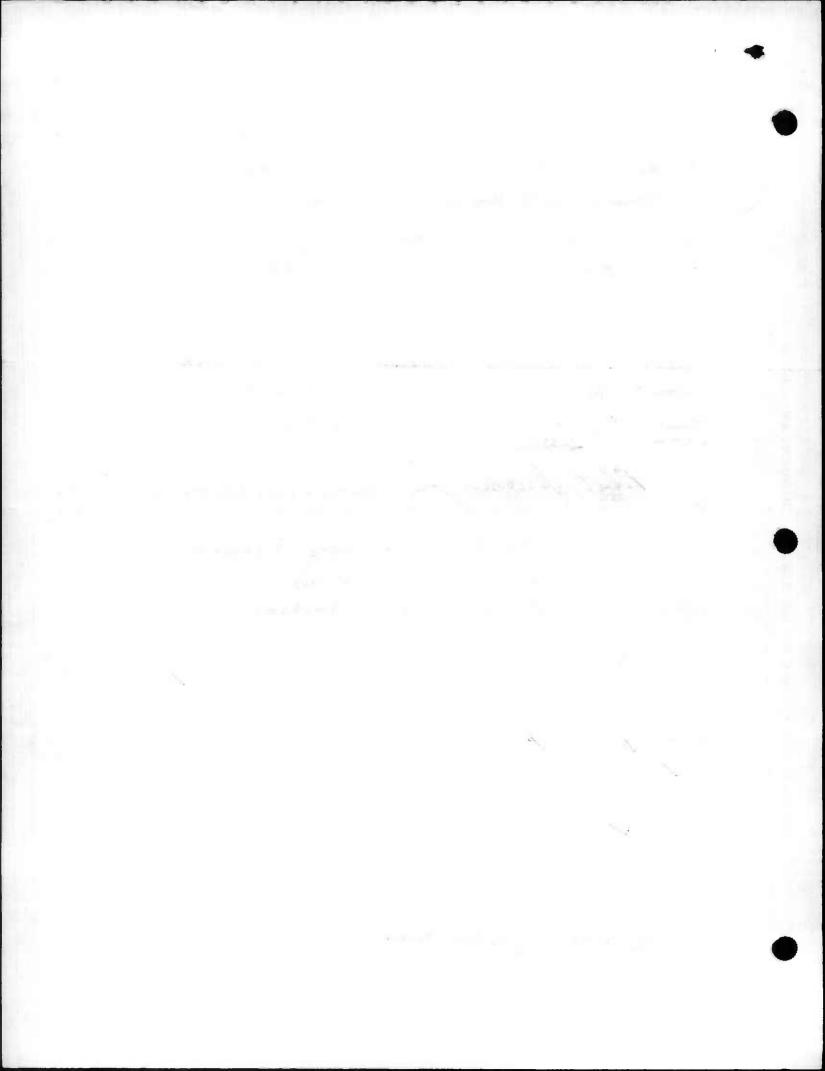
REGISTRAR		C	HITT	AIEC	IF DEA	114	R	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)	ah I I/	i to a la i a					2. DATE OF I	DAY	YEA	AR .	IME OF DEATN
4. SOCIAL SECURITY NUMBER	ph L. K			725	- I 10.05-			-1-9		_	:30 p. м
2 1 4 - 4 2 - 9 6 8 · 6	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. les 50		ONTHS DAY	_	MIN.	7. DATE OF E (Month, Da	ry, Year)	0	ountry)	E (State or Foreign
9a. FACILITY NAME (If not institution, give at	met and number)			h CITY TOW	VN OR LOCAT	ON OF DE	May 1		9c. COUNTY		land
Edw.W.McCready Me		snital	,		isfiel		AIN			erse	
RESIDENCE OF DECEDENT		OPICAL		- 01	101101	<u>u</u>			5011	CIBC	
10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d	INSIDE CITY LIMITS?
Maryland Som	erset		Ewe1	1							YES 2 NO
P. O. Box 29 - Ca.	leh Tonos	D.Z			10f. ZIP COD	e 21824	1		10g. CITIZEN	_	COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT		(IED	40.140.0			NIC ORIGIN? (S			SA	American Indian,
1 Never Married 2 Married	FORCES? 1	YES 2 X		If yes	, specify Cub	nn, Maxica	n, Puerto Rica	n, atc.)		Black, Wh	ita, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 🔼 NO	Specify	y:			Specify: W	hite
15. DECEDENT'S EDUC (Specify only highest grade		(G	CEDENT'S US ive kind of wo	rk done during	PATION g most of work	ing	16b. KIN	D OF BUSI	NESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 8+	)	DO NOT USE	reared.)							
Grade 9		W	aterma	n				Seaf			
17. FATHER'S NAME (First, Middle, Last)					18, MOT	NER'S NA	ME (First, Midd	lle, Maiden St	urname)		
Ernest Kitching					F	rance	es Evar	าร			
19a. INFORMANT'S NAME (Type/Print)	4	19	b. MAILING A	DDRESS (Str	eet and Numbe	r or Rural	Route Number, (	City or Town,	State, Zip Cod	e)	
Janice S. Kitching			Same a	as 10	a,b,c	,d,e,	f,g				
20a. METHOD OF DISPOSITION 1 2 ( 1 X Burial 2 Cremation 3 Tem 4 Donation 5 Other (Specify)	04_91 ovel from State	20b. PLACE other pl EWP	OF DISPOSIT	TON (Name o	cometery, cre emeter	matory or			Ewell,		Stata
21. SIGNATURE OF FURTHAM SERVICE LIC	ENSER	-	1	_	E AND ADDRI		CILITY			110	
Robert H. Bi	adshaw,	self	<					in St.	., Cri	sfie	21817) Id, Md.
23. PART I. Enter the diseases, or o	complications that	caused the de	ath. Do no								Approximate
ahock, or heert feilure.	List only one cau	se on aech line	).								Interval Between Onset end Death
IMMEDIATE CAUSE (Final disease or condition	0 -	1-				T	\			l	Oliset elid Deatil
resulting in deeth)	DUE TO	-a10 -	pul	nov	wy	7	31/1	we			
					( \	\					
Sequentially list conditions,	a L CC	OR AS A CONSE	dro	- LU	OWL	a_	,				
If any, leading to immediate		S /			1	1					
CAUSE (Disease or Injury	a Car	CO NO N	ma	m	c + 23	422	ns				
that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE OF):								
resulting in death) CAST	d										
PART II. Other algorificant condition	a contributing to	deeth but not	resulting in	the under	lving cause	alven in	Part I. 24	a. WAS AN A	UTOPSY	24b. WE	RE AUTOPSY FINDINGS
					,,,			PERFORM		AVA	ILABLE PRIDA TO MPLETION OF CAUSE
							1	YES 2	NO		DEATN?
							_			1 [	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITT				6. PLACE OF	DEATH (C	heck only one)				
1 U YES 2 NO	HOSPITAL:	ER/Outpetient 3		OTHER: t - Nursing	Home 5 🗆 1	Residence	8 - Other (S	(pecify)			
27. MANNER OF DEATN	28e. DATE OF		28b. TIME	OF 280	INJURY AT		28d. DESCR	IBE NOW IN	JURY OCCUR	ED	
1 Natural 8 Pending	(Month, D	ey, rear)	INJU		WORK?	□ NO					
2 Accident Investigation 3 Suicide & Could not be	28a. PLACE O	F INJURY — At he	ome, farm, st	reet, factory,	offica		28f, LOCATIO	ON (Street an	nd Number or F	Bural Route	Number,
3 Suicide 6 Could not be 4 Homicide detarmined	building,	etc. (Specify)					City or 1	lown, State)			
29a. CERTIFIER	CIAN: To the best of	mu knowleden d	adh acaus	at the time	data and at-		to the course	(a) and ma-	nes en eteter		
(Check only one) 2 MEDICAL EXAMINE										ruse(a) an	d menner as stated.
295, SIGNATURE AND TITLE OF CERTIFIE	8		Λ		29c. 11	CENSE NU	MBER	-	29d, DATE SI	GNET /Ma	onth, Day, Year)
m 1			1		1	20	717		17	71	101
20 NAME/AND ADDRESS OF STREET	O COMPLETE	DE OF DE AL	M or o	Chalanth	$\perp \nu$	7 R	747		114	1	171
Dr. Jesus Evan	gelista,				ld, Mo	1. 21	1817				
31, DATE FILEO (Month) Day, Year)	32. REGISTRA	R'S SIGNATURE	Mandall	è.							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



			NEGIST NAN			III IOAIL G	I DEAIII	neG.	. 140.				
			1. DECEDENT'S NAME (First, Middle,		Vr.	1		2. DATE OF DEAT	TH DAY	YEAR	TIME OF DEATH		
٠,	-		4. SOCIAL SECURITY NUMBER	DARYL 5. SEX   6. A	GE (In yrs. lest birt	thday) IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRT	<u> </u>	9/	ACE (State or Foreign		
(	D	\	218-10-3947		502 -4	YRS. MONTHS DAY	'S HOURA MIN.	(Month, Day, Ye	er)	Country)	ORYLAND		
١	رياق	/	9s. FACILITY NAME (If not institution,			9b. CITY, TOV	N OR LOCATION OF D		9c. COUN	TY OF DEA	тн		
År	2.3	OH	PLEASANT VIEW NURSING HONE MT. AIRY CARI								OLL		
5175	of the same of	먑	RESIDENCE OF DECEDER	OUNTY	10	c. CITY, TOWN OR LO	CATION			1	Od. INSIDE CITY		
	2	DIR	MD.	Carroll		Mt.	Airy			1	LIMITS?		
	E E	ΑŁ	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITI		AT COUNTRY?		
4	Tipe I	FUNERAL		ational Pik				771			S.A.		
attending physical	buna	N N	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EX FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 NO Speci	an, Puarto Rican, at	fy Yes or No-	Black, \	- American Indian, White, etc. White		
ZU3-3146	as the	D BY	3 Widowed 4 Divorced						l		WILLE		
or afte	asn .	ETED	15. DECEDENT' (Specify only highes	t grade completed)	18a. DECED (Give k	ENT'S USUAL OCCUP ind of work done during NOT use retired.)	ATION most of working	16b. KIND O	F BUSINESS/IND	USTRY			
hospital of	ed for	_	Elementary/Secondary (0-12) 8 VYS.	Collega (1-4 or 5 +)		amfitter							
ANL the hos	detached once.	COMP	17. FATHER'S NAME (First, Middle, Li	,			18. MOTHER'S N	AME (First, Middle, M	laiden Surname)				
3	B 15	BE C		unkno	own		]	Mary Ha	rtman				
be retained	e 5 should notified	10	Muriel J.				oet and Number or Rural 01d Bohn				id. 2177		
n 🤌	director, page er must be		20a. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 G 4 Donation 5 Other (Specific		20b. PLACE OF I other place)		d cemetery, cremetory or		Balti		e, Md.		
ALLIMOR death. Page 6 m			21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. NAM	E AND ADDRESS OF F		1 7	T = wa =			
SALL r death.	he funeral diral.		bokarles	for	-1-			ier Fun field,M					
urs after	or remove		23. PART i. Enter the disease shock, or heart fa	s, or complicatione that ceu- liure. List only one ceuse of		. Do not enter the	mode of dying, au	ch ee cerdiec or	reepiretory arr	eat,	Approximate interval Between		
	y filled I tion, or the m		IMMEDIATE CAUSE (Final disease or condition			23					Onset and Deat		
o, within	ompletely I, cremati event, tl		reaulting in death)	a. QUE TO (OR	LDIAC	NCE OF):	tua				min		
13140, executed with		_		- Other	roscelu	itic Con	many (	liseas			1 RS		
A 1.5	rior to bunit	ET.	Sequentially list conditions, If any, leading to immediate course, Enter UNDERLYING  CALLER OF REVIEW CALLERS  CALLER OF REVIEW  CALLER OF										
	e prio	<u>S</u>	ceuee. Enter UNDERLYING CAUSE. (Discesse or injury  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
Contificate	Hyglen or oth	CERTIFICATION	that initiated eventa resulting in death) LAST										
death			PART II. Other significent cor	aditions contribution to dee	th hut not man	illing in the under	luing source gluon is	Dort I Dan W	AS AN AUTOPSY	245.8	WERE AUTOPSY FINDING		
that the d	ed by the att th and Menta any injury,	EDICAL	13 2	7 14 04 0 1 K	DYCAL		e ode given	PI	ERFORMED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE		
	sign leal		Cour	matale	proceed	WW WISCON	(000	—   ' <sup>-</sup> '	rES 2 NO		OF DEATH?		
N VE	st. of	2		11310000							I ILO I IIVIO		
VIIAL	ficate has been State Dept. of P	PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?				6. PLACE OF DEATH (C	theck only one)					
	certificate the State 1, or Item	YSIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER			Home 5 🗆 Residence	_	**				
OF VITAL PHYSICIAN: The	eath with t	li li	27. MANNER OF DEATH  1 Natural 5 Pendin	28s. DATE OF INJU (Month, Day, Ye		INJURY	WORK?	28d. DEŞCRIBE	HOW INJURY OC	CUREO			
ATTENDING P	R: After this or death with is marked.	Э ВУ	2 Accident Investig	28a, PLACE OF IN.	JURY — At home,	ferm, atreet, fectory,	YES 2 NO	2ef. LOCATION (: City or Town,	Street and Number	or Rural Ro	ute Number,		
DIVISI OR ATTEN	DIRECTOR: After this hours after death with Item 28 is marked	ETE	4 Homicide determ	ned									
C SPITAL C	FUNERAL D WITHIN 72 HO	COMPLETED	(Check only	PHYSICIAN: To the best of my I							and manner as stated.		
I THE HOSPITAL	TO THE FUNERAL be filed within 72 IMPORTANT: If	BE	296, SIGNATURE AND TITLE OF CE	RTIFIER	a		006	JMBER SBD	29d. DAT	12/	23/9/		
F	-5=	2	30. NAME AND ADDRESS OF PERGAME	on who completed cause o	PASSIV	HALL B	81/100	It cells	ILI	) >./	1042		
			31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S			- Theo		7 - 11		- 1		
	· I		DEC 23 '91	Julia Davido	son-Handel	المال							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four data. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE		STATE OF I						MENTAL HYGIEN	IE	91	3621
REGISTRAR  1. DECEDENT'S NAME (		erine Ma			ICATE OF	DEAT	ГН		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY N	UMBER	5. SEX 1  M 2  XF	8. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	Dec. 14,  7. DATE OF BIRTH (Month, Day, Ybar) Nov. 2,1			5:45 a.m. LACE (State or Foreign
Cherrywo	od Mano				эь. city, town Reis	ters		EATH	9c. COU	Ba	ath ltimore
10e. STATE  Md.	10b. COUN	imore		10c. CITY, TOWN OR LOCATION Reisterstown							10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUM		s Mill R	d.		10	zip codi	136		10g. CIT	U.S.	A •
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4		FORCES?	NT EVER IN U.S. AR 1 YES 2 D WAR OR DATES	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, V					- American Indian, White, etc.		
	DECEDENT'S ED y only highest grad ary (0-12)		+) (G	ive kind of Do NOT u	s usual occupation work done during more retired.)	ost of working		18b. KIND OF BU			
17. FATHER'S NAME (Fire	.,	H. Merke		CLOD	none ope	_	HER'S NA	ME (First, Middle, Melder ary Agnes	Surname)		
WIIIIAM H. METKEI  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Paral Route Number, Reisterstown)  19c. INFORMANT'S NAME (Type/Print)  19c. INFORMANT'S NAME (Type/Print)  19c. INFORMANT'S NAME (Type/Print)  19d. MAILING ADDRESS (Street and Number or Paral Route Number, Reisterstown)					Route Number, City or To erstown, 1	in Stelle Zi	1136	-			
20a. METHOD OF DISPO 1 Burial 2 Creat 4 Donation 5 C	nation 3 🗆 Rec		other of	(aca)	rematory	7	12	/16/91 Ba		City or Tow	
21. SIGNATURE OF FUN	Sal	liand			22. NAME A ECH 116	hard	t Fu	neral Char	pel 1., 0	wings	21117 Mills, Mo
shock, Dr haart fallura. List Dnly ona cause on each line.									Approximata Intarval Betwee Onset and Daar		
Sequantially list co if any, laading to in cause. Entar UNDE: CAUSE (Diseasa or that initiated events resulting in daath)	nmadiata RLYING injury	c	O (OR AS A CONSE								
PART II. Other sign	ificant condition	ons contributing to	o daath but not	reaulting	in the underlying	g cause	given in		RMED?		WERE AUTOPSY FINDING AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERR EXAMINER?		HOSPITAL:	☐ ER/Outpetlent 3	3 🗆 DOA	OTHER:			8 Other (Specify)			
27, MANNER OF DEATH  1 Natural  2 Accident	Pending	1/2/	FINJURY Day, Year) 14[9]	28b. TII	ME OF 28c. IN	JURY AT ORK? YES 2 [		28d. DESCRIBE HOW	INJURY O	CCURED	
4 Homicide	Could not be determined		OF INJURY — At ho p, etc. (Specify)	ome, farm,	atreet, factory, offi	CA		281. LOCATION (Street City or Town, State		er or Rural R	oute Number,
enel enel								to the cause(a) and m			and menner as stated.
29b. SIGNATURE AND T	TITLE OF CERTUR	En . /	ins			29c. LIC	ENSE NU	8304	29d. DA	TE SIGNED	(Month, Day, Year)

.

0

ws

29c. LICENSE NUMBER

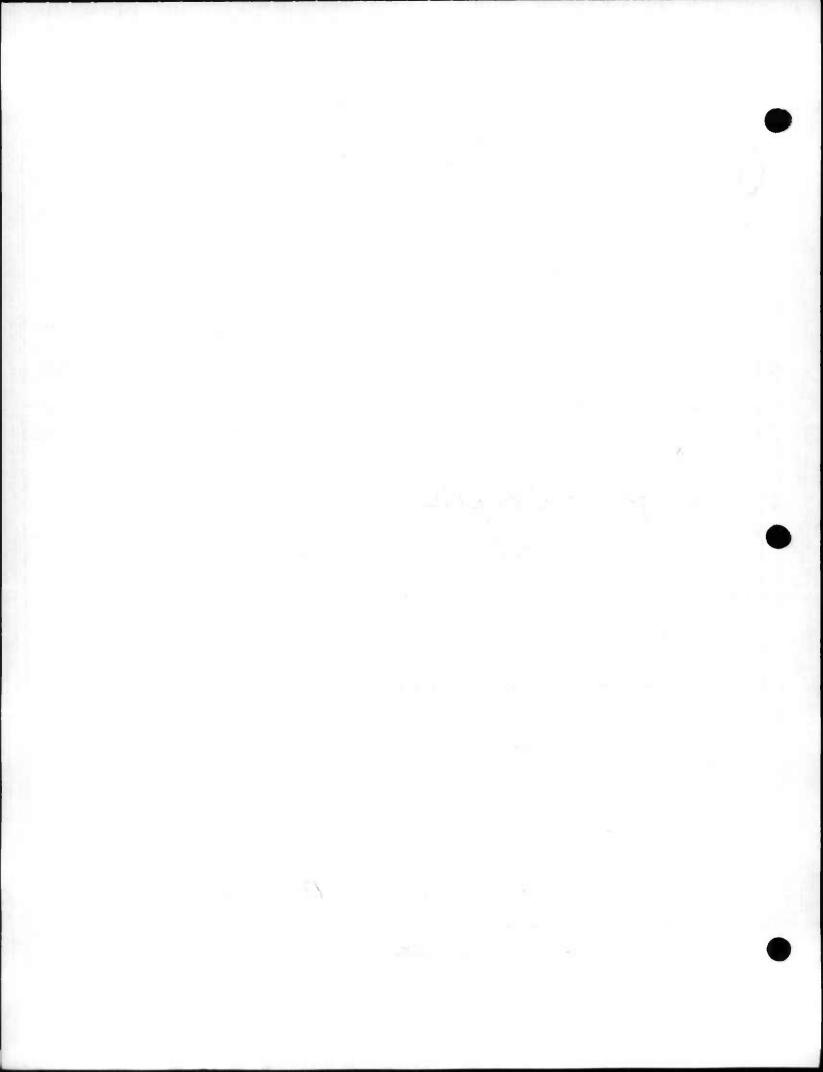
29d. DATE SIGNED (Month, Day,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1909. l

Year) REGISTRAR'S SIGNATURE Julia Davidson-Randalle 32. 6

array of the second S Charge B III - 150
 Set time various 3.3 Tookeett viit onii Alija Selection of the research The State of the s Title Descript them a

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DE	PARTMENT OF HEA	LTH AND MEN EATH	ITAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH		3. TIME OF DEATH			
	DONALD WALTER	KENNEY			ECEMBER	YEAR	8:45 A M			
	4. SOCIAL SECURITY NUMBER S. SI	EX 6. AGE (In yrs. last birth		UNDER 24 HRS. 7. D	MATE OF BIRTH Month, Dav. Year)	6. BIRTH	PLACE (State or Foreign			
N.	L 23234403/	21 - 1 3/	RS. MONTHS DAYS HO	URB MIN.	5-02-19	34 Countr	MD			
V_	9e. FACILITY NAME (If not institution, give street en		9b. CITY, TOWN OR LO	OCATION OF DEATH		9c. COUNTY OF D				
75	SACRED HEART HO	SPITAL	Cumberla	and		ALLEG	ANY			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		c. CITY, TOWN OR LOCATION							
三							10d. INSIDE CITY LIMITS?			
	WV Minera	1	Ridgeley.	0005			1 TYES 2 XX			
R A	2 2 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			6753		10g. CITIZEN OF W	WHAT COUNTRY?			
FUNERAL	Route 2 Box 555	WAS DECEDENT EVER IN U.S. ARMED		ENT OF HISPANIC OF	10000	USA				
	1 Never Merried 2 Merried	ORCES? 1 YES 2 NO	If yes, specify	Cuban, Mexicen, Pue	erto Ricen, etc.)	Black	— Americen Indian, t, White, etc.			
B	3 Widowed 4 Divorced	TES, GIVE WAR ON DATES	1 🗆 YES 2 💢	1.00 Specify:		Specif	white			
	1S. DECEDENT'S EDUCATION (Specify only highest grade comple	TOOL DE OEDE	ENT'S USUAL OCCUPATION		16b. KIND OF BUSH	NESS/INDUSTRY	wiffe			
<u> </u>			nd of work done during most of VOT use retired.)	working						
M P	12	bus	driver		Miner	al Count	tv School			
COMPL	17. FATHER'S NAME (First, Middle, Lest)			MOTHER'S NAME (FI			Y. CICHERTI			
BE	Walter S. Kenne			Margar	et E Ie	ichtz				
0	19e. INFORMANT'S NAME (Type/Print)	19b. MA	ILING ADDRESS (Street and No	umber or Rural Route I	Number, City or Town,	State, Zip Code)				
		nov Rou	te 2 Box 55	5 Ridaele	W 26	753				
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal for	20h PLACE AND D	PATEOF DISPOSITION (Name of			ITION — City or To	wn, State			
	4 ⇒ Bonetion S □ Other (Specify)	Et Ac		12	2-17 Ft	Ashby	WV			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11		DRESS OF FACILITY		2				
5	+ yours + X	Carall!		elli Fune						
	23. PART Enter the diseases, or complishock, or heart fellure. List or	ications that caused the death.	Do not anter the mode of	cland, MD of dying, such as	cardiac or respira	itory arreat,	Approximata			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. ENDS MORE Bul MON MAY Veno Occlusive Disease on Season line.  Interval Between Onset and Death  Onset and Death									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c									
CERTIF	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE								
AL	PART II. Other significant conditions con	tributing to death but not result	ling in the underlying cau	use given in Part i	I. 24s. WAS AN AL		WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDIC	Conglisture H	earl failer	ie		t YES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
ME							t ☐ YES 2 ☐ NO			
ä		U					-00   - 10			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPUML:		OF DEATH (Check on	y one)					
YSI	1 YES 2 NO 1 1	npatient 2 - ER/Outpatient 3 - Do	OTHER: 0A 4 Nursing Home 5	☐ Residence 8 ☐ 0	Other (Specify)					
ву РН	27. MANNER OF DEATH  1 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	N. TIME OF 10 28c. INJURY WORK?  M 1 YES		DESCRIBE HOW INJ	URY OCCURED				
COMPLETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At home, fe building, etc. (Specify)	erm, atreel, factory, office	261.	LOCATION (Street and City or Town, State)	1 Number or Rural Re	oute Number,			
PLE	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: T	to the beat of my knowledge, death oc	courred at the firms, date end p	place, end due to the	cause(s) end menne	er as stated.				
OM		he basis of exemination end/or investi					end manner es stated.			
	29b. SIGNATURE AND TULE OF CERTIFIER			LICENSE NUMBER		29d. DATE SIGNED				
BE	Milas	meim	) /	222 10	PI	12-1	6-87			
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	210		10				
	DR. GARY WAGONER, M.	D., 925 BISHOP	WALSH ROAD	CUMBERT AT	NID MID 21	1502				
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNATURE		COLIDERAN	בא בעוד בעודו	702				
	DEC 1 6 1991	India Davidson Roughel	<u> </u>							



	,	_		
		<b>Bankado</b>	0	
	•	ş	ú	ø
		sabi		
30.160	phalin.	Trans	-	pe /
		permi		
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits Pages in the funeral director.	iled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	supportants is some or item 23 shows any injury or other trainfact event the medical examiner must be notified at once.
	utific	d Bu	Jiene	othe
9	uth ce	tendii	E H	10
,	e dea	ne att	Venta	Ę
ğ	at th	by th	and	N in
Ö	res th	igned	ealth	28 28
Ĕ	requi	een s	of H	shou
Ļ	WE! B	has b	Dept.	23
A	ME :N	cate	State	Hern
>	SICIA	certifi	the .	10
ō	PHY	r this	h with	arkad
O	NDING	: After	r deat	ie m
	ATTE	FCTOR	s after	28
5	L DR	L DIR	2 hour	Harri
	SPITA	NERA	hin 72	MT.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN:	TO THE FU	be filed wit	MEDORTA

	1 - STATE REGISTRAR	CERTIFI	CATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) WILMA JEAN	TUENE			2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH		
	WILMA JEAN C	EE			12	17	9/	5:45		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	RTH Year)	8. BIRTH Count	IPLACE (State or Foreign		
	217 - 58 - 4766 1□M2XXF 41	YRS.	MONTHS DAYS	HOURS MIN.	11-18	-1950		" MD.		
SR.	9a. FACILITY NAME (If not institution, give street and number) 7 CYPRESS ROAD			POLIS	АТН		E AR	UNDEL		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		, TOWN OR LOCA	121						
DIRECTOR	MD ANNE ARUNDEL	1	NAPOLIS				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	7 CYPRESS ROAD	101. ZIP CODE 21403						S.A.		
B	11. WARITAL STATUS  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ANNED	If yes, s	CENDENT OF HISPAN Healty Cuban, Maxical 3 2 NO Specify	n, Puerto Rican,		E — American Indian, k, White, atc.			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL OCCUPAT	ON pet of working	16b. KIND	OF BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	rork done during m e retired.) HOMEMAI			#####	####			
S	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle	, Maiden Surname)				
BE C	WILBERT LEE SR.					H BLACKS				
5	190. INFORMANT'S NAME (Type/Print) SAME AS 18	7 CYP	ADDRESS (Street RESS RO	and Number or Rural I D ANNAPO	LIS, M	tty or Town, State, 2 D. 21403	(Ip Code)			
	20b, METHOD OF DISPOSITION 20b PLA 20b	CE OF DISPOS	MEM PK	metery, crematory or - 12-20-	91	ANNAPOI				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	, 0,	22. NAME A	ND ADDRESS OF FA	CILITY	ANNAPOLI	IS, M	D. 21401		
	CHARLES E. HICKS 111	int	HOUS	C OF HICK	S FUNE	RAL SER	192	2 FOREST DR.		
	23. PART I. Enter the diseases, or complications that caused the abook, or heert failure. List only one cause on each I IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  DUE TO (OR AS A COM-	ine. Br	ent	oae or aying, suc	n as cardiac	or respiratory a	irrest,	Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  Due to (or as a consequence of):  Due to (or as a consequence of):									
ERTI	that initiated events resulting in death) LAST d.									
AL O	PART II. Other significant conditions contributing to death but no	ot resulting	In the underlyi	ng cause givan in	Part I. 24a	. WAS AN AUTOPS'	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DICAL					10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
ME								1   YE\$ 2   NO		
AN	25. WAS CASE REFERRED TO MEDICAL		28 1	PLACE OF DEATH (Ch	eck only one)			. <u>.</u>		
Sic	EXAMINER?  1 VES 2 NO  HOSPITAL:  1 Input lent 2 ER/Outpatient	3 □ 004	OTHER:	me 5 Residence		anifu)				
PHYSICIAN:	27. MANNER OF DEATH  1. Natural 5 Pending  28s. DATE OF INJURY (Month, Day, Year)	28b. TiM	E OF 28c. IN	JURY AT ORK? YES 2 NO	Y	BE HOW INJURY O	CCURED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined 4 Homicide datarmined  28e. PLACE OF INJURY — All building, etc. (Specify)	t home, ferm,			281. LOCATIO City or To	N (Street and Numb wn, State)	per or Rural	Route Number,		
LET	20e. CERTIFIER  CERTIFYING PHYSICIAN: To the best of my knowledge	death occur	ad at the time de	a and place, and due	to the causele	) and manner as a	teted			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and							(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER //8	29d. D	12	P (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (	Beston		1 Am	y lis	In and	2,7.	- /		
	31. DATE FILED (Month, Day, Year) DEC 19 1991 Sine Devices	E 182		-						

-11-1-11 - -.

a design and the second

	2	filled
6,	MTAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within certific	BAT DIRECTOR After this certificate has been signed by the attending physician and completely filled
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	pacuted	and co
ŏ	te be	sician
Ö.	ertifica	nd oh
P.O	eath co	attendi
S,	the d	the
H	that	ned by
S	adulres	ח פיחר
2	Jaw F	as bad
I	The	ate h
5	CIAN	certific
Ö	PHY	this
ON	DING	After
151	ATTEN	CTOR
2	- OR	DIRE
	M	RAL

	FOR 1 - STATE	STATE OF N	MARYLAND / DEP						<b>E</b> 9	1 36215	
Г	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last  March	MARY HEG	HIOWER BAR	KSDAL		7.	Н	2. DATE OF DEATH MONTH DO	AY	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthde	my) IF UNDE	R 1 YEAR	IF UNDER	IF UNDER 24 HRS. 7. DATE OF BIF			L BIRTHPLACE (State or Foreign Country)	
1	219 05 9958	219 05 9958 ¹□M²및F		3.			MIN.	6 21 1898		Virginia	
11	9e. FACILITY NAME (If not institution, give street and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	EATH		TY OF DEATH	
P	Pleasant Living (		Ed,	gewa	ter			AA Co			
DIRECTO	10s. STATE 10b. COUNTY AA CO			10c. CITY, TOWN OR LOCATION Lothian				-		10d. INSIDE CITY LIMITS?  1 YES 2X NO	
	10e. STREET AND NUMBER				101.	. ZIP CODE	E		10g. CITIZI	EN OF WHAT COUNTRY?	
ER.	605 Bayard Rd			1 2	0711	die L		115	3.0		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			IS. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN 12 NO 13 Was pecify Cuben, Mexican, Puerto 1				n, Puerto Rican, etc.)	cify Yee or No- 14. RACE - American Indian,		
9	16. DECEDENT'S Et (Specify only highest gra	16a. DECEDEN	T'S USUAL C	CCUPATIO	ON at of working	na .	16b. KIND OF BU	6b. KIND OF BUSINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 5+)  Seamstress			e during most of working (.)			Tailor Shop		
NO	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maiden	*		
BE C	John Lawson Whit	e Barksda	le			Nann	ie A	Anderson Ma	anning	S	
TO B	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  George L. Barksdale  605 Bayard Rd; Lothian, Md. 20711									Code)	
	20a. METHOD OF DISPOSITION  1 Comparison  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2 22. NAME AND ADDRESS OF FACILITY										
	Thomas O Hardesta HARDESTY FUNERAL HOME PA 12 RIDGLEY AVE: ANNAPOLIS, MD. 21401										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line.										
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	rhymThi	Mig						Onset and Death		
7		DUE TO	Severe Congestive Heart Faiture							Manho	
100	Sequentially list conditions, if any, leading to immediate	DUE TO	DUE TO (OR AS A CONSEQUENCE-OF);								
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OR AS A CONSEQUENC					sease		yrs		
	resulting in death) LAST										
AL C	PART II. Other significant conditi	ons contributing to	death but not resulti	ng in the u	nderlying	g cause	given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
100	Colon Cancer 1 yes 2 NO							COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL								_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	1			28. PL	ACE OF D	EATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO	OTHE	R:						
	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?							URED		
ED BY	2 Accident Investigatio 3 Suicide 6 Could not 8	OF INJURY — At home, fai etc. (Specify)	M 1 YES 2 NO  me, farm, street, factory, office  281. LC				281. LOCATION (Street City or Town, State	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated.										
Ö	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
TO BE	296. SECHATURE AND TITLE OF CENTIFIER  An Steve Humitan 017965 290, LICENSE NUMBER 290, DATE SIGNED (MONTH, Day, Veer)  124/15791									SIGNED (Month, Day, Year)	
IF	30/NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAD	DE OF DEATH (ITEM 27)	Time Prist)						/	

32. REGISTRAR'S SIGNATURE Julia Davidon Pandare

All and the second seco

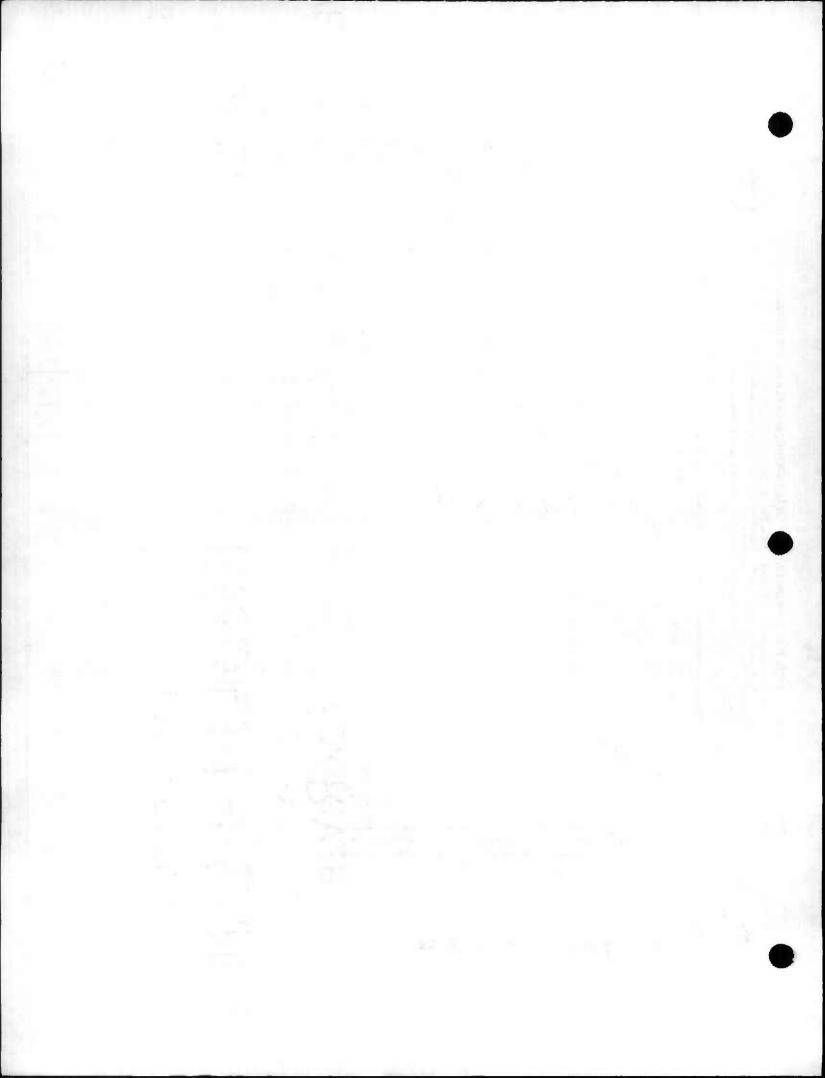
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	;-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ages 1,
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

6

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.	_				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
JOHN KENNETH		12-13-19	91 "	3:10 A.						
4. SOCIAL SECURITY NUMBER 215-26-9271		yrs. last birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-15-1	8. E	BIRTHPLACE (State or Foreign Country) MD			
9a. FACILITY NAME (If not institution, give str	eet and number)		SP CITY TOWN	OR LOCATION OF DE		9c. COUNTY				
437 WALNUT STRE				RNPORT	ALLEGANY					
10a. STATE 10b. COUNTY			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?			
	MD Allegany			ort,			XX YES 2 NO			
100. STREET AND NUMBER 437 Walnut Stre		10	21562		10g. CITIZEN	OF WHAT COUNTRY?				
11. MARITAL STATUS  1			If yes, sp	endent of Hispan ecity Cuban, Maxica 2 MMO Specifi	HC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) /:		RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			USUAL OCCUPATION of the control of t	ON st of working	16b. KIND OF BU	SINESS/INDUST	RY			
12	12 V				West	vaco C	orp.			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
John Kenneth	Lafferty, Si	c.		Ire	ne Tulva S	amuels				
19a. INFORMANT'S NAME (Type/Print)	10000	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	io)			
Mrs. Christine	A. Thompson	R.D.	#1 Box	370 Hynd	man, PA 15	545				
20a. METHOD OF DISPOSITION 1 SQ Jurial 2 □ Cremation 3 □ Remo	20b.	PLACE AND DATE	E OF DISPOSITION	(Name	DATE 20c. LOCATION — City or Town, State					
4 Donation 5 Other (Specify)	Vali from State of C	<sup>emetary, crematory</sup> H <b>vndman</b>	Cemeter place)	V	12-16 H	Ivndman	. PA			
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	1/	22. NAME A	ND ADDRESS OF FA	CILITY					
Dames 7	Mar. 21	// .			uneral Hom	е				
23. PART Enter the diseases, pr ci	numer 1	VL	Cum	berland.	MD 21502		, Approximate			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Onset and Deat										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	If any, leading to immediate cause. Enter UNDERLYING									
that initiated events resulting in deeth) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other aignificant conditions	PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE									
1 TYES 2 C							OF DEATH?			
	1 TYES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	eck only one)					
1 TYES 2 MATO	1 Inpetient 2 I ER/Outpe	etlent 3 DOA	4 - Nursing Hor		e 6 Other (Specify)					
27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)			JURY AT DRK? YES 2 NO	264. DESCRIBE HOW INJURY OCCURED					
2 Accident Investigation 3 Suicide S Could not be determined	— At home, farm,	street, factory, offic	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.										
29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU D23371	MBER 294. DATE SIGNED (MonAL)ON, MAD						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Qamar Zaman, Memorial Hospital Medical Bldg., Cumberland, MD 21502										
DEC 1 7 1991	12. RECIETRAR'S SIGN									



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician led in by the funeral director, page 5 should be detached for use as the buriar-franchism permits or reserved.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar farmer be filled within 72 hours after death with the State Dear of Health and Mental Humen notor to hurral commission or reasons.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	CLARENCE M	ILLING							MONTH DECEM	BER	15, I	YEAR 1991	1758 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE		IF UNDER		7. DATE OF	BIRTH		6. BIRTH	IPLACE (State or Foreign
	212-28-5645	1 (M 2   F	82	YRS.	MONTHS	DAYS	HOURA	MIN.	(Month, D	2 . ]	000	M a	m ryland
1	9e. FACILITY NAME (If not institution, give e	treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE		<u>∠ 9 .l.</u>		NTY OF D	
DIRECTOR	CALVERT MEN	MORIAL HO	SPITAL		PF	RINC	E. FRI	EDER	ICK, M	D		CALVE	ERT
Ä	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
D	Maryland An	ne Arun	del	A	nna								LIMITS? 1 X YES 2 NO
A I						101	. ZIP CODI	E			10g. CIT	ZEN OF V	YHAT COUNTRY?
9	922 Boucher	Avenue					21	403			U	.S.	A .
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, t, White, etc.
ВУ	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE V	WAR OR DATES				2 X NO	Specify		ri, etc.)		Speci	
	15. DECEDENT'S EDU		- 1945										ite
COMPLETED	(Specify only highest grade	completed)	(G	CEDENT'S we kind of a Do NOT us	work done	CCUPATIO during mo	ON st of working	9	16b, KII	ND OF BUS	INESS/INC	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	")				11		۵.		0		
<u>×</u>	17. FATHER'S NAME (First, Middle, Lest)		11 8	alnt	ena:	nce	Man		_		Ser	VIC	e
		. 1/2772							ME (First, Midd		,	-	
BE	William Fran	K M1111							Eliza				
임									loute Number, (				
	B. Herbert Mi.	Lling						Lu	sby,				
	1 Buriel 2 Cremation 3 Figure	ovel from State	20b. PLACE A cemetary, crea		Ab to 1						CATION —		
- 1	4 C Donation 5 Copier (Souchy)	well /	Arlin	igto	n N	atio	onal	1:	2/18	Ar	ling	tln	, VA
- 1	11/1/1/2	TV					D ADDRES		ra] C	l. o.n.	. 7	07.40	2.7
	Jefful X.	layla			1	ау <u>т</u> (	or r	une	ter S	nape	51	2140	JI :- ND
	23. PAST I. Unfer the diseases, or c	considerationa tha	t caused tha de	ath. Do n	ot enter	tha mo	da of dyi	ng, auch	as cardiac	or respir	ratory arr	est.	Approximate
Н	IMMEDIATE CAUSE (Final	us only one cau	se on aach iina.							•			intarval Between Onset and Death
	disease or condition resulting in death)		LeF	1	La	مرود	T	)		nie			- 4
	resulting in death)	DUE TO	(OR AS A CONSEC					1/2	AGE T				Sach
z					32	PS	15						1 52 = 45
CERTIFICATION	Sequentisity ilst conditions, if any, leading to immediate		(OR AS A CONSEQ										
5	CAUSE (Disesse or injury		EVERT	-		44	PO	THE	PRM	A			5 day
1	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQ										0
<b>E</b>	resolving in death, EAST	. A	SOTE	m	17								
	PART II. Other aignificant condition	s contributing to	death but not re	eaulting I	n the un	derlying	Cause o	iven In F	Part i 24-	. WAS AN	UITOPEV	245	WERE AUTOPSY FINOINGS
<u>র</u> ∥	SEVERE		EIME	3 %	D	CD	D-1 15			PERFOR	WED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL			1110		1-1	30	1130		- 10	YES 2	No		OF DEATH?
									-				1 TES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL					20.01							
렸	EXAMINER?	HOSPITAL:			OTHER	3:			ck only one)				
PHYSICIAN:	27. MANNER OF DEATH	1 Denpatient 2 D		28b. TIME					Other (Sp				
	1 Natural 5 Pending	(Month, De		INJU	JRY	28c. INJU	RK?		28d. OEŞCRIE	BE HOW IN	JURY OCC	URED	
B	2 Accident Investigation 3 Suicide S Could and by	28a, PLACE OF	F INJURY — At hon	no form or			ES 2						
요	4 Homicide 6 Could not be	building,	etc. (Specify)	ne, rerm, s	treet, lecte	ory, office			28f. LOCATION City or Tox	N (Street ar wn, State)	nd Number	or Rural Ro	oute Number,
9 H	29e, CERTIFIER												
COMPLETED	(Check only	CIAN: To the best of	my knowledge, des	th occurre	d at the fi	me, date	end place,	end due f	o fhe cause(e)	end menr	ver as atate	d.	
<u> 8</u>	2 MEDICAL EXAMINER	R: On the basis of ax	amination end/or in	rvestigation	n, in my o	pinion, de	ath occurs	d at the ti	lme, date and	place, end	due to the	Cause(e)	and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER		4-0		~		29c. LICE			_			(Month, Day, Year)
0	Jene 3	- 00			0.10	ادا	D.	- 2	55	19	P 1	2 -	16-91
	~ -		-				St. Sales					-	, -
٤١	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)		20,000						
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS				REDE	RICK	, MAI	RYLAND	)	20678		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS				REDE	RJCK	, MAI	RYLAND	)	20678		

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

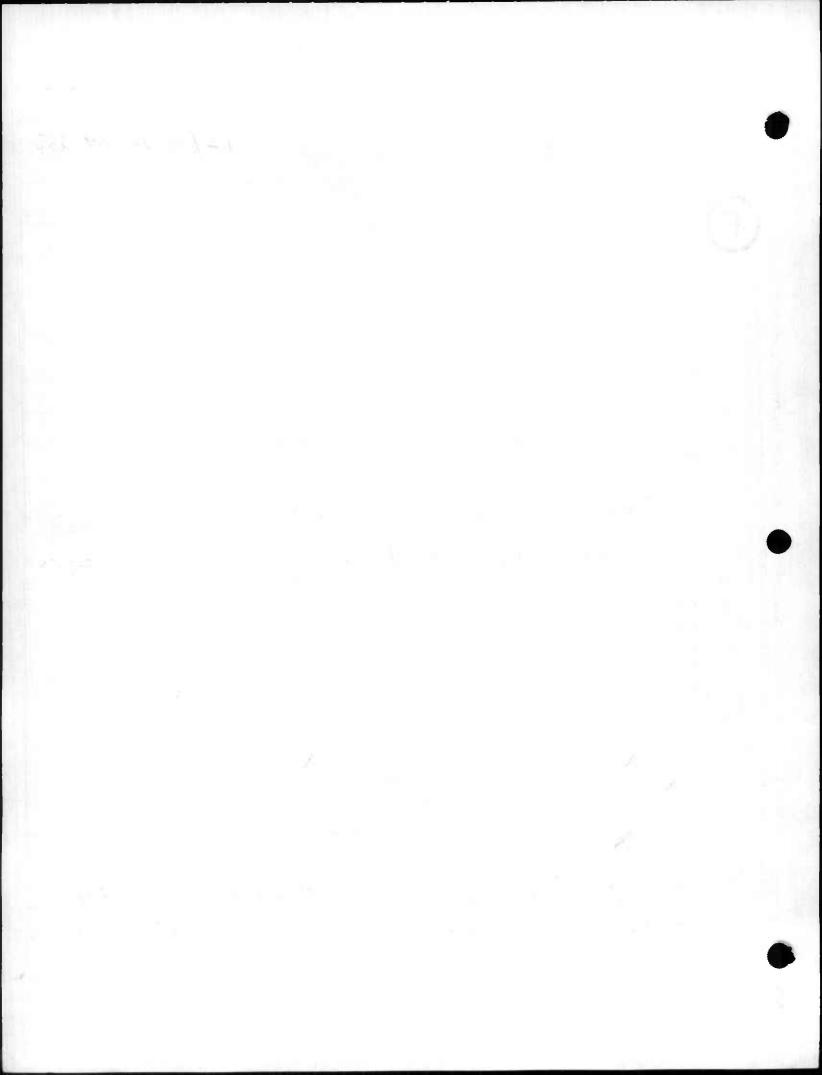
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DE	EATH	REG. N	10.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
FLIZARETH		D	MADCII		HTHOM	DAY	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX 6		MARSH		12	13	91	6:50 PM
			F UNDER 1 YEAR IF I	JRS MIN.	7. DATE OF BIRTH (Month, Day, Year,		8. BIRTHI	PLACE (State or Foreign
212 09 4387	1 M 2 F	85 YRS, "		men,	MAY 27	1906		
9a. FACILITY NAME (If not institution, give s	reet and number)	9	b. CITY, TOWN OR LO	CATION OF DE		_	TY OF OF	
						200		
MADTH ADMINIT	HOSPITAL	_ASSOCIATI	ON G	EN B	URNIE	AN	NE A	RUNDEL
10a. STATE 10b. COUNTY	,	10c CITY	TOWN OR LOCATION					
3/75								10d. INSIDE CITY LIMITS?
MD ANNE	ARUNDEL	AN	NAPOLIS				- 1	1 NES 2 NO
10e. STREET AND NUMBER			10f. ZIP	CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?
700 AMERICANA I	RIVE		1 .	27.40.2			77 O. A	
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN II S ARMED	12 WAS DECEMBE	21403	IC ORIGIN? (Specify		USA	
1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, specify	Cuban, Maxicar	n, Puarte Rican, etc.)	Yea or No-	14. RACE Black,	- American Indian, White, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗌 YES 2 🗍	NO Specify	:		Specify	WHITE
44 050505050505050			<u> </u>					WAT AL AL 22
15. DECEDENT'S EDUC (Specify only highest grade		18a, DECEDENT'S US (Give kind of work	done during most of w	vorkina	16b. KIND OF I	BUSINESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)		ł			
	2	Nurse			Nt	irsing	3	
17. FATHER'S NAME (First, Middle, Last)			40.1	HOTHERIC MAN				
CHARLES POPP				HELEN	AE (First, Middle, Maid	en Surname)		
19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street and Nu	mber or Rural R	oute Number, City or 1	own, State, Zlp	Code)	
DANIEL JENIFER		700	Americar	na Dr.	Annapo	lis.	Md.	27403
20s. METHOD QF DISPOSITION		20b. PLACE AND DATE OF			L SATEL DOOG			
1 Burial 2 Cremation 3 Ramo	vat from Stata	cemetery arematory another	males and a second	TPACA IN C				
4 □ Donation 5 □ Other (Specify)		PELKOTO.	DIIAN UN	REMATO	KI	VIEX.	V.A.	•
21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)	/	22. NAME AND AD	DRESS OF FAC	ILITY			
V = 0-1 / 0	1 1/4		TAYLOR	FUNE	CRAL CHA	PEL		
Jonaco A	1470		Annanal	in N	13 97 40	7		1
23. PART i. Enter the disease, or d	omplications that co	eused the desth. Do not	enter the mode of	dying, such	es cardiec or res	piratory erre	est.	Approximate
enock, or neart reliure.	istanly one cause	on each line.						intsrval Between
iMMEDIATE CAUSE (Finel disease or condition	< 1	10CR						Onset and Death
resulting in desth)								
	DUE TO (OF	AS A CONSEQUENCE OF):						
	St	PSIS - PASA CONSEQUENCE OF):	NEU	MOA	IA			
Sequentially list conditions, if any, isading to immediate	DUE TO (OF	AS A CONSEQUENCE OF):			0			
cause. Enter UNDERLYING	66	2-800 IN	1712071	MAT	SIL	2501	NIC	
CAUSE (Diseese or Injury	DUE TO COS	AS A CONSEQUENCE OF):	0 16211	1073		CUI	106	
thet initiated events resulting in death) LAST	HO) 01 300	AS A CONSEQUENCE OF):						
de de la contraction de la con								. 1
DATE II ON III III								
PART II. Other significant conditions	contributing to de	eth but not reculting in t	he underlying ceu	se given in F		N AUTOPSY		WERE AUTOPSY FINDINGS
CONGEST	IVE H	ICANT P	ALLURI	2	-	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Prola	60.	.01			1 □ YES	2 NO		OF DEATH?
7170812	171	214					1	YES 2 NO
- Ischin	nic +	WANT D	MEAST					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE C	F DEATH (Chec	ck only one)			
1 YES 2 TENO	HOSPITAL:		THER:					
27. MANNER OF DEATH			Nursing Homa 5					
1 Natural 5 Pending	28a. DATE OF INJ (Month, Day, )		F 28c. INJURY A WORK?	T	28d. DESCRIBE HOW	INJURY OCCU	JRED	
2 Accident Investigation			M 1 TES	2 NO				
3 Suicide 8 Could not be	28a. PLACE OF IN	JURY — At home, farm, stree	et, factory, office		28f. LOCATION (Stree	t and Number o	v Bural Bo	uta Number
4 Homicide detarmined	building, atc.	(Specify)	100-01-020		City or Town, Stat	(9)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	oto Number,
an oranicism								
29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledga, death occurred a	the time, data and pi	ace, and due to	o the cause(a) and m	anner as states	d.	
		ination and/or investigation, in						
			- my opinion, dealir o	coned at the ti	me, deta and piece,	and dua to the	cause(a)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Δ Δ	diana	↑ 29c.	LICENSE NUME	BER	29d. DATE	SIGNED (	Month, Day, Year)
ZH V W		merrang	' ''	5 (	1776	D 1.	21	15/91
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type Driv	or)	/	10			1211
								1
SURYA P MUNDRA		1600 CRAIN	HIGHWAY	LSW #	#308.GIF	N RIIF	RNIF	MD 21061
DEC 1 7 1991	32 BEGINTRAR'S	SIGNATORE COLOR						
DE0 T ( 1001	100							

and the state of the state of

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIE REG. N		00215
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY . / Y	3. TIME OF DEATN
	MELVIN B.  4. SOCIAL SECURITY NUMBER	MCCUMMINO				12/	16/9	14:350
	216-05-8921	1 ₹ M 2 □ F G		IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR 20		BIRTHPLACE (State or Foreigh Country) MARYLAND
_	9e. FACILITY NAME (If not institution, give st			96. CITY, TOWN C	OR LOCATION OF D			Y OF DEATH
DIRECTOR	13 MCCUMMINGS	LANE		RISI	NG SUN		CEC	CIL
E	MARYLAND C.	ECIL		TOWN DR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
11/1/17	100. STREET AND NUMBER	ECIL			ZIP CODE			
FUNERAL	13 MCCUMMINGS	LANE		1.0	2191	L		N OF WHAT COUNTRY? JSA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y	98 or No- 14	. RACE — American Indien,
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specia	en, Puerto Ricen, etc.) y:		Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION MONTH MO	ON st. of working	16b. KIND OF BI	USINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT use	retired.)		Direct		**************************************
8	17. FATHER'S NAME (First, Middle, Last)		CUSTOD	LAN			IC SCH	HOOLS
E C	LORAINE MCCUM	MINGS				ME (First, Middle, Meide ABETH BRO		
00	19e. INFORMANT'S NAME (Type/Print)	MINGD	19b. MAILINO A	DDRESS (Street e		Aoute Number, City or To		orle)
2	EDWARD L. MCC	UMMINGS				NOTTINGH		
	v20sr. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remo	oval from State 20b	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c L	OCATION — CIN	or Town State
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	F	REEMONT	CEMET	ERY 12	-20-91 F	REEMON	NT, PA
	21. SIGNATURE OBJECTION ENAL SERVICE LICE	ENSEE C	1		D ADDRESS OF FA	CILITY D FUNERA:	г. номя	7
	Duchard	I Clos	die	1111 0	ORTER	T DICING	CIINI	MD 21011
	23. PART i. Entar the diseases, or dishock, or haart failure. L	omplicatione that caused list only one cause on a	the daeth. Do not	t anter tha mo	de of dying, suc	h as cerdiac or real	olratory arrest	Approximate interval Batween
	iMMEDIATE CAUSE (Finei disease or condition	000	1- 1					Onset and Death
	reaulting in death)	DUE TO OR AS A	Fail CONSCIUENCE DEL	ure				2415
z			ornazoaznaz bi j.					' i
5	Sequantially list conditions, if any, leading to immediate	DUE TO (DR AS A	CONSEDUENCE DF):					
FIC	CAUSE (Disease or injury	DUE TO (DR AS A	CONSEDUENCE OF):					
CERTIFICATION	that initieted events resulting in daeth) LAST	DOE TO (DR AS A	CONSEDUENCE OF):					
	PART ii Other elgnificant conditions	nontribution to death to						
CAL	PART ii. Other eignificant conditions	contributing to deeth be	it not resulting in	the underlying	cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 _ YES	2 NO	CDMPLETION OF CAUSE OF DEATH?
₹						-		1 TES 2 NO
MA	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)		
SIC		HOSPITAL: 1   Inputient 2   ER/Outp		THER:	A/	6 Other (Specify)		
E	27. MANNER OF DEATN	26e. DATE DF INJURY (Month, Day, Ybar)	28b. TIME C	OF 28c. INJL	JRY AT	28d. DESCRIBE NOW	INJURY OCCUR	ED
B	Natural 5 Pending Investigation			M 1 7	ES 2 ND			
COMPLETED	3 Suicids 8 Could not be determined	28e. PLACE DF INJURY building, etc. (Speci	— At homs, term, stre	et, factory, office		28t. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,
1	290. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my knowle	edge death occurred	et the time date	and alone and dur			
OM	(Check only one)  2 MEDICAL EXAMINER	On the beels of examination	end/or investigation,	In my opinion, de	ath occured at the	time, date end place, e	nner as stated.	Puse(e) end mennar es stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			GNED (Month, Day, Year)
O BE	H. Kerkas n	D		- 1	215	314	1/2	116/91
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int)	1			
	MITAKAS, MD	Northe	on cha	Sape	Ke Hos	eica, E	IKTor	an, co
	31. DATE FILED (Month, Day, Year) DEC 18'91	32. REGISTRAR'S SIGNA	N-Randoll	/	7			
		1000						

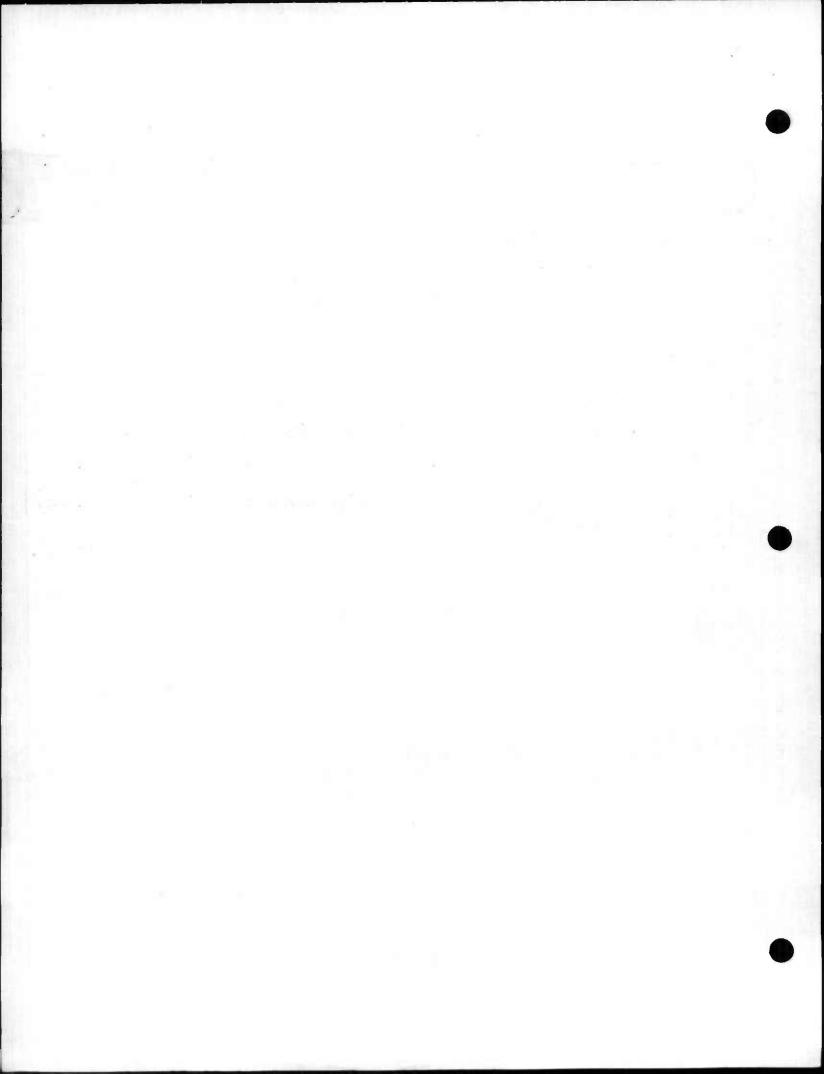


-2)		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			NTAL HYGIEN REG. NO.		36220
	250	1. DECEDENT'S NAME (First, Middle, Last)  ANNE	FLIZABET	H MA	HAA	1 4.	DATE OF DEATH MONTH DA		
29		4. SOCIAL SECURITY NUMBER 213 10 6951	5. SEX 6. AGE (II	n yrs. lest birthday)	UNDER 1 YEAR WITHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign puntry) aryland
P	HOH	9a. FACILITY NAME (If not institution, give st  Which Hosp ( RESIDENCE OF DECEDENT	reel and number) lecil Coun	ty 2		MD		9c. COUNTY O	1 /
	DIREC	10a. STATE 10b. COUNTY	cil	10c. CITY, T	OWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 1 YES 2 NO
St	FUNERAL	10. STREET AND NUMBER 219 West High S	treet		101	21921		U.S.	OF WHAT COUNTRY?
215-0020 attending physician. Ise as the burial-transit	BY	11. MARITAL STATUS 1 12 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 K NO	If yes, sp	CENDENT OF HISPANIC Coeffy Cuban, Maxican, Post 2 NO Specify:	ORIGIN? (Specify Yea uarto Rican, etc.)	В	ACE — American Indian, Black, White, atc.
_ 5	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a, DECEDENT'S USI (Give kind of work life. Do NOT use re	done during ma	ON pst of working	16b. KIND OF BUS	INESS/INDUSTR	γ
	OMPL	11 17. FATHER'S NAME (First, Middle, Last)		Office N	lanager		Insuran		re)
IARYLAND 2- trained by the hospital o should be detached for tiffied at once.	BE C	George Walter	Mahan			18. MOTHER'S NAME (	Porter		
2 2 2	10	Jane M. Biggs		196. MAILING AD 109 Ja	mes St	reet, Elk	Number, City or Town		21921
FORE e 6 may rector, pa		20a. METHOD OF DISPOSITION  2 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State 20b.1	PLACEAND DATE OF D	isposition(Na place) letery	1	100	cation - city of	
BALTIMORE, MARYLAND after death. Page 6 may be retained by the hospit y the funeral director, page 5 should be detached noval. cal examiner must be notifiled at once.		21. SIGNATURE OF PUNIERAL SERVICE LICE	E. Hie	ks	Hicks Elkte	Home for Stockton	91 Funerals Streets	5521	
P.O. BOX 68760, the certificate be executed within 24 hours ending physician and completely filled in the Hygiene prior to burial, cremation, or ret or other traumatic event, the median or other traumatic event, the median	ERTIFICATION	23. PART I. Enter the diseases, or c shock, or heert failure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO)  DUE TO (OR AS A CO)  DUE TO (OR AS A CO)	CONSEQUENCE OF):	Alc Asjan		Disea	rse	Approximate interval Between Onset and Deat
RECORD  vequires that the been signed by the t. of Health and M shows any inji	N: MEDICAL C	PART II. Other significant conditions My of a Usein	es contributing to death by	t got resulting in the	e underlying cts'c	e ction	I. 24a, WAS AN PERFORI	AUTOPSY MED7	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E 99 E	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Check o			
NG PHYSICIAN: fer this certifical eath with the St. marked, or it	ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	URY AT 28d	DESCRIBE HOW IN	JURY OCCURED	
TTENDI TTENDI TTOR: A after da	8	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY – building, etc. (Specif)	At home, farm, atree	t, factory, office	281.	LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
보 보이 =	COMPLET	2 MEDICAL EXAMINER	IAN: To the best of my knowled: On the basis of examination	dge, death occurred at	the time, data my opinion, de	and place, and due to the	e cause(a) and mann data and place, and	ner an stated. I due to the caus	e(a) and manner as stated.
TO THE HOSPIT TO THE FUNERA Be filed within 7	TO BE	29b. SECHATURE AND TITLE OF CERTIFIER 30, ME AND ADDRESS OF PERSON WHO	lel. KP-	(-MI)		D223	07	29d. DATE SIGN	ED (Month, Day, Year)
		JAYANTILAL!	KHATELM	m) 1238		aly Ave	21Kt	en m	121921-
		DEC 23 '91	32. REGISTRAR'S SIGNAT	Pandell					

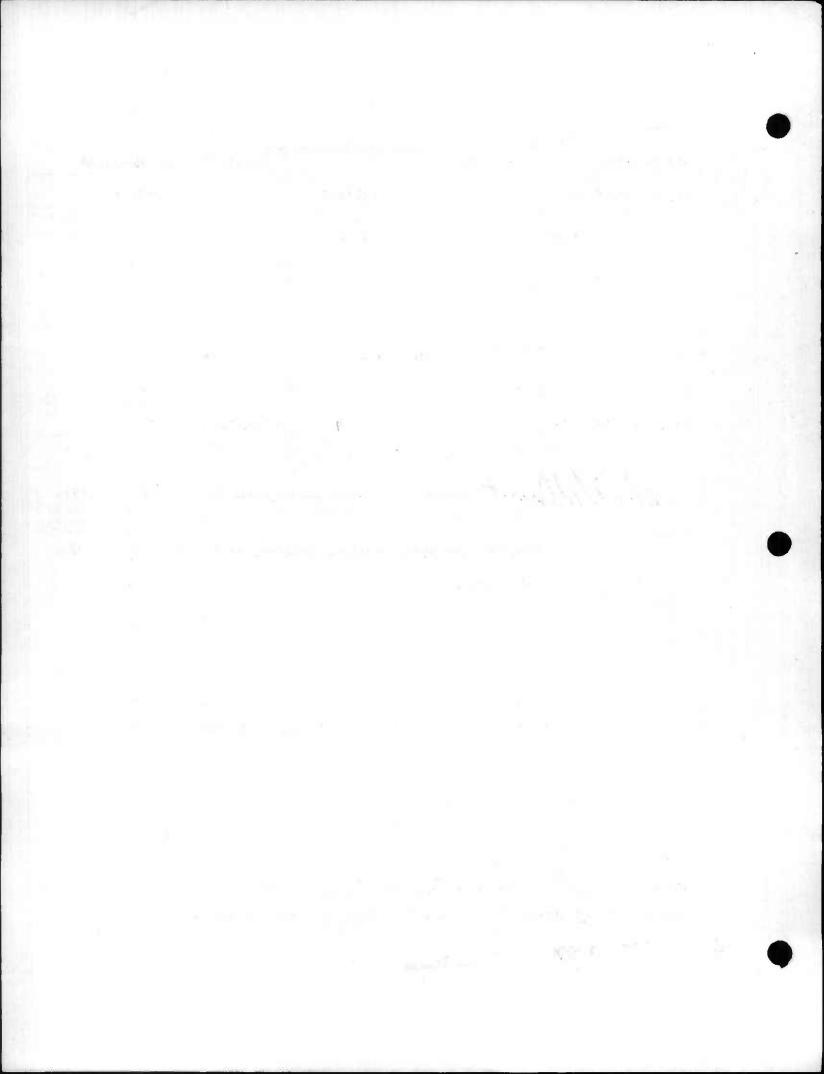
no simple and sheet

	HEGISTHAR		CERTIF	ICATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Las GEORGE					2. DATE OF DEAT	H PAY T	MEAR 3	3:40 I
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR					
	217-40-2435	1 M 2 D F	vee	MONTHS DAYS	HOURS MIN.	(Month, Day, Yes	ur)	Country)	ACE (State or Fore
١	9e. FACILITY NAME (If not institution, give		48	as outy tour	27 1 22 1 7 2 7 2	1 11 1 1 1 1			iyland
ď	GREATER BALT		CAL CENT		YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.  YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.  TOWN OR LOCATION OF DEATH  TOWS ON  LOCATION  SECTION  SECTION  SECTION  101. ZIP CODE  21136  IS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-Pes, apecify Cuben, Mexicen, Puerto Rican, etc.)  PES 22 No Specify:  18b. KIND OF BUSINESS/INDUSTRY  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Ella Payne  Street and Number or Rural Route Number, City or Yown, State, Zip Code)  The Drive Reisterstown, Md.  ON (Norme of DATE 20c. LOCATION — City or Town  THE 2-20 Reisterstown  ME AND ADDRESS OF FACILITY  11824 Reister  LIPATION — Reisterstown  ME AND ADDRESS OF FACILITY  11824 Reister  LIPATION — Reisterstown  11824 Reister  LIPATION — Reisterstown  11824 Reister  LIPATION — Reisterstown  11824 Reister  LIPATION — Reisterstown  11824 Reister  LIPATION — Reisterstown  ME AND ADDRESS OF FACILITY  11824 Reister  LIPATION — Reisterstown  11824 Reister  LIPATION — Reisterstown  11824 Reister  LIPATION — Reisterstown  11824 Reister  LIPATION — Reisterstown  LIPATION — Reisterstown  LIPATION — Reisterstown  ME AND ADDRESS OF FACILITY  11824 Reister  LIPATION — Reisterstown  LIPA				
	RESIDENCE OF DECEDENT	INOKE HEBS	OILE OBIL.				BAL	TIMO	RE
4	10e. STATE 10b. COUN	ITY	10c, CIT	Y, TOWN OR LOCA	TION			10	Dd. INSIDE CITY
DIRE	Maryland Bo	ultimore		Roisto	nstown				LIMITS?
ļ	10e. STREET AND NUMBER						100 CITIZ		
FUNERAL	3 Brookshire 1	Drivo			21134		log. Griz		AI COOMINIT
2	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS DE		IIC OBIGIN2 (Specific	Van av Na		A t - 41
	1 Never Married 2 Merried	FORCES? 1 Y	ES 2 XNO	If yes, s	pecify Cuben, Mexice	n, Puerto Rican, etc.	)	Black, V	Vhite, etc.
Ř	3 Widowed 4 Divorced		TO ATE O	1016	S 2 NO Specin	<i>r</i> .		Specify:	Black
3	15. DECEDENT'S ED (Specify only highest gra-	DUCATION de complete de	18e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF	BUSINESS/INDU		- Cotto
Į.	Elementary/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT us	work done during many many many many many many many many	ost of working				
2	High School		Land	scaper					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma	iden Surname)		
BE	George Mack				El	la Paune			
2	19s. INFORMANT'S HAME (7)(porPrint)		19b. MAILING	ADDRESS (Street			Town, State, Zip	Code)	
٦	Ann P. Mack								1136
- 1	20e, METHOD OF DISPOSITION 1 X Burlet 2 - Cremation 3 - Re-		20b. PLACE AND DATE	OF DISPOSITION (N	eme of				
- 1	4 C Donation 5 C Other (Specify)	movel from State	cemetery, crematory or o	ther place Como	tonu	1			
- 1	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE	0						
- 1	B	19 1		T0.		11	1824 Re	ister	stown
	an exercise the second	XII	no	tune	Funeral	Home Re	usters.	town,	Md.21
	shock, or heart fallure	List only one cause or	sed the death. Do r n eech line.	ot enter the mo	ode of dying, suct	as cardlec or re	spiratory arre	et,	Approxima interval Be
4	IMMEDIATE CAUSE (Final	ресрті	RATORY FA	TTHE					Onset and
	reaulting in death)	s							15 M
		PNEUM(	IS A CONSEQUENCE OF	<b>ት</b> ):					
	Sequentially list conditions,	b	S A CONSEQUENCE OF						
	if sny, leading to immediate cause. Enter UNDERLYING		NAL ESOP		CANCER	AND DT	SARTIT	TV	
	CAUSE (Disease or injury that initiated events		S A CONSEQUENCE OF		CANCER	AND DI	DADILL	. 1 4	
CERTIFICATION	resulting in deeth) LAST		on constant of	<i>)</i> -					j
5		d							
1	PART is. Other significent condition	ons contributing to deat	h but not resulting i	n the Underlyin	g ceuse given in i		AN AUTOPSY	24b. WE	RE AUTOPSY FIN
EDICAL							FORMED?	co	AILABLE PRIOR T IMPLETION OF CA
ME							2 LIFNO		DEATH?
						_		,,,	YES 2 N
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PI	LACE OF DEATH (Che	ck only one)			
5	EXAMINER?	HOSPITAL:	Putpatient 3 DOA	OTHER:	e 5 🗆 Residence				
	27. MANNER OF DEATH	28e. DATE OF INJUR	RY 28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HO	W INJURY OCCU	IRED	
8	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	in in in in in in in in in in in in in i		PRK?				
	3 Suicide 8 Could not be	28e. PLACE OF INJU	JRY — At home, term, s	treet, factory, offic	•	28f. LOCATION (Stre	set and Number o	r Rural Bruits	Number
3	4 Homicide determined	building, etc. (S	ipecify)			City or Town, St	ate)		r runnon,
	290. CERTIFIER	NCIAN. To the head of							
ž	(Check only one)	SICIAN: To the best of my kn	tion and to	d at the time, date	end place, end due t	to the cause(e) end	menner ae atatec	1.	
COMPLET	the state of the s	ER: On the basis of audintru	monyuna/or investigation	n, in my opinion, d	eath occured at the t	ime, data end place	, end due to the	ceuse(e) en	d manner ee sta
n l	296. SIRMATURE AND TITLE OF CERTIFIE	11/1/20	V- m		29¢ LICENSE NUM	BER	29d. DATE	SIGNED MO	th, Day, Year)
2	Munay "	- Corrad	- 1001		1165	87	12	1131	91
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) OFFE.	Print)			1	1	
			,						
	31. DATE FILED (Month, Day, Year)  DFC 1 7 'Q 1	32. REGISTRAR'S SI				-			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1. DECEDENT'S NAME (FI	CHEST		rin						2. DATE MONTH	OF DEATH	19	91	3. TIME OF DEATH
	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	HOURS	MIN.	7. DATE (Month	of BIRTH n, Day, Year) h 21	100/	Counti	IPLACE (State or Fon
١	214-30-998			57	YRS.	ah CITY	TOWN .	OR LOCATI	OH OF D		h 21	1934	Mar HTY OF D	yland
6	Rt. 1 Box	8028	sueet end number)				ıkla		ION OF DE	CAIH			irret	
DIRECT	RESIDENCE OF DI	10b. COUN	ТҮ		10c. CIT	Y, TOWN C	OR LOCA	TION						10d. IHSIDE CITY
. 1	Maryland		rrett			0akl								1 YES 2XX
FUNERAL	Rt. 1 Box						10	1. ZIP COD	£ 1550			10g. CIT	USA	WHAT COUNTRY?
מסב במ	11. MARITAL STATUS  1 Hever Married 2 [ 3 X Widowed 4 D	_		HT EVER IH U.S. I YES 2 ( MAR OR DATES		1 7	If yes, sp		nn, Maxica	in, Puerto 1	l? (Specify Ye Rican, atc.)	a or Ho—	14. RACI Bleck Spec	E — American India k, White, etc.
EIED	15. D (Specify of	ECEDENT'S ED	UCATION de completed)	16a.	DECEDENT'S	work done			na	16b	KIHD OF BU	JSINESS/INI	DUSTRY	
PLE	Elementary/Secondary		College (1-4 or 5	+)	Timb	se retired.)					Timb	er		
COMPL	17. FATHER'S NAME (First,	100	Wa satuda.					-			Middle, Maide	,		
BE	George H	loward	Martin		19b. MAILIHO	ADDRES!	S (Street	CO1		Ada	Der, City or To	ler	n Codel	
5	Mrs. Judy		ly		Rt. 1		100				d, Ma		,	550
	20a. METHOD OF DISPOS 1 Burial 2 Creme	ntion 3 🗆 Re	moval from State	206. PLA	CE OF DISPO	SITIOH (Na	eme of co	metary, crei	matory or			HO115		own, State Maryland
	4 Donation 5 Ott		JCEHSEE.	/				ND ADDRE	SS OF FA	CILITY				
	Holast Home - Oakland, Md. 21550													
	23. PART I. Enter the	diseasea, or	complications th										_	
	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	r haart fellure Final	a. Wound	of the	head,	Mass	the mo	oda of dy	ring, suc	ch aa cerd	dlec Dr res	piratory ar	reat,	Approxima Interval Be Onset and Sudden
ERTIFICATION	ahock, or IMMEDIATE CAUSE (I disease or condition	r heart fellurg	a. Wound  DUE TO  DUE TO  C.	of the	head, seouence of	Mas:	the mo	oda of dy	ring, suc	ch aa cerd	dlec Dr res	piratory ar	reat,	Approxima Interval Be Onset and
0	shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list conditions, is adding to immediate. Enter UNDERI CAUSE (Disease or in that initiated events	r heart fellura	a. Wound  DUE TO  DUE TO  OUE TO  d.	of the O (OR AS A CON	head, seouence of	Mass	sive	e, Sh	otgu	n, So	elf in	N ALITOPSY PRMED?	ted	Approxima Interval Be Onset and Sudde:  Month:  Were Autopsy Fin AMALABLE PRIOR 1 COMPLETION OF C
2	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list concil famy, leading to immicause. Enter UNDERI CAUSE (Disease or is that initiated events resulting in death) Li	r heart fellura	a. Wound  DUE TO  DUE TO  OUE TO  d.	of the O (OR AS A CON	head, seouence of	Mass	sive	e, Sh	otgu	n, So	elf in	N ALITOPSY PRMED?	ted	Approximation interval Be Onset and Sudder Month:
MEDICAL C	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list come if any, leading to immediate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other algniff	ditions, necliste LING north AST	a. Wound  DUE TO  DUE TO  OUE TO  d.	of the O (OR AS A CON	head, seouence of	Mass	Sive	e, Sh	otgu	n, So	elf in	N ALITOPSY PRMED?	ted	Approxima Interval Be Onset and Sudde:  Month:  Month:  Were Autopsy Fit AMALABLE PRIOR 1 COMPLETION OF CO
SICIAN: MEDICAL C	shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDER! CAUSE (Disease or is that initiated events resulting in death) L.  PART II. Other algnifit	ditions, necliste LING north AST	a. Wound  DUE TO  DUE TO  OUE TO  d.	et caused the use Dn aach I of the O (OR AS A CON O	death. Do ina.  head, seouence of seouence of seouence of seouence of seouence of seouence of seouence of resulting	Mass	Sive	s, Sh	otgu	n, So	elf in	N ALITOPSY PRMED?	ted	Approxima Interval Be Onset and Sudde:  Month:  Month:  Were Autopsy Fit AMALABLE PRIOR 1 COMPLETION OF CO
PHYSICIAN: MEDICAL C	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list come if any, leading to immediate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or in that initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting in death) LAUSE (Disease or initiated events resulting initiated events resulting initiated events resulting initiate	ditions, necliste LING north AST	a. Wound DUE TO b. Depres DUE TO c. OUE TO d. HOSPITAL: 1   Inpatient: 2   28a. OATE O (Month,	at caused the use on each I of the orange of	death. Do ina.  head, seouence of seouence	Mass  Mass  Fig.  OTHEL  4 Num  Mass	sive	Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh S	otgu given in	Part I.	24a. WAS A PERFC 1 YES 10 YES	NAUTOPSY PRMED? 2X HO	ted 24t	Approxima Interval Be Onset and Sudde:  Month:  Month:  Were autopsy fr Analable prior 1 Completing of Completing of Completing of Completing of Completing of Completing of Completing of Completing of Completing of Comp
ED BY PHYSICIAN: MEDICAL C	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition (area), leading to immediate Enter UNDERI CAUSE (Disease or list that initiated events resulting in death) Library III. Other algniff  25. WAS CASE REFERRED EXAMINER?  YEX YES 2 NO  27. MANNER OF OEATH  1 Netural 5 [2 Accident Sequents of County	dittone, necliate LYING njury AST  D TO MEDICAL  Pending	a. Wound DUE TO b. Depres DUE TO c. OUE TO d. HOSPITAL: 1   Inpetient 2 28a. OATE O (Month,	et caused the use on aach I of the of the of or as a con sion. Sio	death. Do ina.  head, seouence of seouence	Mass  Mass  Fig.  OTHEL  4 Num  Mass	sive	Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh Sh S	otgu given in	Part I.	24a. WAS A PERFC 1 YES 10 YES	N AUTOPSY PRMED?  2X HO	ted 24t	Approxima Interval Be Onset and Sudde:  Month:  Month:  Were Autopsy Fit AMALABLE PRIOR 1 COMPLETION OF CO
MPLETED BY PHYSICIAN: MEDICAL C	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list conciling in death)  Sequentially list conciling in death if any, leading to immediate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L./  PART II. Other algniff  25. WAS CASE REFERRED EXAMINER?  NEXTED 1 NOTICE IN 1 NOTICE IN THE INSTITUTE IN	ditions, nediate LYING njury AST lcant condition investigation Could not be detarmined	a. Wound DUE TO b. Depres DUE TO c. OUE TO d. HOSPITAL: 1   Inpetient 2 28a. OATE O (Month,	at caused the use Dn sach I of the D (OR AS A CON SION, S) O (OR AS A CON D) (OR AS A CON D) (OR AS A CON D) death but no Dept. (Specify) (Specify	death. Do ina.  head, seouence of seouence	Mass  PF):  OTHEL  4   Num  ME OF JURY M  atreet, fact	sive sive sive sive sinderlyin 26. PR: reling Hor 26c. IN: 1  tory, offici	LACE OF Come 5 V R JURY AT ORKY YES 2 [case a and place	otgu given in DEATH (C) lesidence HO	Part I.  Part I.  28d. DEs	24a. WAS A PERFC 1 VES  ATION (Streeo or fown, State use(a) and m	N AUTOPSY PRMED?  2X HO  INJURY OC  t and Number	ted.	Approxima Interval Be Onset and Sudder Month:  Month:  Mere Autopsy Fin AMAILABLE PRIOR 1 COMPLETION OF COF DEATH?  1 YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL C	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list conciling in death)  Sequentially list conciling in death if any, leading to immediate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L./  PART II. Other algniff  25. WAS CASE REFERRED EXAMINER?  NEXTED 1 NOTICE IN 1 NOTICE IN THE INSTITUTE IN	ditions, mediate LYING njury AST lcant condition investigation Could not be detarmined ERTIFYIHG PHYLEOICAL EXAMI	a. Wound DUE TO b. Depres DUE TO c. OUE TO d.  HOSPITAL: 1   Inpatient 2   28e. OATE O (Month, building) SICIAN: To the best of	at caused the use Dn sach I of the D (OR AS A CON SION, S) O (OR AS A CON D) (OR AS A CON D) (OR AS A CON D) death but no Dept. (Specify) (Specify	death. Do ina.  head, seouence of seouence	Mass  PF):  OTHEL  4   Num  ME OF JURY M  atreet, fact	sive sive sive sive sinderlyin 26. PR: reling Hor 26c. IN: 1  tory, offici	PLACE OF I	otgu given in DEATH (C) lesidence HO	Part I.  Part I.  281. LOC. City  to the care time, date	24a. WAS A PERFC 1 VES  ATION (Streeo or fown, State use(a) and m	NAUTOPSY PRMED?  2X Ho  INJURY OC  anner as sta	24th 24th 24th 24th 25CUREO or or Rural sted. the cause(	Approxima Interval Be Onset and Sudde:  Month:  Month:  Month:  Were Autopsy Fr Analable Priori Completing of Comp
COMPLETED BY PHYSICIAN: MEDICAL C	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequantially list come if any, leading to immediate. Enter UNDERI CAUSE (Disease or is that initiated events resulting in death) L.  PART II. Other algniff  25. WAS CASE REFERRED EXAMINER?  1 Natural 5 Accident  X Suicide 6 Check only only 2 Mmediate.	dittona, mediate LYING njury AST lcant condition linear condition loan condition loan condition loan condition loan condition loan loan condition loan loan loan loan loan loan loan lo	a. Wound DUE TO b. Depres DUE TO c. OUE TO d. Date Contributing to Date	at caused the use on each I of the of	death. Do lina.  head, seouence of seouenc	Mass Mass  Fig.  Fig.  In the ur  OTHEL  A low  A l	sive sive sive sive sinderlyin 26. PR: reling Hor 26c. IN: 1  tory, offici	PLACE OF I	otgu otgu given in DEATH (C) lesidence HO	Part I.  Part I.  281. LOC City  to the case sime, date	24a. WAS A PERFC 1 VES  ATION (Streeo or fown, State use(a) and m	NAUTOPSY PRMED?  2X Ho  INJURY OC  anner as sta	24th 24th 24th 24th 25CUREO or or Rural sted. the cause(	Approxima Interval Be Onset and Sudde:  Month:  Month:  Month:  Were Autopsy Fr AMALABLE PRIOR 1 COMPLETION OF COM
BE COMPLETED BY PHYSICIAN: MEDICAL C	ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list concil from the cause. Enter UNDERI CAUSE (Disease or its that initiated events resulting in death) L.  PART II. Other algniff  25. WAS CASE REFERRED EXAMINER?  TYPES 2 NO  27. MANNER OF OEATH  1 Netural 5 EXAMINER?  TYPES 2 NO  27. MANNER OF OEATH  2 Accident  X Suicide 6 CACCHOTIFIER (Check only one) 2 MM  281. SUICIDE AND THE	dittona, mediate LYING njury AST licant condition licant condition licant condition licant condition licant condition licant condition licant condition licant condition licant condition licant condition licant condition licant condition licant lic	a. Wound DUE TO b. Depres DUE TO c. OUE TO d. Date Contributing to Date	at caused the use on each I of the of	death. Do ina.  head, seouence of seouence of seouence of seouence of seouence of seouence of seouence of resulting of resulting like in home, farm, death occur for investigation of the seouence of	Mas:  Mas:  OFF:  OFF:  In the ur  OTHEE  4   Nur  ME OFF  JUNITY  M  attreet, fact  on, in my of	26. PR: reling Hor 26c. IN. W 1 U tory, office	e, Sh	given in  DEATH (C)  lesidence  HO  CENSE HU  0565	Part I.  Part I.  28d. DEt  28d. LOC City  to the care time, date	24a. WAS A PERFC 1 YES  24a. WAS A PERFC 1 YES  ATION (Streed or Town, Steel	N AUTOPSY PRMED?  2X HO  INJURY OC  anner as sta	24th 24th 24th 24th 25CUREO or or Rural sted. the cause(	Approxima interval Be Onset and Sudde:  Month:  Month:  Month:  Were Autopsy Fire Analable Price of Completion of



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1 - FOR STATE REGISTRAR

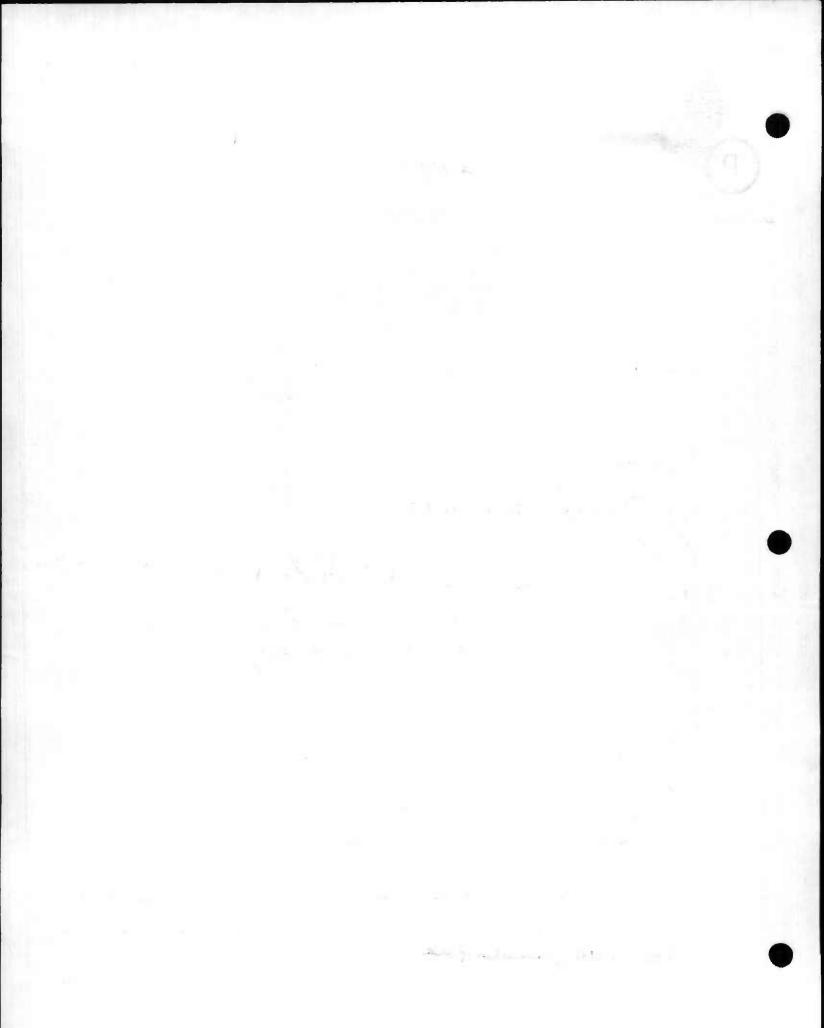
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO.	
i	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	MARY I NEBEL			12 - 16 -	1991 4:45 P
	4. SOCIAL SECURITY NUMBER 5. SEX		NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	577-01-9276 10 M2 EF	75 YRS. MONT	HS DAYS HOURS MIN.	02-18-16	mD.
	9a. FACILITY NAME (If not institution, give street and number)	9b. (	CITY, TOWN OR LOCATION OF DE		OUNTY OF DEATH
5	MARYLAND MANOR C.	CENTER,	CLEN BURNIE		A.A
	RESIDENCE OF DECEDENT		20010 100101110		
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOV	WN OR LOCATION		10d. INSIDE CITY LIMITS?
ةً	MD A.A.	Ann	rapolis		1 TYES 2 NONO
الإ	10e. STREET AND NUMBER		10f. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
FUNERAL	105 Hillcrest	1) rive	2140	3/	USA
5	11. MARITAL STATUS 12. WAS DECEDER	NT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI		- 14. RACE - American Indian,
	1 Never Married 2 Married FORCES?	MAR OR DATES	If yes, specify Cuban, Mexica 1 YES 2 60 Specif		Black, White, etc.
ਨੂ	3 Wildowed 4 Divorced				white
ETED	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USUA	L OCCUPATION	18b. KIND OF BUSINESS	/INDUSTRY
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	life Do NOT use retin	lone during most of working ed.)	1/ 100	
COMPL		Home	maker	Hom	E
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surnan	10)
	HORATIO THOMP.	SON	(0	ra - 1 -	0
出	19a, INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural	Route Number City or Town State	Zip Code)
ᄋᆘ	WILLIAM ALERS	< R   SA	ME Le	# 10	, a.p. 5000)
	20e. METHOD OF DISPOSITION	3/4 0/4	(Name of cemetery, crematory or	# 10	I — City or Town, State
	1 Duriel 2 Cremation 3 Removal from State	other place)	1 100	PC /	- City or lown, state
- 1	4 Donation 5 Other (Specify)	- A Line		Readi	ensport, mil
	21. SIGNATURE DE TONERAL SEMINGE L'CERSEE		22. NAME AND ADDRESS OF FA	CILITY	
	NOW MASS	///	BARRANCO	Sev-PK	mn 2114
	23. PART i. Enter the disesses, or compilcations the	at caused the death. Do not en	nter the mode of dving, suc		srrest, Approximate
	ahock, or heart fallure. List only one ce	use on sach ilne.	100	/ //	interval Betwee
	IMMEDIATE CAUSE (Final disease or condition	1-11. Ca	1	rate the	Onset shd Dec
Ш	resulting in death) ss.	varie on	them for	V WWXW m	miner
	1 DUE TO	O (OR AS A CONSEQUENCE OF):	1. dina	hat the	114
z I	Sequentially list conditions, b.	A letu C	accourage vill	Xoffeen	yan
CATION	If any, isading to immediate	(OR AS A CONSEQUENCE OF):		() 0	) 4
ଧ୍ର ∥	CAUSE (Disesse or injury				
RTIF	that initiated events resulting in death) LAST	O (OR AS A CONSEQUENCE OF):			
ш	d				
2	PART II. Other significant conditions contributing to	death but not resulting in the	s undsriving cause given in	Part I. 24e. WAS AN AUTOR	PSY 24b. WERE AUTOPSY FINDING
ই	al as to saith	ero Schon.		PERFORMED?	AVAILABLE PRIOR TO
ă	- All words	4	1	1 YES 2 N	OF DEATH?
ĭ	diakting!	Chry 2 pall	y Nepa	Cymache	1 TYES 2 NO
AN		- Det 12-	-17-91	"   /)	
8 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000 (1)	26. PLACE OF DEATH (C)	neck only one)	
SICI		☐ ER/Outpatient 3 ☐ DOA 4	HER: Nursing Home 5 ☐ Rasidence	8 Other (Specify)	
PHY	27, MANNER OF DEATH 28s. DATE O	F INJURY 28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY	OCCURED
	1 Natural 5 Pending		M 1 YES 2 NO		
BY	3 Suicide 28e. PLACE	OF INJURY — At home, farm, street,	, factory, office	28f. LOCATION (Street and Nu	mber or Rural Route Number,
	4 Homicide detarmined building	, atc. (Specify)		City or Town, State)	
ET	29a. CERTIFIER				
	(Check only				
6	2 MEDICAL EXAMINER: On the basis of	examination and/or investigation, in	my opinion, death occured at the	time, data and place, and dua	to the cause(a) and manner as stated
OMP		101	29c LICENSE NU	MBER 1 29d.	DATE SIGNED (Month, "Qay, Year)
8	295 SIGNATURE AND TITLE OF CERTIFIER			() [ ] [ .	12/10/91
BE COMPLI	296 SIGNATURE AND TITLE OF CERTIFIER	web, My	1729	101	12111111
8	Jany V. Spr	USE OF DEATH (ITEM 27) Type, Print		16.1	12/11/19/
BE CO	Jany V. Spr			A Blud	Por sa 1211
BE CO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL  JERRY D. Sharb		1029	A Blue	Person bray
0	orie) 2 MEDICAL EXAMINER: On the basis of	examination and/or investigation, in			DATE SIGNED (Month, Pay, Yes

Application of the second seco Control of the second of the s The color of the second of the

THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Sequentially list conditions and completely filled in death)  NOTIFICATION TO THE FOREST THE PROPERTY OF THE PROP	er death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-tran val.	TO BE COMPLETED BY FUNE	11. MARITAL STATUS  1  Naver Married 2 Merrie  3  Widowed 4  Divorced  15. DECEDENT (Specify only higher  Elementary/Secondary (0-12)  12+  Y  17. FATHER'S NAME (First, Middle, L. Waldorf A. Ne  19a. INFORMANT'S NAME (Type/Pri. Mrs. Shirley  20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  December 1  December 1  Criter (Specific Control of Cont
THE HOSPITAL TO THE HOSPITAL TO THE HOSPITAL TO THE FUNEBAL THE FUNEBAL TO THE FUNEBAL TO THE FUNEBAL TO THE FUNEBAL TO THE FU	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal term 28 is marked, or tilem 23 shows any Injury, or other traumatic event, the medical	PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other algnificant con  25. WAS CASE REFERRED TO MEDIE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendin Investig 3 Suicide 8 Could determined to the could be
	TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: 11	O BE COM	one) 2 MEDICAL EX

	1 - STATE REGISTRAR CE		CATE OF			REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) WALDORF ADOLPHUS NELSON, JR.	US	Nels	est,	2. 12	DATE OF DEATH	10	YEAR	3. TIME OF DEATH  11:55PM M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (1) yrs. Ins. 350-24-3579 1) M 2 □ F 57		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month-Day Year) 3-22-1934		6. BIRTH	IPLACE (State or Foreign
HOL	9a. FACRITY NAME (if not institution, give street and number)  1089 CARRIAGE HILL PARKWAY  RESIDENCE OF DECEDENT		96. CITY, TOWN O		OF DEATH			NTY OF D	EATH UNDEL
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND ANNE ARUNDEL	_	TOWN OR LOCAT						10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	100. STREET AND NUMBER 1089 CARRIAGE HILL PARKWAY	ANNAF	100	2140	1			S.A	WHAT COUNTRY?
BY	11. MARITAL STATUS  1  Naver Married 2 Married  3  Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1. YES 2 N IF YES, GIVE WAR OR DATES	MED	13. WAS DEC II yee, spe 1 \( \subseteq YES	ocity Cuban,	HISPANIC O Mexicen, Pe Specify:	PRIGIN? (Specify Year parto Rican, etc.)	or No—	Specif	— American Indian, t, White, alc. fy: Casian
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  12+   Da	ve kind of wo Do NOT use	SUAL OCCUPATION A done during mon retired.)  1Ste, S A	st of working	t	Nat.'1			y Agency
BE CO	Waldorf A. Nelson, Sr.			18. МОТНЕ	garet	First, Middle, Maiden S Hoffman	umame)		
TO E	194. INFORMANT'S NAME (Type/Print) Mrs. Shirley Maxine Nelson	MAILING A	Carriag	nd Number or E Hil	Rural Route 1 Pai	Number, City or Town, Kway An	State, Zip	Copte)	MD 21401
	20a. METHOD OF DISPOSITION  1  Burlel 2 Committion 3 Removal from State  20b. PLACEA complete, creation Method	ND DATE OF	DISPOSITION (Nater place)	me of				City or Ton	wn, State Maryland
	SIGNATURE OF FUNERAL SERVICE LICENSIES	8	22 NAME AN Barra 495 R	nco &	of FACILITY Sons e Hic	Funeral	Hom	e a Pa	rk, MD 21146
	23. PART I. Enter the diseases, or complicatione that caused the defence, or heert feiture. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSECUTION TO CONSECUT	Gnu.	t enter the mod			cardiec or reapire	atory arr	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions b. metaslain	UENCE OF):	Cole,	Ceru	c zu	Seye, Orres	her eri	(8)	nder
DICAL C	PART II. Other algorificant conditions contributing to death but not re	sulting in	tha Underlying	ceuse give	en In Part	PERFORM	ED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ME						1 🗆 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Input art 2   ER/Outpettent 3		THED.	ACE OF DEAT					
BY PHY	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  Accident investigation	28b. TIME (	Y WOF	IRY AT	28d	Other (Specify)  DESCRIBE HOW INJ	IURY OCC	URED	
	3 Suicide 8 Could not be detarmined 26e. PLACE OF INJURY — At hombuilding, etc. (Specify)	ne, ferm, stre	eet, factory, office		281.	LOCATION (Street and City or Town, State)	d Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or in	th occurred	at the time, date of	and place, an	d due to th	e cause(a) and manne data and place, and	er as state	ed.	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	m	)	29c. LICENS					Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Pr	3 W	· Ilne	E	CORECT	. (	Bri	Sund
	31. DATE FILED (Month, Day, 1801)  DEC 16 1991 Julia Davidson Rindelle							2	-1114



3. TIME OF OEATH

2. DATE OF DEATH MONTH DAY

		EDWARD	E. NOEL					MONTH DA	0 9	EAR	3.29 A M
( D		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday		_	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a.	BIRTHPLAC Country)	CE (State or Foreign
10	1	215-12-3955	1 🔀 M 2 🗆 F	70 YRS.	MONTHS	DAYS	HOURS MIN.	Jan. 10,1		Mary	land
	-	9a. FACILITY NAME (If not institution, give s					LOCATION OF D		9c. COUNTY		
2,	CTOR	Baltimore County	General Hos	pital	I R	anda	llstown	!	Bal	timo	re
Sec	EG.	10e. STATE 10b. COUNTY	1	10c. C	ITY, TOWN O	R LOCATIO	N			10d	. INSIDE CITY LIMITS?
f. Pag	DIRE	Maryland Bal	timore		Rei	ster	stown			1 [	YES 2 NO
permit. Pages	AL	10e. STREET AND NUMBER				10f. Z	IP CODE		10g. CITIZEI		
- T	FUNERAL	201 Mysticwood	v				21136			US,	
ding physician. the burial-transit	ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 (X) YES IF YES, GIVE WAR OR I WW 17	S 2 NO	11		Ify Cuben, Mexic	NIC ORIGIN? (Specify Years) an, Puerto Rican, atc.) fy:	n or No—   14	Bleck, Wh Specify: White	
attending use as the	9	15. DECEDENT'S EDU	CATION completed)	16a. DECEOENT	'S USUAL OC	CUPATION	of working	186, KINO OF BU	SINESS/INOUS	TRY	
spital or led for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	uso retirod.) Int Ma			Carr Lo	wery G	lass	Co.
के विक	BE COI	17. FATHER'S NAME (First, Middle, Last) NOTMAN B. NOE	e					ame (First, Middle, Maiden Lerine W. R			
5 should notified	5 B	199. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow			2 /
y be		Lenora R. Noel	1 2	0b. PLACE OF DISF				Reisterston	CATION — CIT		
ector, pa		1 N Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	rest La	un Men	oria	l Garde	ns Mar	riotts		
leath. Page 6 mis funeral director, xaminer must		21. SIGNATURE OF FUNERAL SERVICE LIC					ADDRESS OF F	ACILITY			stown Rd.
0 = 0		Pe-Bus	n Vowel	<u>l</u>	El	ine	Funeral	Home Rei			
ours after d in by the or removal		23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between									
ted within 24 nounced completely filled I ial, cremation, or cevent, the m		IMMEDIATE CAUSE (Final disease or condition reaulting in death)			yoc	oed	hid	Infacti	on		Onset and Death
th certificate be executed tending physician and com I Hygiene prior to burial, or other traumatic ex	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS	A CONSEQUENCE	OF):						
requires that the deen signed by the of Health and Meshows any Injur	MEDICAL	PART II. Other significant condition	ns contributing to death Hypertin	sion	g in the un		cause given in	1 Pert I. 24e. WAS AF PERFO	RMED?	AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE OEATH?  YES 2 NO
N 6 8 B	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000171				CE OF DEATH (C	heck only one)			
SICIAN: The la certificate has the State Del	\Si(	1 NES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	utpatient 3 🗆 DOA	OTHER 4 Num		5 🗆 Raeldence	8 🗆 Other (Specify)			
PHY this	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	Y 28b.	TIME OF INJURY M	28c. INJUI WOR 1 YE		28d. DE\$CRIBE HOW	INJURY OCCU	RED	
OR ATTENDING ID DIRECTOR: After hours after death tem 28 Is mai		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp		n, street, fact	ory, office		281. LOCATION (Street City or Town, State		Rural Route	Number,
SI SI SI SI SI SI SI SI SI SI SI SI SI S	COMPLETED	CONSCI ONLY	ICIAN: To the best of my kno ER: On the basis of examinat								d menner ee stated.
TO THE HOSPITAL ( TO THE FUNERAL D be filed within 72 h IMPORTANT: If II	TO BE (	296. SIGNATURE AND TITLE OF CERTIFIE	WD LEDI	WE OFF	ACER		D40	1521	<b>▶</b> 15	1221	onth, Day, Year)
		DR OCHANE	1 54			BA	RUAD,	RE COLNTY RANDALIST	GENT OUN, M	no.	HOSPITAL 21133
		DEC 23 9 1	Filia Davidson	mandele							

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	by ti	pe		TE .
	Pa	pin		ed
	stain	Sho		H
	96 T	5		- L
	ay	Dad		ğ
	E 9	300		SAL
	30e	direc		1
	4	e		ine
	Jean	fune		Хап
	ter (	the	Na.	9
	S af	à	remi	dic
١	DOU	1 pe	0	E
	24	/ fill	tion,	the
	thiu	etel	вша	H,
	A D	DE C	Co.	eve
	cute	8	unial	lic
	exe	J an	to b	E
	pe pe	iciar	100	Irau
	Scatt	phys	e D	-
	ertil	0	gie	듬
	th c	lend	H	10
	dea	e at	lent	un,
	the	y th	N po	Ē
	that	d be	h ar	any
	res	Sign	lealt	2
	nba	Len :	6	hoy
	W.	s be	ept.	33 8
	he	e ha	e D	E
	N.	ficat	Stat	ite
	ICIA	Serti	the	0,
	HYS	his (	WITH	ked,
	16 P	ter t	ath	nar
	NO	A	de	is n
	TE	TOR.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28
	R A	IREC	NUCS	E
	0 7	0 7	S ho	i ie
	PITA	ERA	7 0	T.
	HOS	FUN	With	MA
	果	포	Pa	ORT
	DI	0	e fi	MP
		-	-	-

													91	36226
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR	TMENT	OF HI	EALTH	AND I	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)				10/		ULA.	111	2. DATE C				3. TIME OF DEATH
	ANNA LOUI	SE NEV	JT.ON							ионтн	O'	8	9TAR	44 15
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	a hilathalas i		I					7		11;45p M
	215-18-814		1 M 2 WF			IF UNDER		HOURS	24 HRS. MIN.	7. DATE O	F BIRTH Dev. Year) 12-12		8. BIRTHE Country	PLACE (State or Foreign
4				79	YRS.		2077	77.000	377	06-	12-12			WV
1	9a. FACILITY NAME (If not in		•			9b. CITY						9c. COU	NTY OF DE	ATH
Þ	SACRED HEA		SPITAL			CUM	IBERL	AND				AI	LEGA	NY
DIRECTO	RESIDENCE OF DEC	10b, COUNT	,											
<u>E</u> :					10c. CIT	Y, TOWN C	R LOCATH	ON						10d. INSIDE CITY LIMITS?
	Md	A11e	egany			Luke	2							1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						10t.	ZIP CODE	E			10g. CITI	ZEN OF W	HAT COUNTRY?
Ü	426 F	ratt S	St.					21	1540				US	
ا څ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	MAS DECE	NDENT O	F NISPAN	IIC ORIGIN?	(Specify Yea	or No-		- American Indian, White, atc.
	1 Never Married 2X		IF YES, GIVE W	YES 2 N	Ю		t yes, spec			n, Puerto Ri	can, etc.)		Specify	
ВУ	3 Widowed 4 Divo	rced				- 1		74	-,,				ореслу	White
E	15. DECI (Specify only	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CUPATION	N and a secondario	_	16b. I	(IND OF BUS	SINESS/IND	USTRY	
l W	Elementary/Secondary (0		College (1-4 or 5 +	·)	Do NOT us	work done of se retired.)	rung most	OF WORKIN	y	- 1				
<u>=</u>	Unknown				Hous	ewif	9				Domes	tic		
COMPLETED	17. FATNER'S NAME (First, Mi							18. MOTH	ER'S NAI	ME (First, Mi	ddle, Maiden	Sumame)		· · · · · · · · · · · · · · · · · ·
BE C	John J	Cumn	nings						P1e	essie	May I	Harve	·V	
	19a. INFORMANT'S NAME (7)		2001	198	. MAILING	ADDRESS	/Street and	d Number			r, City or Town			
2	Floyd C	. New1	on								21540		0000)	
				DOL 01 105	-		_		, and					
	20a METNOD OF DISPOSITI 1 Description 1 Comments 1 Description 1 Comments	n 3 🗆 Reme	ovat from State	ROB. PLACE A		ther place) emet		e of	1.0	DATE	-	CATION		
1 1	21. SIGNATURE OF FUNDAL	SEMME IN	house \	Phi	LOS (					-12-9	L We	ester	npor	t, Md.
1 1	1///	selfre co	Luca /	1)		22. 1	NAME AND	1-Wa	ss of fac	ek Fin	neral	Home		
	Boal-Warnick Funeral Home 111 Church St. Westernport, Md. 21562													
	23. PART (/Enter the dis	seesea, or c	ompilcetions that	coursed the de	sth. Do r	ot enter	the mod	e of dyl	ng, euch	as cerdi	c or respi	ratory arr	est.	Approximate
	ahock, or hit IMMEDIATE CAUSE (Fin	MIL Tellure.	Liet only one ceu	se on eech line.										interval Between
	disease or condition		1 100	0.1101	. 1									Onaet and Death
	resulting in deeth)	,	DUE TO	PHOL	THE OF	n.								
_				(S. AO A CONGEO	OLIVOL O	,.								
ERTIFICATION	Sequentielly list conditie	ona,	DUE TO	(OR AS A CONSEC	HIENCE OF	n.								
A	if eny, leading to immed cause. Enter UNDERLYII		302.10	(OII AS A CONSEC	OLIVOL OF	1.								
윤	CAUSE (Disease or Injur		DUE TO	(OR AS A CONSEO	HENCE OF	n.								
E	thet initiated events resulting in death) LAST			(OTTAGE A GOILGEO	OLITOL OF	,.								
剪			f											
ابا	PART ii. Other significes	nt condition	s contributing to	deeth but not re	euiting i	n the un	deriying	cause g	Iven in F	Part i. 2	4a. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FINDINGS
EDICAL	191										PERFOR	1	17	MAILABLE PRIOR TO COMPLETION OF CAUSE
유										-	YES 2	NO		OF DEATH?
Σ														T YES 2 NO
PHYSICIAN:														
ᅙ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		CE OF DE	ATN (Che	ck only one)				
YSI	1 YES 2 NO		1 Inpetient 2	ER/Outpatient 3	□ DOA			5 🗆 Red	eldence (	6 🗆 Other (	Specify)			
표	27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIMI		28c. INJUR			28d. DEŞC	RIBE NOW IN	JURY OCC	URED	
à l		Pending nvestigation				М		S 2 🗌	NO					
ED	3 Suicide s C	Could not be	28a. PLACE Of	INJURY — At horate. (Specify)	ne, term, s	treet, facto	ry, office			28t. LOCAT	ION (Street a	nd Number	or Rural Ro	ute Number,
밑	4 Nomicide d	etarmined	- Sanding,	area (opachy)						City or	Town, State)			
Ë	29a. CERTIFIER	EVING PHYSIC	CIAN: To the heat of	- knowledge 4	1111000		- Ver		7 S 3					
COMPLET	(Check only one) 2 MEDIC	AL FYAMINE	CIAN: To the best of av	aminetion and/a-f-	mil occurre	a at the th	ne, data a	nd placa,	and dua t	to the cause	(a) and men	ner as state	rd.	
8				ammunon and/or ir	rvestigatio	n, in my of	onion, des	th occure	d at the t	lime, deta a	nd placa, and	dua to the	cause(s)	and manner sa stated.
ш	206. SIGNATURE AND TITLE	OF CERTIFIER		10			1	29c. LICEI	NSE NUMI	BER		29d. DATE	SIGNED (	Month, Day, Year)
9 8	WWh	us k	イ に -	(A)	_			V	12	18.	7	1)	1/12	191
5	30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)		1.1		7./1	9	, -	1/3/	

224 WASHINGTON STREET, CUMBERLAND, MD 21502

DR.

31. DATE THE CHOMP.

WILLIAM MARK, M.D.,

1991

82. REGISTRAR'S SIGNATURE

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											91	36221
	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / Ci	DEPAR	TMEN	TE OF	DEATH	ND N	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATN
	Mason Lee O'Nei								12-15-9		TEAN	M
	213-22-1167	5. SEX 6	S. AGE (In yrs. las		IF UND MONTHS	ER 1 YEAR	HOURS I	HRS.	7. DATE OF BIRTN (Month, Day, Year) 06-12-2		Country)	LACE (State or Foreign
1	9e. FACILITY NAME (If not institution, give str	4.5	66	YRS.							Maryland	
ŧ	Anne Arundel Me		enter				OR LOCATION	OF DEA	ATN	ŀ	e Ar	undel
H.	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
15	MD Anne	Arunde	1	Anı	nap	olis	3					LIMITS?
AL	10a. STREET AND NUMBER						f. ZIP CODE			10g. CIT		AT COUNTRY?
FUNERAL	12 Willow Road,	Weems	Creek		21401 USA							
5	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. AR	MED	13	. WAS DEC	CENDENT OF N	IISPANI	C ORIGIN? (Specify Ye		14. RACE	- American Indian,
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 [	OR DATES	40	It yes, specify Cuban, Mexicen, Puerto Rican, etc.)  □ YES 2 NO Specify:  Black, White, etc. Specify: Wh							
	15. DECEDENT'S EDUC	1950-			1	, white					WIII CE	
E	(Specify only highest grade completed) (Give kind of work done during most of working								DUSTRY			
PL	Elementary/Secondery (0-12)	College (1-4 or 5+)	Fir	e F	igh	ter			US G	over	nmen	t
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTNER	'S NAM	IE (First, Middle, Maiden	Sumame)		
BE C	James Edward O'	Neill							Eileen 1		У	
10	19e. INFORMANT'S NAME (Type/Print)	:11	191	MAILING	ADDRES	S\$ (Street a	and Number or I	Rural Ro	oute Number, City or Tow	n, State, Zij	Code)	101
	Doris Kemp O'Neill 12 Willow Road, Annapolis, MD 21401											
	20e. METNOD OF DISPOSITION  1 State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State  Creensboro Cemetery  Greensboro MD											
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1 Gree	nsbo					Gre	eens	boro	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Hardesty Funeral Home, P.A.											
	23 PART I Enter the diseases or to	of toule	resul		_	12 F	[apbis	37	Ave Anna	Loge	is	
	23. PART i. Enter the diseases, or co shock, or heart failure. Li	mplications that classes	auaad the da on each lina	ath. Do n	ot anta	r tha mo	da of dying,	, auch	as cardiac or rasp	iratory an	reat,	Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition	8018	iA									Onset and Death
	resulting in death) a.	BUE 10 (O	R AS A CONSEC	HENCE OF	Da.							29
2		Gaul	1010	JENOE O	2τ	- (	4+	De	luca			1 WK
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (Q	AS A CONSEC	USNCE OF	):		7	1	1000			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	40141	CT	hri	The	nos	15					
H	that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEC	UENCE OF	):							
CER	d.											
	PART H. Other aignificant conditions	contributing to da	ath but not re	eaulting in	n tha u	nderiying	g cause give	n in P	art i, 24s. WAS AN	AUTOPSY	24b. W	PERE AUTOPSY FINDINGS
S	Kelval tai	lure							PERFOR	-		WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	Advance 6	COPD								PNO		F DEATH?
									_		1 .	_ 123 2 _ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATI	H (Chec	k only one)			
YSI	1 TYES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHE		• 5 🗆 Reside	ence 6	Other (Specify)			
F	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF IN. (Month, Day,		26b, TIME INJU		28c. INJ	URY AT	- 2	28d, DESCRIBE NOW II	NJURY OC	CURED	
B≺	2 Accident Investigation				М		ES 2 NO	0				
ED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF It building, etc.	NJURY — At hor (Specify)	ne, term, st	treet, tec	tory, office		1	26t. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	ite Number,
LEI	29a. CERTIFIER											
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner se stated.											
	296 SIGNATURE AND TITLE OF CERTIFIER	On the beats of exam	marton and/or ir	rvestigation	i, in my	opinion, de				d due to th	e cause(s) a	nd manner se stated.
BE	Saul R No Con al	2.2	mC				DZO					fonth, Day, Year)
2	20 NAME AND ADDRESS OF PERSON WIND		171 /				220	+=	) /	- /	2-1	7-91

600

and the state of t -way-way-way-

	1. DECEDENT'S NAME (First, Middle, Las		CE	RIIF	CATE OF	DEATH	REG. NO			70120
	Doris	" Catherine		n:11				AY	YEAR 3.	TIME OF DEATH
_ 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lesi	Pill birthday)	JF UNDER 1 YEAR	IF UNDER 24 HRS.	12/13/ 7. DATE OF BIRTH		a DIDTUDI A	4:30am M
	219-22-9824	1 - M 2 DF	62	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	CE (State or Poraign
P )	9e. FACILITY NAME (If not institution, give	street and number)	. 02		96. CITY, TOWN (	OR LOCATION OF D	1 06/21/29 eath	9c. COUN	TY OF DEAT	н
15	348 Berkshire I	Orive			Riva			Ann	e Arur	Iobo
- L	100. STATE 10b. COUN			f0c CITY	, TOWN OR LOCAT	TION		Lante		
등등	MD Anr	ne Arundel		Riv		TON				LIMITS?
FUNERAL	348 Berkshire I	Orive			101	ZIP CODE 211	40		S.A.	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? IF YES, GIVE WAR	ES 2 NO		If yes, ap-	ENDENT OF HISPA ecity Cuben, Mexic 2 DNO Speci	NIC ORIGIN? (Specify Yea on, Puerto Ricen, etc.) y:	or No-	Black, WI Specify:	
<b>a</b>	15. DECEDENT'S ED	UCATION	16e. DEC	EDENT'S	USUAL OCCUPATION	ON	166. KIND OF BU	SINESS/INDI		nite
	(Specify only highest gra-	College (1-4 or 5+)	l (Givi	e kind of w Do NOT use	rark done during mo	st of working				
COMPL			Но	mema	ker		Home			
- 31	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	Harry P. Buckma  19e. INFORMANT'S NAME (Type/Print)	ster	-			Emma C				
TO B		7.					Route Number, City or Tow	n, State, Zip (	Code)	
	Mr. John F. Pil				rkshire		RIVA OATE 20c. LO	CATION C	MD Ity or Town,	21140
	1 Burlel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	moval from State	cemetery, crem	elory or oth	her place)	me or	1211			State
	21. SIGNATURE OF TURBUL SERVICE I	CENSEE	THIS VE	LELA		ID ADDRESS OF FA	CILITY 495 R	nsvil		
	*(A)(1)	2			Barrano	co Funer	al Home Sev			
	23. PART . Enter the diseases, or	complications that ce	used the dea	th. Do no						Approximata
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Our	ON BECH line.	aa	Can	<	Recur			Interval Between Onset and Death
1 11	Sequentially liet conditions,	b. (70x)	Laice	JENCE OF	ellet	alexx.	uder			
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	C. CUVELLA DUE TO (OR	AS A CONSEQUE	and	rous fe	skula	* * * *	was		
ERTIFIC	reaulting in deeth) LAST	d							į	
	PART II. Other aignificant condition	ons contributing to dea	th but not rea	autting is					-	
X.					the sended-ine		Do-d I are summer and			
AEDIC					the underlying	, cause given in	Part i. 24a. WAS AN PERFOR	MED?	AVAI CON OF 6	E AUTOPSY FINDINGS LABLE PRIDR TO IPLETION DF CAUSE DEATH?
ME					the underlying	, cause given in	PERFOR	MED?	AVAI CON OF 6	LABLE PRIDR TO IPLETION OF CAUSE
	25. WAS CASE REFERRED TO MEDICAL				26. PL	Cause given in	PERFOR	MED?	AVAI CON OF 6	LABLE PRIDR TO IPLETIDN DF CAUSE DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:				ACE OF DEATH (Ch	PERFOR	MED?	AVAI CON OF 6	LABLE PRIDR TO IPLETIDN DF CAUSE DEATH?
PHYSICIAN:	25. WAS CASE REFERRIED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   ERU 28e. DATE OF INJI (Month, Day, Ye	/Outpatient 3 □ JRY aar)	DOA 28b. TIME	26. PL OTHER: 4  Nursing Home OF	ACE OF DEATH (Ch	PERFOR	NO NO	AMAI COM OF (	LABLE PRIDR TO IPLETION OF CAUSE DEATH?
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Netural 5  Pending	HOSPITAL: 1   Inpetient 2   ERL 28e. DATE OF INJU (Month, Day, Ye	/Outpetlent 3 [JRY aar)	DOA 28b. TIME	26. PL OTHER: 4  Nursing Home OF	ACE OF DEATH (Ch	PERFOR  1 YES A  sck only one)  6 Other (Specify)	NO NO	AVAI COM OF 0	LABLE PRIDR TO PILETIDN DF CAUSE PEATH?  YES 2 NO
IPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ERL 28e. DATE OF INJU (Month, Day. Ye 28e. PLACE OF IN, building, etc.)	/Outpatient 3 □ JRY ar/ JURY — At home (Specify)	DOA 28b. TIME INJU	26. PL OTHER: 4   Nursing Hom OF 28c. fNJI WOI 1   Y reet, fectory, office	ACE OF DEATH (Ch	PERFOR  1 YES A  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a Cify or Town, State)  fo the cause(s) end man	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAL COMMON TO THE PROPERTY OF	LABLE PRIDR TO PILETIDN DF CAUSE SEATH?  YES 2 \( \sum \) NO  Number,
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERED TO MEDICAL EXAMINER? 1	HOSPITAL: 1   Inpetient 2   ERL 28e. DATE OF INJU (Month, Day. Ye 28e. PLACE OF IN, building, etc.)	/Outpatient 3 □ JRY ar/ JURY — At home (Specify)	DOA 28b. TIME INJU	26. PL OTHER: 4   Nursing Hom OF 28c. fNJI WOI 1   Y reet, fectory, office	ACE OF DEATH (Ch	PERFOR  1 YES A  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Town, State)  fo the cause(s) end man filme, date end place, end	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAL COMMON TO THE PROPERTY OF	LABLE PRIDR TO PILETIDN DF CAUSE SEATH?  YES 2 NO  Number,  manner sa stated.
D BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Impetient 2   ERU  28e. DATE OF INJU  (Month, Day, No.  28e. PLACE OF IN, building, etc.)  SICIAN: To the best of my begin on the basis of examine	/Outpatient 3 SPY par)  JURY — At home (Specify)  knowledge, deatl	DOA 28b. TIME INJU	26. PL OTHER: 4   Nursing Home OF WOI M   1   Y reet, fectory, office	ACE OF DEATH (Ch	PERFOR  1 YES A  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Town, State)  fo the cause(s) end man filme, date end place, end	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAL COW OF 6  1   IRED  IRED  Couse(s) end	LABLE PRIDR TO PILETIDN DF CAUSE SEATH?  YES 2 NO  Number,  manner sa stated.

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows that within 72 hours after death with the State Deer of Health and Merrial Hunlane noing the hurial cremation of removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
20	90	9
тау	r, pa	St
9	ecto	Ē
Page	di di	Jer
ath.	nera	Ē
r de	of for	exe
afte	Dy th	ical
ours	in a	ned
24.71	filled	He.
hin	tely	1, 1
Wil	mple	Ver
Surfec	d co	lic
exce	Tan to the	ma
e pe	sicial	tran
ficat	phy an	je.
certi	ding	0
ath	tal H	, 00
e de	Men a	=
at th	A Par	y Ir
s th	ned	8
quire	Sign He	OWS
W re	beel	sh
e la	has	1 23
E	cate	ten
CIAN	ertifi the	6
ES.	ils c	ed,
G P	er th	nar
NO	Aft	IS II
TE	HOT.	28
A AC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face such as the completely filled in by the completely fi	63
AL (	ALC	11 11
SPIT	NER	Ę
H .	F	HTA
王	THE	2
2	23	3 2

	REGISTRAR		CERTIF	ICATE	OF L	JEAIH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Rosalie	A. Ric	ce			2. DATE OF MONTH	DEATH	ž	ďγ	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)		YEAR	IF UNDER 24 HRS.	7. OATE OF			6. BIRTH	IPLACE (State or Foreign	
	215-12-0863	1 M 2 F	68 YRS.		DAYS F	HOURS MIN.	(Month, D		22	Counti	γ)	
	9a. FACILITY NAME (If not institution, give :	Δ	00	AL OFFY T		LOCATION OF OE		16	22	IVLA	RYLAND	
~				90. CITT, 1					96. COU	NIT OF U	EATH	
DIRECTOR	HARBOR HOSPIT	TAL CENTE	3		BAI	TIMORE				_		
ទ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c CT	TY, TOWN OR	LOCATIO	DM .			_		10d, INSIDE CITY	
<u> </u>											LIMITS?	
		INE ARUNDI	7.17	GI	-	BURNIE		I son CITIZEI			1 TYES 2 X NO	
FUNERAL	10e. STREET AND NUMBER				10f. Z	CIP CODE		10g. CITIZEN OF WHAT			WHAT COUNTRY?	
	1203 SAUNDERS	WAY				21061				U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED			DENT OF HISPAN			or No-	14. RACI	E — American Indian, k, White, stc.	
	1 Never Married 2 Married	FORCES? 1 1	R DATES	If yes, specify Cuban, Maxican, Puarto Rican, 1 YES 2 NO Specify:			in, arc.)		Spec	tty:		
à	3 Widowed 4 Divorced						WHITE					
입	15. DECEDENT'B EDU (Specify only highest grade	ICATION COMPOSITE OF THE COMPOSITE OF TH	16a. DECEDENT'S	S USUAL OCC	UPATION	of undring	16b. KI	ND OF BUS	INESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT									
립	12	0	HOUS	EWIFE	WIFE			H	HOMEMAKER			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surname)							
	JOHN W. STINE					CIDNEY	WILL	BURN				
띪	19a. INFORMANT'S NAME (Type/Print)		10b MAII IN	C AODDESS /	Street and	Number or Rural F			- State 7in	Code		
임	ROSE L. HUGEL		1-3-1								01100	
								_			21122	
	20g. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ren	noval from Stata	of cemetary Make R	Y PANT	SITION (A \$e)		DATE		CATION —	-		
	4 Donation 5 Dthey (I pecify)	1 1 9	VETERAN				Y 12/16 CROWNSVILLE, MD.					
	21. SIGNATURE OF FUNERIAL BETWICE LI	CENSEE	hagers			ADDRESS OF FA					01061	
	· Wary	- 4- 100		KA 12	Z MOI	ND C. J	TNK	LUNE	SKAL	HOL	ME 21061 NIE, MD.	
	23. PART I. Enter the diseases, of	complications that as	used the death. De								A STATE OF THE PARTY OF THE PAR	
	shock, or heart fellure.			not enter ti	ile illoui	e or dying, such	ii aa catula	o or reap	retory are	out,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	0									Onset end Deeth	
	disease or condition resulting in death)	201	0860									
		DUE TO (OIL	AS A CONSEQUENCE	OF): 00	Toda							
Z	Commentative Heat accordance	a DIA	veres !	Jelli	100	2		_				
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):	10	n a	1	200	1	-		
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Cel	vervo vo	cocn	NEW		- CC	u	9			
듸	that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):								
CERTIFICATION	reaulting in death) LAST	d										
	DART II Other similares are date		Ab but and an all and a				man I a			1		
EDICAL	PART II. Other aignificent condition	nii contributing to dei	ith but not remulting	in the und	eriying	cause given in	Part I. 2	Ia. WAS AN PERFOR		24	MAILABLE PRIOR TO	
잃							1	YES 2	□ NO		OF DEATH?	
ME										- 1	1 TYES 2 NO	
-											, ,	
₹	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (Ch	eck only one)					
PHYSICIAN:	EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER:		5 Realdence	8 C Other (	Panalful				
۲	27. MANNER OF DEATH	28a. DATE OF INJ		_	26c. INJU		28d. DESCI		NJURY OC	CURED		
مَ	1 Natural 6 Pending	(Month, Day, Y		NJURY	WOR		200: 5240.			001120		
M	2 Accident Investigation	20 71 407 07 11	Marrie A. L			5 2 NO						
ဂ္ဂ	3 Suicide 8 Could not be 4 Hornicide determined	building, etc.	JURY — At home, farm (Specify)	i, street, mictor	гу, оппсе			Town, State)		r or Hurai	Route Number,	
E												
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, death occu	rred at the tim	ne, data a	ind place, and due	to the cause	(a) and mar	nner as sta	ted.		
Σ	0/16) 2 MEDICAL EXAMIN	ER: On the basia of axemi	nation and/or investigat	tion, in my op	Inion, de	ath occured at the	time, deta ar	nd place, an	d due to t	he cause	a) and manner as stated.	
	29b, SIGNATURE AND TITLE OF CERTIFIC	B A . A .	7		-	29c. LICENSE NUI	MBER		29d, DAT	TE SIGNE	O (Month, Day, Year)	
H		the san									12-91	
2	20 NAME AND ADDRESS OF BERESS W	HO COMPLETED SAUCE S	P OF STURENCE OF	O-I					- /	~	12-11	
	30. NAME AND ADDRESS OF PERSON W	AN TO THE PER CAUSE OF	H UEATH (ITEM 27) (Ty)	Pe, Print)	e R	alt. Mr.	21220					
	RAOUF DAOUD	MI.D. 1001	-17 LACAL	-MN CH	N. 130	الاالن مسا	107					
	DEC 16 1991	32. REGISTRAR'S	SIGNATURE									
	DEC 19 1991	guna Davids	on-Monarac									
_			-									

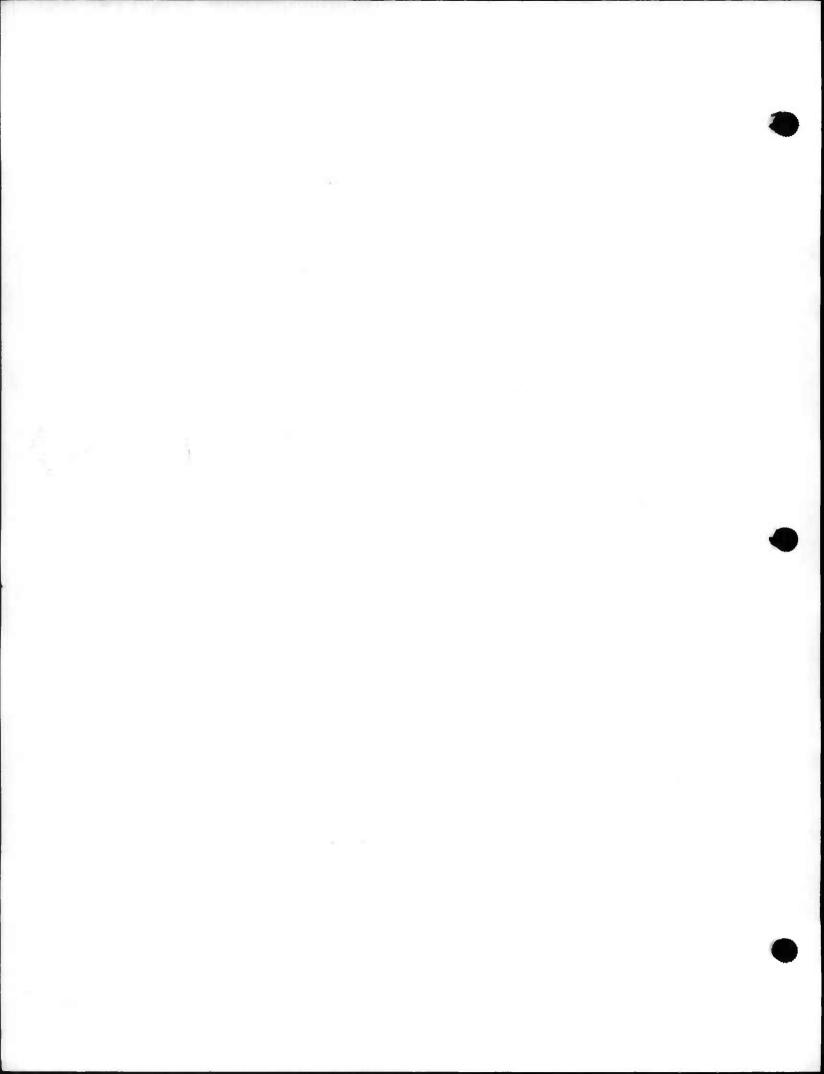


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	900
the	e de	in n
od by	P	2
etaine	shou	ntifie
pe	ige 5	n 91
тау	), p	to.
9 96	lirecti	r mi
r.	eral d	mine
deat	e fun	AYA
after	mova	icai
POULS	d in l	med
Ž,	ion,	h
rithin	remat	uni
v bet	comp ial, c	PW.
пээхв	and o	matic
pe	ician rior t	1
ficate	phys ne pi	har i
certi	ding	F of
leath	atten mtal 1	2
the c	d Me	in in
that	ed by	VAR
uires	sign Healt	STATE OF
be.	been t. of	ohe
e law	has	26 0
E N	State	iten
SICIA	certif	-
PHY	this	rhad
SING	After	200
TEN	TOR:	20 10
JR AT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	supportants is some 20 to marked or New 22 chance any injury or other fraumatic event the medical evaminer must be notified at once
TALC	AL D 72 hc	26 26
SPI	Thin	MI
王	H PE	2000
10	10 ad	CARD
,		-

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGII		362	30
	1. DECEDENT'S NAME (First, Middle, Last)	Riolex				2. DATE OF DEATH		3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a	BIRTHPLACE (State or	Foreign
	219-14-8226	1 M 2 F	Vne	MONTHS DAYS	HOURS MIN.	(Month, Day, Year	1001	Country)	
s 1	9a. FACILITY NAME (If not institution, give str		67 <sup>143.</sup>	9b. CITY, TOWN 0	OR LOCATION OF DEA	AUG 16	19241 9c. COUNTY	MARYLAN OF DEATH	D
MOIS	101 REYNOLDS AV	•			NG SUN			CIL	
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c. Cl	TY, TOWN OR LOCAL	TION	-		10d. INSIDE C	ITY
DIR	AMARYLAND (	CECIL						LIMITS?	□ NO
L	-10e. STREET AND NUMBER	CECIH		RISING	I. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY	
FUNERAL	101 REYNOLDS AV	CTENTIE							
A I	11. MARITAL STATUS	VENUE  12. WAS DECEDENT EVER	IN II S ADMED	12 WAS DEC	21911 CENDENT OF HISPANI	IC OBIGIN2 (Specify		SA RACE American In	ndlan
	1 Never Married 2 Married	FORCES? 1 YES	2 2 NO	If yes, sp	ecity Cuban, Maxican 2 2 Mo Specify:	n, Puarto Rican, etc.)	THE OF THOSE 14.	Black, White, etc.	
ΒY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 U YES	2 (1) AND Specify:	:		Specify: WHIT	E
	15. DECEDENT'S EDUC		16a. DECEDENT	S USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDUST	TRY	
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	l work done during mo use retired.)	ist of working	7711.2			
7	Ellimentary/Secondary (0-12)	2+	HOMEM	VED		пС	MEMAKE	77	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	41	HOMEM	ALLER	18. MOTHER'S NAM	ME (First, Middle, Mail		к	
EC	VERNON KENNY J	LETSTER			CDAC	HEY ANN	PNCOD		
00	19a. INFORMANT'S NAME (Type/Print)	DETOIEK	19b. MAILIN	G ADDRESS (Street	and Number or Rural R			de)	
5	ZANE J. RIGLER		16	DIME DI	ACE. NE	MADE D	ים מנות דים	E 10711	
- 9	20a, METHOD OF DISPOSITION	2	Db. PLACE OF DISP	OSITION (Name of ce	metery, crematory or	20c.	LOT ION - City		
- A	1X Burial 2 Cremation 3 Remo	oval from Stata	EVERGRE	EN MEM.	GARDEN	S 12-23	FINK	SBURG .	MP
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	1		ND ADDRESS OF FAC				
	A:100	90	200		. FOARD				
	23. PART I Enter the diseases, Dr C	omplicatione that cous	ed the death. Do		TNG SIIN ode of dying, auch			, Approx	imate
	ahock, or haart failure. L							interva	i Between end Death
	iMMEDIATE CAUSE (Final disease or condition		MI	1:1	In	+ . 2.	434	21	200
	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE		1 r	rancii	- V	21	VV }
7		A-S	. C. V. D					1 460	n S
CERTIFICATION	Sequentielly liet conditions, if any, laeding to immediate	h	A CONSEQUENCE						
CA	cause. Enter UNDERLYING CAUSE (Dieeese or Injury	L							
F	that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):					
ER	resulting in death) LAST	1							
	PART ii. Other algnificant conditions	s contributing to deeth	but not reaulting	In the underlying	g cause given in		AN AUTOPSY	24b. WERE AUTOPS	Y FINDINGS
CAL							FORMED?	AVAILABLE PRI	
MEDIC						¹   YE	S 2 📉 NO	OF DEATH?	
Σ								1 🗌 YES 2	_ NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 8	LACE OF DEATH (Che	nok anti anni		<u> </u>	
PHYSICIAN:	EXAMINER?	HOSPITAL:	4	OTHER:					
178	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetlant 2 ER/O		<u> </u>	JURY AT	28d, DESCRIBE HO	W INJURY OCCUR	IFD.	
	1 Natural 5 Pending	(Month, Day, Year		NJURY W	ORK? YES 2 NO	200,000,000			
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	RY — At home, farm			28f. LOCATION (St	reet and Number or	Rural Route Number,	
日	4 Homicide detarmined	building, etc. (S)	pecify)			City or Town, S	tate)		
COMPLETED	29a. CERTIFIER 4 197 CERTIFYING PLYCH	CIAN: To the best of my kn	muladas dante	annual and the Alexandra	and place and d	to the extracted of			
M	(Orlock Orley	R: On the basis of examine						ause(a) and menner :	as stated.
္ပ				,y opinosi,					
8	29b. SIGNATURE AND TITLE OF CERTIFIER	1.8.	No.		29c. LICENSE NUM		P. C	IGNED (Month, Day, Y	201)
9	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27) (TV	1			1, 1,	- ~ O ~	71
			(	A	0	- 0	0	1 , 2	1911
	Neil R	1 aylar 3	I'm MI	) KO	50V45	59 Kic	in Sim	Wy.	717
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	, , , , , , ,	) P.O	Box 45	9 Kis	ing Dur	, M&	- / //

DHMH-16 Rev 1/89

June Davidson-Randalle



•		CHARLES	W.		RICHA	RDSON	December December	"11, 1'99	3. TIME OF DEATH 10:30P
0		4. SOCIAL SECURITY NUMBER 214-05-9647	5. SEX 6. AGE	(In yrs. last birthday) 2 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN,	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign intry) Md.
P	ECTOR	9a. FACILITY NAME (If not institution, give so Memorial Hospital RESIDENCE OF DECEDENT		Center	96. CITY, TOWN Cumber	or Location of DE		9c. COUNTY OF Alleg	OEATH
III Pages	H	Md. Al	llegany	10c. Ci	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? YES 2 \( \text{NO} \)
an. ransit pem	FUNERAL	150 S. Water			1	01. ZIP CODE 21532		10g. CITIZEN OF	F WHAT COUNTRY?
21215-0020 If or attending physician. For use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 14 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DE It yes, s 1 — YE	CENDENT OF HISPANI pecify Cuban, Maxican S 2 ANO Specify:	IC ORIGIN? (Specify Yae , Puarto Rican, atc.)	Bla	ACE — American Indian, ack, White, etc.
21 for u	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION	(Give kind of life. Do NOT u	S USUAL OCCUPAT work done during in use retired.)	IDN lost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
YLA by the be de	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Thomas Richs	ardson	101	Chiali		E (First, Middle, Meiden		
	TO B	190. INFORMANT'S NAME (Type/Print) Esther Richard		150	S. Wat	er St.,	oute Number, City or Town		21532
OR ma		20a. METHOD OF OISPOSITION  Burial 2 Cremation 3 Ramo  Donation 5 Other (Specify)  The Signature of Funeral Service Lice	oval from Stata	PLACE AND DATE	g Memo	rial Pk	12/14 Fr	cation — city or	Town, State
0 = 0	Щ	John P.	Horn						burg, Md.
within 24 hours upletely filled in b cremation, or relevant, the median		23. Part 1. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dniy Dne cause on e	acn line.	^	turrator	as cardiac or reapi	ratory arreat,	Approximata interval Betwee Onset and Dead
P.O. BOX th certificate be ex ending physician a Il Hygiene prior to or other traum	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	The second secon	CONSEQUENCE OF CONSEQUENCE		nal Vinc	ulan du	ieem	
RECORD; requires that the seen signed by the of Health and M shows any Inji	MEDICAL	PART II. Other aignificant conditions	contributing to death b	out not resulting	in the underlyin	g causa given in P	Part I. 24s. WAS AN PERFORI	MED?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
F VITAL SICIAN: The law certificate has b the State Dept. , or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NND	HOSPITAL:	petient 3 🗆 DOA	OTHER:	LACE DF DEATH (Chec			
G PHY G PHY er this th with	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE DF INJURY (Month, Day, Year)		IE DF 28c. IN. W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW IN		
DIVISIO OR ATTENDIN DIRECTOR: Aft hours after dea	ETED.	3 Suicide 8 Could not be datarmined	26a, PLACE DF INJURY building, atc. (Spec	сну)			281. LOCATION (Street a City or Town, State)		Route Number,
로 보었는	COMPLET	(Check only one) Z MEDICAL EXAMINER	DAN: To the best of my knowless on the basis of examination	ledge, death occurr n and/or investigation	ed at the time, date on, in my opinion, o	e and place, and due to	o the cause(s) and man	ner as stated. I due to the cause	(a) and manner es stated.
TO THE HOSPII TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	1			29c. LICENSE NUME	99 79	DATE SIGNE	13/91
9			17 Oldtown R	Road, Cur		, MD 215	02		
		DEC 1 6 1991	32. REGISTRAR'S SIGN	-Randall					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 9 1 36231

Mind of Table And the Control of the er e personal de la compacta del compacta de la compacta de la compacta de la compacta del compacta de la compa

	1. DECEDENT'S NAME (First, Middle, Lest	" L. S	Schul	ze				2. DATE OF D	DEATH DAY		YEAR	TIME OF DEAT
	4. SOCIAL SECURITY NUMBER 212-56-8692	5. SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE OF B (Month, Day OCt.	19TH (, Year) 20 - 1	- 1	Country) Mary	ACE (State or Fo
	9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCAT	ION OF DE				TY OF DEA	
TOR	Harbor Hospital	Center			Baltim	ore (	City					
DIRECTO	10e. STATE 10b. COUNTY Maryland Bal	m timore			ry, town on Loc Arbutus	ATION						Od. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 1407 Avon Ct.					01. ZIP COD		· ·	.10	_		AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. I YES 2 [ MAR OR DATES	ARMED NO	If yes, a		an, Mexice	NIC ORIGIN? (Sp n, Puerto Rican y:		No- 1	Concilie	- American Indi White, etc. White
E	15. DECEDENT'S EC (Specify only highest gra		16a.		S USUAL OCCUPAT work done during n		ing	16b. KIN	D OF BUSINI	ESS/INDU		
TPLE	Elementary/Secondary (0-12)	College (1-4 or 5		oofer	ise foured.)			Con	tract	ing		
COMPLET	17. FATHER'S NAME (First, Middle, Last) Comley Schulze							ME (First, Middle L. Ki		meme)		
) BE	19a. INFORMANT'S NAME (Type/Print)				G ADDRESS (Street	end Numbe	er or Rural I	Route Number, C	lity or Town, S			·
2	Bertha L. Schul	ze			Avon Ct		altim					
	20a. METHOD OF DISPOSITION  1	emoval from State			re of oisposition of or other place)  n Mem.		12/21	91	Glen		-	A.A.,
	21. SIGNATURE OF FUHERAL SERVICE	LICENSEE +			22. NAME			CK Fun	ora1	Home		
	o Histo	KW	1			_		7., S.E				e, MD
	IMMEDIATE CAUSE (Fine)	<u> </u>	use on each i	line.		iode or d	ying, auc	th as cerdiec	or respiret	ory arre	est,	Interval t
ERTIFICATION		e. Card  DUE TO  B. Seven  DUE TO  Cho	O (OR AS A CON	SEOUENCE C	DF):	thy	ying, suc	h as cerdiec	or reapiret	ory arre	st,	Interval E
CAL CERTIFICATION	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events	e. Card  DUE TO  DUE TO  C. OUE TO  d.	O (OR AS A CON	ISEQUENCE	DF):	thy		Part i. 24s	I. WAS AN AU PERFORME	TTOPSY ED?	24b. V	Interval E Onset an Onset an
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. Card  DUE TO  DUE TO  C. OUE TO  d.	O (OR AS A CON	ISEQUENCE	DF):	thy		Part i. 24s	I. WAS AN AU	TTOPSY ED?	24b. W	Approxim Interval E Onset and VERE AUTOPSY F NAILABLE PRIOR OMPLETION OF FF DEATH?  YES 2
MEDICAL C	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. Card  DUE TO  DUE TO  C. OUE TO  d.	O (OR AS A CON	ISEQUENCE	OF):	thy ing cause	given in	Part i. 24s	I. WAS AN AU PERFORME	TTOPSY ED?	24b. W	Interval E Onset an Onset an VERE AUTOPSY I MAILABLE PRIOR OF OMPLETION OF
SICIAN: MEDICAL C	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditi	e. Card  DUE TO  DUE TO  C. OUE TO  d.	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE CONTRIBUTION OF THE SUITING	OF):	ing cause	given in	Part i. 24s	1. WAS AN AU PERFORME YES 2	TTOPSY ED?	24b. W	Interval E Onset an Onset an VERE AUTOPSY I MAILABLE PRIOR OMPLETION OF DEATH?
PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions are significent conditions.	e. Card  DUE TO  b. Se y ey  DUE TO  c. OUE TO  d. Ona contributing to  Inpatient 2  28a. DATE O (Month.)	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	ISEQUENCE CONTROL SEQUENCE F):  26.  OTHER: 4   Nursing He ME OF 28c.   JURY	ing cause	given in	Part i. 24s	1. WAS AN AU PERFORME YES 2	ITOPSY ED?	24b. ¥	Interval E Onset an Onset an VERE AUTOPSY I MAILABLE PRIOR OF OMPLETION OF	
ED BY PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are conditionally listed events.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	e. Card  DUE TO  DUE TO  C. OUE TO  d. Ona contributing to  HOSPITAL:  128a. DATE O  (Month).  10 28a. PLACE  building	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON FINJURY Day, Year)	ISEQUENCE CONTRACTOR OF THE STATE OF THE STA	OF):  26.  OTHER: 4   Nursing He ME OF 28c.   JURY	PLACE OF NUMBER AT WORK?	given in	Part i. 24s  1 [  neck only one)  \$ \subseteq \text{ Other (Sp} \)  28d. DE\$CRII	NAS AN AU PERFORME  YES 2  Decify)  BE HOW INJU	TOPSY ED? ] NO	24b. W	Interval E Onset an  VERE AUTOPSY: MAILABLE PRIO  OMPLETION OF F DEATH?  YES 2
ED BY PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions and investigations are significant conditions. If yes 2 \( \) NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 \( \) Yes 2 \( \) NO  27. MANNER OF DEATH  1 \( \) Netural 5 \( \) Pending investigations are suited in the significant could not be a could not	e. Card  DUE TO  b. Se v ev  DUE TO  C. OUE TO  d. OUE	O (OR AS A CON O (OR	ISEQUENCE CONSEQUENCE F):  26.  OTHER: 4 Nursing No.  ME OF 28c. # JURY M 1  , street, factory, of	PLACE OF  PLACE OF  MUSURY AT  WORK?  YES 2	DEATH (Ch	Part i. 24s  1 [  Deck only one)  S Other (Sp  28d. DESCRIII  28f. LOCATIO Chy or To	oecify)  BE HOW INJU IN (Street and manne) end manne)	ITOPSY ED? ] NO	24b. WA CO CO 1	VERE AUTOPSY MAILABLE PRIOR OF DEATHY	
D BY PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the condition of the condition o	e. Card  DUE TO  b. Se y en  DUE TO  c. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  d. OUE TO  DUE TO  E. OUE TO  O	O (OR AS A CON O (OR	ISEQUENCE CONSEQUENCE F):  26.  OTHER: 4 Nursing No.  ME OF 28c. # JURY M 1  , street, factory, of	PLACE OF Ome 5   If NJURY AT WORK?  YES 2 filee	DEATH (Ch Residence NO	Part I. 24s  1 [  Deck only one)  S Other (Sp  28d. DESCRII  28f. LOCATIO City or 76	Decify)  BE HOW INJU  On (Street and on the place, and of the place, and of the place)	ITOPSY ED? ] NO URY OCCI	24b. V A A C C C T 1 URED  Or Rural Roll  od. o cause(a)	VERE AUTOPSY MAILABLE PRIOR OF DEATHY	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		ERTIFIC	ATE O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH	_
Leona Adela Sap	pington				MONT			EAR		м
	SEX 6. AGE (In yrs. in	ast birthday) IF (	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	0F BIRTH	6.	BIRTHP	PLACE (State or Foreign	,
218-14-3596	□ M 2 □XF 77	YRS. MON	ITHS DAYS	HOURS MIN.	Mont	-29-1		Country)	land	
9e. FACILITY NAME (If not institution, give street		9b.	CITY, TOWN	OR LOCATION OF D			9c. COUNTY			
612 Holly Ridge	Road	§	Sevei	na Park			An	ne	ARundel	
10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOC	ATION					10d. INSIDE CITY	_
	ARundel			Park					LIMITS?	
612 Holly Ridge	Road			21146			10g. CITIZEI US		HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES X	NO	If yes,	ECENDENT OF HISPAI specify Cuben, Mexica ES 2 NO Specif	an, Puerto	f? (Specify Yee Ricen, etc.)	or No- 14	. RACE - Black, Specify	American Indian, White, etc.	
15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondery (0-12)	opleted) (1	ECEDENT'S USUA Give kind of work of le. Do NOT use reti	done durina r	TION nost of working	161	. KIND OF BUS	INESS/INDUS	TRY		
	Onege (1-4 or 5 +)									
17. FATHER'S NAME (First, Middle, Last)	LHO	memake	er			Iomema		_		
George Andrew J	. Stinchcom	nb		18. MOTHER'S NA Els	ie (	Gertri	ide M	ira	ın	
19e. INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADD	RESS (Street	end Number or Rural	Route Num	ber, City or Town	, State, Zip Co	de)		
Elmer Stuart Sa	ppington	612 Hc	olly	Ridge R	load	, Se v	verna	Pa	rk, MD	
20e. METHOD OF DISPOSITION  1X Burlet 2 ☐ Cremetion 3 ☐ Removal		AND DATE OF DIS		Verne of	DAT	E 20c. LOC	ATION — City	or Tow	n, State	
4 Donation 5 Other (Specify)	comotory, cr		en Ce	meterv		Gle	en Bu	rni	e, MD	
21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /		22. NAME	AND ADDRESS OF FA						
· The same he	16/21/20	1		lesty Fu						
23. PART I. Enter tha diseasea, or com	plications that caused the d	Noth Do not a	12 5	Ridegly	Avei	nue, A	Annap	oli	S, MD	
IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	Only one cause on each in	CAIC OF :	Coe	remo	m	10111	an 1 _		Oneat and Dec	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	e7	6			00000	/* ]		1000	
PART II. Other aignificent conditions co	ontributing to deeth but not	resulting in the	e underlyle	ng ceuse given in	Pert I.	24s. WAS AN /		24b. ¥	YERE AUTOPSY FINDING	GS
					- 1	PERFORE 1 YES 2			WAILABLE PRIOR TO COMPLETION OF CAUSE	
					_	I 🗆 TES 2	DR NO	1	OF DEATH?	
					[			1	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26.5	DI ACE OF DEATH (Ch.	nok antı an	-1				
EXAMINER? HO	OSPITAL:   Inpatient 2   ER/Outpatient 3		HER:	PLACE OF DEATH (Ch						—
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	Nursing Ho	/ 3						
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	W	JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCUR	ED		
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street,	, fectory, offi	се	281. LOC City	ATION (Street ar or Town, State)	nd Number or I	Rural Roo	ute Number,	
29e. CERTIFIER			_							
(Check only CERTIFYING PHYSICIAN	To the best of my knowledge, do	eath occurred at t	the time, det	e end place, end due	to the cau	se(e) end menr	er ee stated.			
	n the basis of examination end/or	investigation, in	my opinion,	death occured at the	time, data	end place, and	dua to the co	ouse(*) e	end manner ee stated.	. 1
296. SIGNATURE AND THE OF CERTIFIER	60, M	1		29c. LICENSE NUM	ABER 829	3	29d. DATE SI	GNED (A	Aonth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	1	31 K	ida	usok	KI	) /	T 2111	60
TOME FILES MOOT HOUTE Sulie Se	43 REGIS AR'S SIMOTURE	1	1		U V	CR T	a rui	1	イフタニナ	(C)

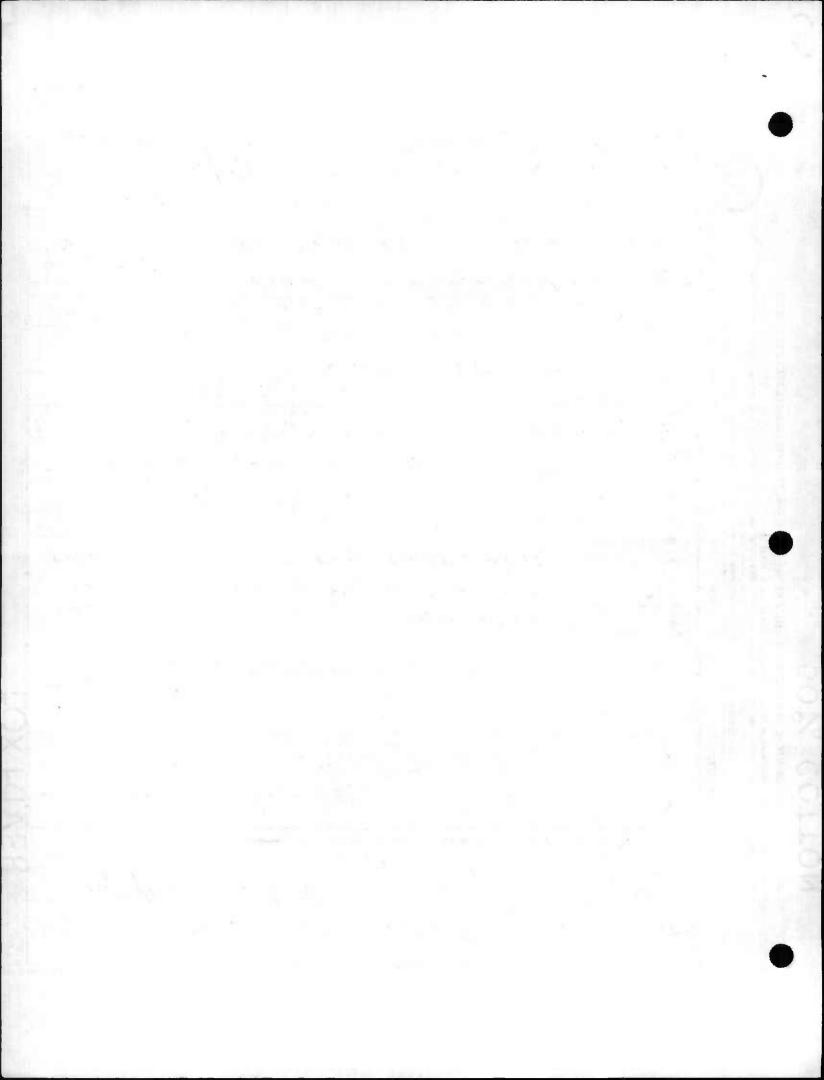
BALTIMORE, MARYLAND 21203-3146

may be retained by the hos	r, page 5 should be detache	st be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Bent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
hat the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- he filled within 72 hours after reach with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	ny Injury, or other traumatic ex
ING PHYSICIAN: The law requires the	offer this certificate has been signed eath with the State Dent, of Health	marked, or item 23 shows at
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: A	IMPORTANT: If item 28 Is
	de	

	REGISTRAR			CENTIF	CAIL	OI.	DEATH		REG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)			ATOTA	STEI	STEWART		2. DATE OF DEATH MONTH DAY			YEAR	3. TIME OF DEATH
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			last birthday)				12 19		91 0725 A I		
	215-20-0121	1 ☐ M XIX F	7.2	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D		919	Country	
	9a. FACILITY NAME (If not institution, give street and number)				96. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
0 B	Dorchester General Hospital			tal	Cambridge					Do	Dorchester	
₽.	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
FUNERAL DIRECTOR	MD. Dorchester				KNNKKH KKKKK Cam					ridge 1 □ YES 2√XNO		
3AL	10e. STREET AND NUMBER				101. ZIP CODE			1.22			ZEN OF WI	HAT COUNTRY?
E	2250 Key Wallace Drive				2161						J.S.	Α.
BY FU	11. MARITAL STATUS  1 Never Married **XXMarried			K Mo	If yes, specify Cuban, Maxican, Puarto Rican, atc.) Blac					Black,	- American Indian, White, etc. White	
	15, DECEDENT'S EDUCATION 16a. DEC				DENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
COMPLETED	(Specify only highest grade completed) (Gi Etamentary/Secondary (0-12) College (1-4 or 5+)			(Give kind of a life. Do NOT us	ive kind of work done during most of working Do NOT use retired.)							
MPL	7			home	homemaker							
<u>o</u>	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE	Martin Bramble				Carrie Tyler							
2	[2Magnetic 10, 1-200]   0-8100   1   1   1   1   1   1   1   1   1				NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Ney Wallace Dr., Cambridge Md.21613						d 21613	
				ICE OF DISPOS			netery, crematory or	JI • ,				
	1 X Burial 2 Cremation 3 Removal from State other place				DISPOSITION (Name of commeter), cremetery or   20c. LOCATION — City or Town, State   New Market Cemetery   E. New Market Md							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Hom									1 Home		
	* Kenuth R Thomas J. 700 Locust St. Cambridge Md. 21613											
CERTIFICATION	ehock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING										Onset and Death	
	CAUSE (Disease or Injury thet Initieted events resulting in deeth) LAST	ISEQUENCE O	DNCE OF):									
	PART II Other significant condition	a contributing to	death but n	ot resulting				Part I. 2	e. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
N: MEDICAL	Hraphmic, PVI)				) 1/00000000					2 NO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 MO	1 Inpetient 2	ER/Outpatier	1 3 5000A			e 5 Mesidence					
ВУ РН	27. MANNER OF DÉATH  1 Dentural 5 Pending 2 Accident Investigation				IME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED NUMBER 1 □ YES 12 AND 1 □							
COMPLETED B	3 Sulcide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, far building, etc. (Specify)				street, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						oute Number,	
Ë	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	f my knowledge	, death occurr	ed at the tim	ne, date	and place, and dua	to the cause	(a) and men	ner as state	ed.	
8	anal											and manner as stated.
띪	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER 29d. DATE SIGNED (Month,						(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DE VILLE LE 200 Marky and Ave 1 Ave 1 Cambridge Me 21013 21613											
	31. DATE FILED (MODECO 20 191	32. REGISTA	AR'S SIGNATURE	tion-Han	delle					·		

1. DECEDENT'S NAME (First, Middle,	CERTIFICATE OF D	LTH AND MENTAL HYGIENE EATH REG. NO.	91 362:
11 1.	Last)	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF	UNDER 24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Fore
22005482	(8 1 0 M 2   F ) YRS.	DURB MIN. (Month, Day, War)	Maryland
9a. FACILITY NAME (If not institution, 3801 Schnappen.	give street and number)  Dr, Randalls town, MD  Randalls to		COUNTY OF DEATH
RESIDENCE OF DECEDER			10d. INSIDE CITY
H MD	BALTO Rempullet	lown HB	LIMITS?
100. STREET AND NUMBER	MIANDER DR	P CODE 10g.	CITIZEN OF WHAT COUNTRY?
10e. STREET AND NUMBER  380 S CL  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEND	DENT OF HISPANIC ORIGIN? (Specify Yea or No y Cuban, Mexican, Puerlo Rican, etc.)	- 14. RACE - American Indian Black, White, etc. Specify:
15. DECEDENT		16b. KIND OF BUSINESS	INDUSTRY
Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lt.  Clast to December 2. Colors 2.	College (1-4 or 5+)  Me. Do NOT use retired.)		
17. FATHER'S NAME (First, Middle, La Charles Schoe	not) 16	s. MOTHER'S NAME (First, Middle, Maiden Surnan Amalia Holman	ne)
19a. INFORMANT'S NAME (Type/Prin	t) 19b. MAILINO ADDRESS (Street and A	Number or Rural Route Number, City or Town, State	
Marguerite A.	Schoenberger 106 E. Chestru  20b. Place and date of disposition (No	ut Hill Land, Reist	erstown, MD 27
1/CXBurial 2 Cremation 3 4 Donation 5 Other (Specify	Removal from Stata of cemetary, crematory or other place)		erstown, MD
21. SIGNATORD OF FUNERAL BERY		DODESS OF EACH ITY	Reisterstown R
James )		Funeral Home Reiste	
23. PART I. Enter the disease ahock, or heart fa	s, or complications that caused tha death. Do not anter the mode silure. List only one cause on each line.	of dying, such as cardiac or respiretory	y arreat, Approxima interval Be Onset and
disease or condition resulting in death)	a. Gunshet Wound Head	2	inne
		Disease	
Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):	111) = 43	145
if any, leading to immediate			45
CAUSE (Disease or injury	c. Et phy 5 of a Due to (or as a consequence of):		45
resulting in death) LAST			4rs 4rs
resulting in death) LAST			
reaulting in death) LAST  PART II. Other algnificant cor	DUÉ TO (OR AS Á CONSEQUENCE OF):	ause given in Part i. 24a. WAS AN AUTOI PERFORMED?	AMAILABLE PRIOR
resulting in death) LAST  PART II. Other significant con	DUÉ TO (OR AS Á CONSEQUENCE OF):	PERFORMED?	O OF OEATH?
PART II. Other algorificant con	d	PERFORMED?	O OF OEATH?
PART II. Other algnificant con	DUÉ TO (OR AS A CONSEQUENCE OF):  d	PERFORMED?  1 VES 2 No.  No.  E OF DEATH (Check only one)  5 Residence 8 Other (Specify)	AMALABLE PRIOR 1 COMPLETION OF C. OF CEATH?  1  YES 2 -
PART II. Other algnificant cor	DUÉ TO (OR AS A CONSEQUENCE OF):  d	PERFORMED?  1 YES 2 No.  E OF DEATH (Check only one)  5 Residence 8 Other (Specify)  Y AT 28d. DESCRIBE HOW INJURN	AMALABLE PRIOR COMPLETION DF COF GEATH?  1 YES 2 -4
PART II. Other algnificant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendin Investig 3 Suicide 8 Could	DUÉ TO (OR AS A CONSEQUENCE OF):  d	PERFORMED?  1 VES 2 No.  No.  E OF DEATH (Check only one)  5 Reeldence 8 Other (Specify)  Y AT 28d. DESCRIBE HOW INJURY  7	AMALABLE PRIOR COMPLETION OF C. OF OEATH?  1 YES 2
PART II. Other algnificant con  PART II. Other algnificant con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Neural 5 Pendin 2  Accident Investig 3  Suicide 8 Could detarm	d	PERFORMED?  1 VES 2 No  E OF DEATH (Check only one)  5 Residence 6 Other (Specify)  7 AT 28d. DESCRIBE HOW INJURY  7 2 NO  28f. LOCATION (Street and Nu-City or Town, State)	AMALABLE PRIOR COMPLETION DF COMPLETION DF COF GEATH?  1  YES 2    TOCCURED
PART II. Other algnifficant con  PART II. Other algnifficant con  25. WAS CASE REFERRED TO MEDI EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5 Pendin 2  Accident Investig 3  Suicide 8 Could detarm	DUÉ TO (OR AS A CONSEQUENCE OF):  d	PERFORMED?  1 VES 2 No  E OF DEATH (Check only one)  5 Residence 8 Other (Specify)  Y AT 28d. DESCRIBE HOW INJURY  ?  2 NO  28f. LOCATION (Street and Nu City or Town, State)	AMALABLE PRIOR COMPLETION DF COMPLETION DF COF GEATH?  1 YES 2
PART II. Other algnificant cores of the control of	DUÉ TO (OR AS A CONSEQUENCE OF):  d	PERFORMED?  1 VES 2 No  E OF DEATH (Check only one)  5 Residence 8 Other (Specify)  Y AT 28d. DESCRIBE HOW INJURY  2 NO  28f. LOCATION (Street and Nu City or Town, Stele)  d place, and dua to the cause(a) and menner at the occured at the time, data and place, and dua	AMALABLE PRIOR I COMPLETION OF CA OF CEATH?  1  YES 2    (*)  (*)  (*)  (*)  (*)  (*)  (*)  (
PART II. Other algnificant conditions and the second of th	DUÉ TO (OR AS A CONSEQUENCE OF):  d	PERFORMED?  1 VES 2 No  E OF DEATH (Check only one)  5 Residence 8 Other (Specify)  Y AT 28d. DESCRIBE HOW INJURY  2 NO  28f. LOCATION (Street and Nu City or Town, Stele)  d place, and dua to the cause(a) and menner at the occured at the time, data and place, and dua	AMALABLE PRIOR COMPLETION OF C. OF OEATH?  1 YES 2  ( OCCURED  Imber or Flural Route Number, a stated. to the cause(s) and menner as st
PART II. Other algnificant cores of pending in death) LAST  PART II. Other algnificant cores of pending in death) LAST  PART II. Other algnificant cores of pending in death i	DUÉ TO (OR AS A CONSEQUENCE OF):  d	PERFORMED?  1 YES 2 No  E OF DEATH (Check only one)  5 Residence 8 Other (Specify)  Y AT  28d. DESCRIBE HOW INJURY  28d. LOCATION (Street and Nu City or Nown, State)  d place, and dua to the cause(a) and menner at the occured at the time, data and place, and dua  9c. LICENSE NUMBER  29d.	AMALABLE PRIOR COMPLETION OF C. OF OEATH?  1 YES 2  ( OCCURED  Imber or Flural Route Number, a stated. to the cause(s) and menner as st

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIREC

BALTIMORE, MARYLAND	s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detache emoval.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il tigen 28 is marked, or tigen 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CE	RTIF	ICATE	OF H	DEAT	H		REG. NO.			36236	-		
1. DECEDENT'S NAME (First, Middle, ATMA MAE	Last) SCHELL SHA	ATAT							0F OEATH	<b>1</b>	YEAR	3. TIME OF DEATH 11:30 A.			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.								& BIDTI	HPLACE (State or Fore			
2110-22-1.38/	10-22-(13860 10 M2 XX 72					YRS. MONTHS DAYS HOURS MIN.					Count	MD	9"		
9a. FACILITY NAME (If not institution,				9h. CITY	, TOWN O	R LOCATIO	ON OF OF		-10-19		NTY OF D				
704 Rose Ave					umbe						Alle				
RESIDENCE OF DECEDEN	т											_			
10e. STATE 10b. Co				Y, TOWN								10d. INSIDE CITY LIMITS?			
	Allegany		(	<b>lumbe</b>	_					-		XX YES 2 N	0		
10e. STREET AND NUMBER					101.	2150						WHAT COUNTRY?			
704 Rose Ave			2000	1 40	2000			- 2510111		_	JSA	todler			
	11. MARITAL STATUS  1 Never Merried 2 Married  1 Never Merried 2 Married  12. WAS DECEDENT EVER IN U.S.A. FORCES? 1 YES 24  IF YES, GIVE WAR OR DATES						n, Maxica	n, Puarto F	? (Specify Yes licen, etc.)	or No—	14. RAC Blac Spec	E — American Indian ck, White, etc. city: White			
15. DECEDENT'S		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b.	KIND OF BUS	INESS/IN	OUSTRY				
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done ise retired.)											
12			reti	red 1	Laund	iry I	Dept		Memo	rial	Hos	spital			
17. FATHER'S NAME (First, Middle, La						16. MOTH	HER'S NA	ME (First, A	Aiddle, Maiden	Surname)					
	caham Schel								Laura						
19a. INFORMANT'S NAME (Type/Print									per, City or Town						
Mr. Donald G	. Shaw														
20s. METHOD OF DISPOSITION  1 Maurial 2 Cremation 3 Removal from State 4 Operation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20s. PLACE AND GATE OF DISPOSITION (Name of cemetary, crematory or other place)  St. Marys Cemetery  12-16 Cumberland N															
21. SIGNATURE OF FUNERAL SERVI	C COCAY	olli		22.	Scar	pell	li F	unera	al Home 21502	9					
ehock, or heert fellimmediate CAUSE (Finel disease or condition resulting in death)															
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events														
PART II. Other eignificant con	ditione contributing to	deeth but not r	reculting	in the u	nderiying	ceuse (	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24	Sb. WERE AUTOPSY FIN ANALLABLE PRIOR I COMPLETION OF CO OF DEATH?	TO AUSE		
	1				20.84								_		
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			OTHE	R:		/	eck only or		_			_		
1 YES 2 NO  27. MANNER OF GEATH  1 Netural 5 Pending	28a. DATE Of	ER/Outpatient 3 FINJURY Day, Year)	28b. TI		28c. INJ WO			8 - Othe	SCRIBE HOW I	NJURY O	CCURED				
2 Accident Investig	ation 28e. PLACE (	OF INJURY — At he j, etc. (Specify)	ome, farm,	, street, fac			_ NO			and Numb	er or Rura	l Route Number,			
4 Homicide determined building, etc. (Specify)  29s. CERTIFIER (Check only Check only 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated.															
(Check only															

Cumberland, MD 21502

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Oldtown Road,

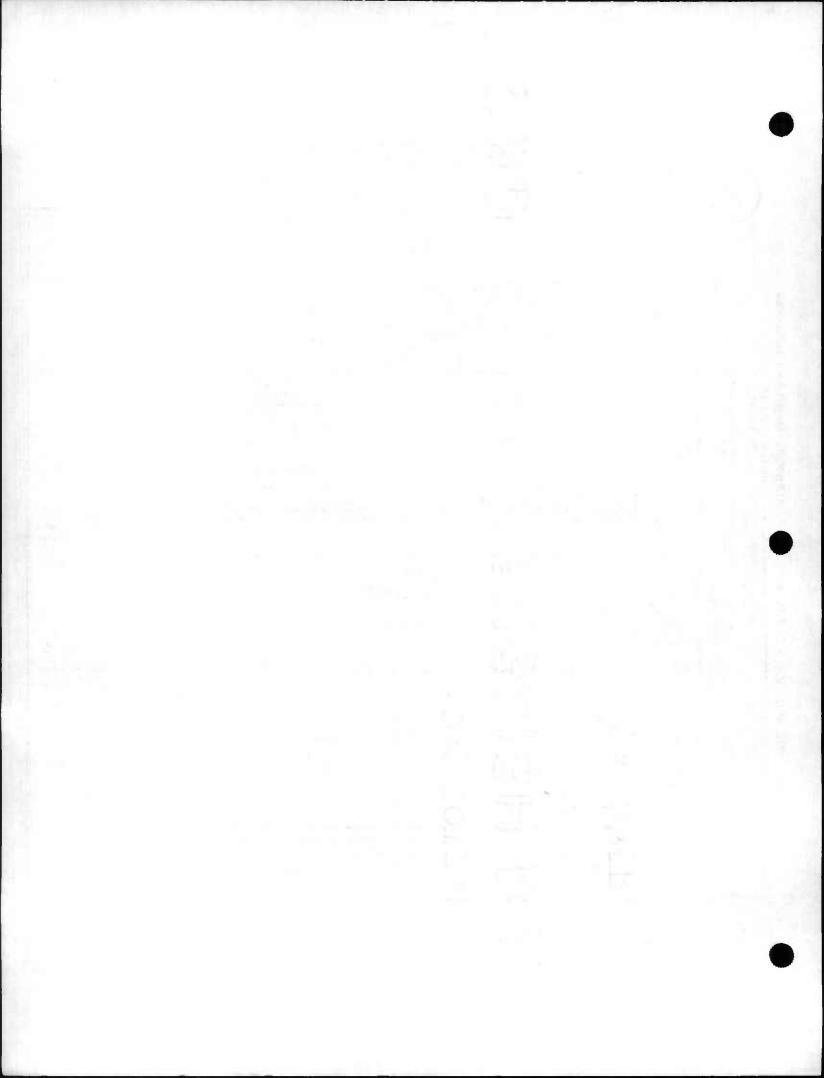
517

K.

DEC 1 7 199

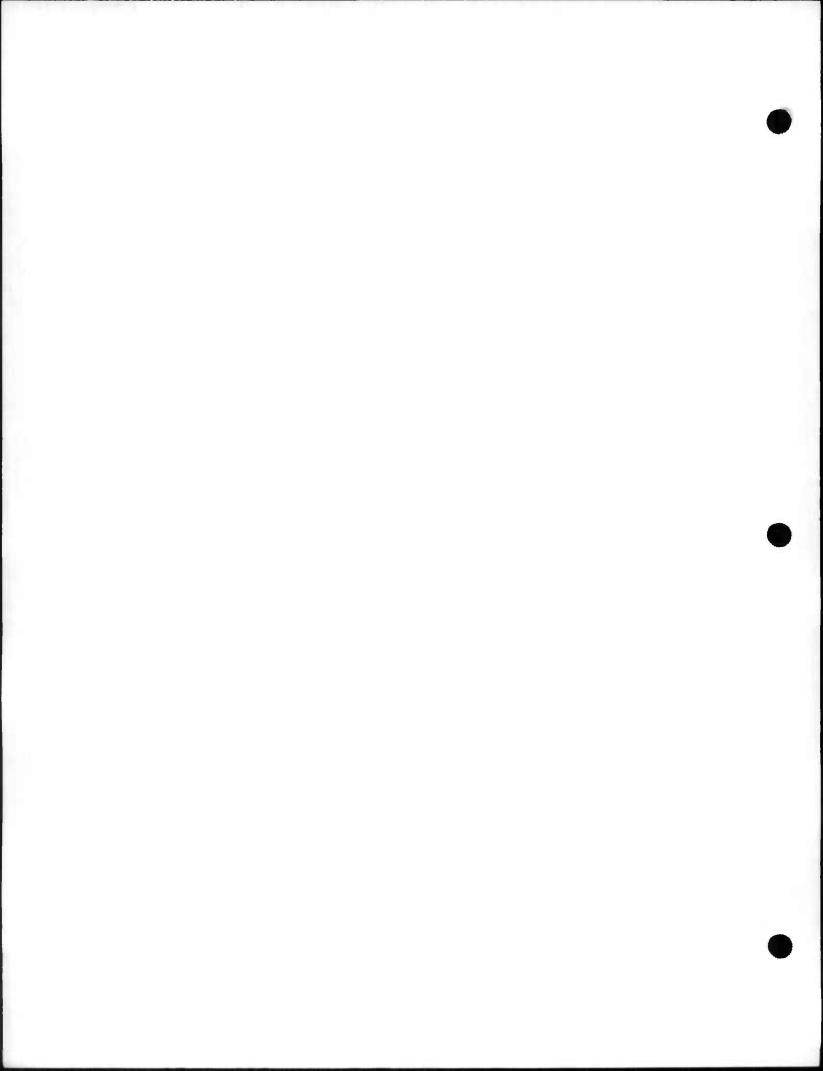
Suresh,

Dr.



CERTIFICATION
MEDICAL
PHYSICIAN:
D BY P
COMPLETED

	1. DECEDENT'S NAME (First, Middle, Last)  2. OATE OF DEATH MONTH DAY YEAR  3. TIME OF OEATH												
	RICHARD		SWAUGER	2					12-18-91			ISAN	3:00 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, E	BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	725-10-2585	1)X) M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURE	MIN.		25-1	9		RULAND
	9a. FACILITY NAME (If not institution, gir	e street and number)	•		9b. CITY,	TOWN (	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	The second secon
питестон	ROUTE 1 - B	OX 18			GRANTSVILLE GARRET							T	
EC	10a. STATE 10b. COU	NTY		10c. CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	
뚬	MARYLAND G	ARRETT		GI	RANT	SVI	LLE				LIMITS?  1 YES 2 NO		
AÉ	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAÉ	ROUTE 1 - B					215.	36			и.	S.A	•	
2	11. MARITAL STATUS  1 Never Married 2 Married	FORCES?	NT EVER IN U.S. AR		13. 1	MAS DEC	ENDENT C	OF HISPAN In, Maxical	IIC ORIGIN? ( n, Puerto Ric	Specify Yea an, etc.)	or No-	14. RACE Black	E — American Indian, k, White, atc.
BY	3 Widowed 4 Divorced		WAR OR DATES		1	YES	2 X NO	Specify	r:			Speci	WHITE
	15. OECEOENT'S E	OUCATION	16a. OE	CEOENT'S					16b, K	IND OF BU	SINESS/INC	DUSTRY	
	(Specify only highest gr Elementary/Secondary (0-12)	college (1-4 or 5	Ma	ve kind of v Do NOT us	work done one retired.)	during mo	st of worki	ng					
COMPLETED	3			OOD	SMAN	1				LUMÉ	ER		
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Mid	ldle, Maiden	Surname)		
BE (	RICHARD SWAU	ER	-				Mo	ARY	(UN	KNOW	N)		-
2	19a. INFORMANT'S NAME (Type/Print)								Route Number,				21576
	STELLA M. SW	AUGEK		-					GRAN	Y -			
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 F  4 Donation 5 Other (Specify)	emoval from State	20b. PLACE other pla	ece)				natory or			CATION —		LLE, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- 1 Duk	ST	22.	NAME A	ND ADDRE					OVLI	CLE, MB
	D. Syrin	Houm	and						RAL GR		VILL	E , M	D 21536
	23. PART I. Enter the diseases,	or complications th	at caused the de	eth. Do r									Approximate
	ehock, or heert fellure. Liet only one ceuse on eech line.  IMMEDIATE CAUSE (Finel  Onset and Death												
	disease or condition resulting in death)  - Remary Carcinoma of Penis  Due to (or any a consequence of):												
	DUE TO (OR AS A CONSEQUENCE OF):												
Z O	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If sny, leeding to immediate cause. Enter UNDERLYING	002 1	U (OH AS A CONSE	DUENCE U	<b>+</b> ):								İ
윤	CAUSE (Diseese or Injury that initiated events	C. OUE T	O (OR AS A CONSE	OUENCE OF):									1
H	resulting in deeth) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL						-		given in		PERFO	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā	CORONALY AR	JOHN N. S.	700 N	ya	HOU	K 832	<i>~</i>		-   '	YES :	NO DX		OF OEATH?
	Marcha								- 1				1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICA					26. P	LACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER?  1  YES 2 XNO	HOSPITAL:	☐ ER/Outpatient 3	DOA.	OTHE!	R:		-	6 Other	Sneck()			
Η̈́	27. MANNER OF OEATH	26a. DATE C	F INJURY	28b, TIN	AE OF	28c. IN.	JURY AT			RIBE HOW	INJURY OC	CUREO	
ВУ Р	1 X Natural 5 Pending 2 Accident Investigati		Day, Year)	IN.	JURY M		ORK? YES 2 [	□ NO					
ED 8	3 Suicide 6 Could not	28e. PLACE building	OF INJURY — At he	me, farm,	street, faci	tory, offic	ia .					r or Rural	Route Number,
ETE	4 Homicide detarmined building, stc. (Specify)												
7	Torreon only	YSICIAN: To the best	of my knowledge, de	eth occurr	red at the t	ime, date	and place	e, and due	to the cause	e(a) and ma	nner aa ata	nted.	
COMPLET	one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
ш	29b. SIGNATURE AND TITLE OF CERT	FIRM	1003	251			29c. LIC	ENSE NUI	MBER		29d. DAT	TE SIGNE	(Month, Day, Year)
TO 8		KOGENT (	J. Siell	- 1	r		N	318	12		1	22	।ह्य
	30. NAME AND ADDRESS OF PERSON ROBERT A. WEI					DR.	, CI	имве	RLAN	<b>D</b> , M	D 2	2150	2
ROBERT A. WELIK, M.D 902 SETON DR., CUMBERLAND, MD  31. DATE FILED (Month, Day, Year)  DEC 2 0 1991  See Davidson Aindele													



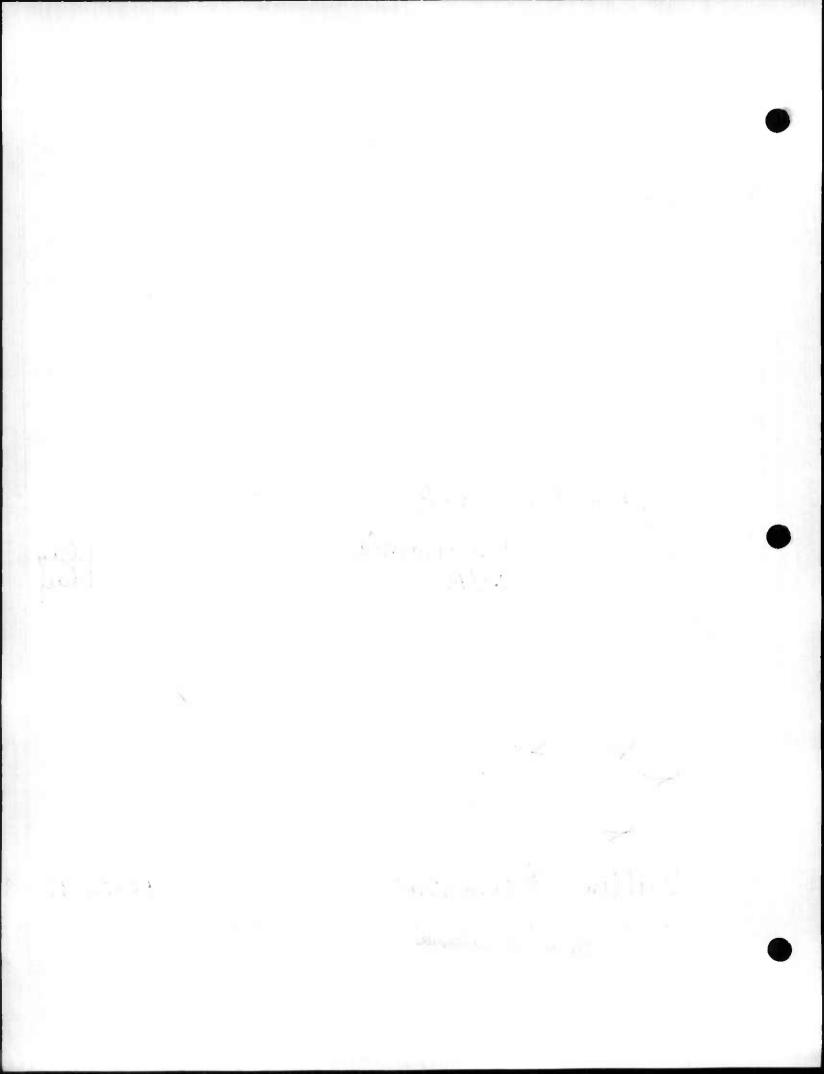
1	-	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. N	_					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN		3. TIME OF DEATI	N			
Alger 34	MARTHA	Α.	STAIR						1 10:35	Рм			
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		BIRTHPLACE (State or For				
V	195-48-1215	1 □ M 2 XX	94	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	orgri			
1)	9a. FACILITY NAME (If not institution, give		34	_	de CITY TOWN	OR LOCATION OF D	<u>  03-17-1</u>		PA				
Va.							EAIN		Y OF DEATH				
DIRECTOR	Memorial Hospita				Cumber	land		A11	egany				
ES.	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY				
in a	MD A1	1000000		_		7			LIMITS?				
	10e. STREET AND NUMBER	legany			umberlar	OC		100 CITIZE	N OF WHAT COUNTRY?	NO			
FUNERAL	777. 16. 3 6 77131	2.			"	21502							
Z	Winifred & Wil		IT EVER IN U.S. ARI	MED	12 WAS DE		NIC ORIGIN? (Specify Y	USZ					
	1 Never Married 2 Married	FORCES? 1	YES XXN		If yes, sp	pecify Cuban, Maxica	in, Puerto Rican, etc.)	14 or No- 14	I. RACE — American India Black, White, etc.	п,			
BY	3 Widowed 4 Divorced	IF YES, GIVE W	MAN ON DATES		1 🗆 YES	S 2 NO Specif	y:		Specify:				
ETED.	15. DECEDENT'S EDI	UCATION	16e, DEC	CEDENT'S	USUAL OCCUPATI	ON	16h KIND OF BI	ICINECO (INDUIC	white				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use rotired.)  16b. KIND OF BUSINESS/INDUSTRY												
귑	College (1-4 or 5+)												
COMPLI	12 housewife own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)												
Ш						III. MOTTER STR	THE (FIS), MIDDIE, MINDE	n sumeme)					
m	Samuel E. Re  19a. INFORMANT'S NAME (Type/Print)	ese	106	MAILING	ADDRESS (Street	Bour	a Vista E	icher					
5			190	. MAILING	ADDRESS (Street	and Number of Hural	Route Number, City or To	wn, State, Zip Co	ode)				
	Mrs Shirley S:	icheri				188 Ridge		6753					
	1 Buriel 2 Cremation 3 Ren	noval from State	cemetery, cren		OF DISPOSITION (Na ther place)	ame of	DATE 20c. L	OCATION — CIT	y or Town, State				
			Rest	lawn	Memoria	al Carden	12-20 I	aVale,	MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												
	Scarpelli Funeral Home  Cumberland, MD 21502												
	23. PART   Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory erreet,  Approximate												
	IMMEDIATE CAUSE (Final												
	disease or condition												
	DUE TO (OR AS & CONSCOUENCE OF):												
7		C	/A		,				Ida	,[			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
SAT	cause. Enter UNDERLYING									.			
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE OF	F):								
RT	that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
DICAL	PART II. Other significent condition	ns contributing to	death but not ra	sulting i	n the underlyin	g ceuse given in		NAUTOPSY	24b. WERE AUTOPSY FIN				
8							1 TYES		AVAILABLE PRIOR TO COMPLETION OF CA				
ME								7	DF DEATH?	,			
									1 TYES 2 NO	Ĭ			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF DEATH (Ch	eck only one)						
Sic	EXAMINER?	MOSPITAL:	ER/Outpatient 3	DOA	OTHER:								
Ŧ	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIM		IURY AT	28d. DESCRIBE HOW	IN ILIBY OCCUP	ED.				
	Pending 5 Pending	(Month, De	ay, Year)		URY WO	PRK? YES 2 NO	ESG. DESCRIBE NOW	INJUNT OCCUP	ED				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE O	F INJURY — At horr	e, term, a			281 LOCATION (Com-		5-15-11				
ED	4 Nomicide 6 Could not be	building,	atc. (Specify)	70, 107111, 0	areat, factory, offic	•	26t. LOCATION (Street City or Town, State	and Number or	Hural Houle Number,				
<u>u</u>	29a. CERTIFIER			-									
P P	(Check only	ICIAN: To the best of	my knowledge, daa	th occurre	d at the time, date	and place, and dua	to the cause(s) and me	nner as stated.					
COMPLET	2 MEDICAL EXAMINI	R: On the beals of ax	amination and/or in	vestigation	n, in my opinion, d	leath occured at the	time, data and place, a	nd due to the c	euse(a) and manner as sta	ited,			
	295. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUM	IBER	29d. DATE S	GNED (Month, Day, Year)				
BE	Mille	( Dr	m M	NO		D 25/0			2-20-9	1			
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Type	Print)	D 2540	0	1	- 20-1	L			
	Dr. Udliden I amm	1.7 375	d	-		nd Mn (	21502						
	Dr. William Lamm 31. DATE FILED (Month, Day, Year)	32. REGISTRAL	inia Ave		umber Ta	na, m	21502		<del></del>				
N	DEC 2 0 1991	galia Davido	and the state of t										
1 8	DEU NU 1001	1											

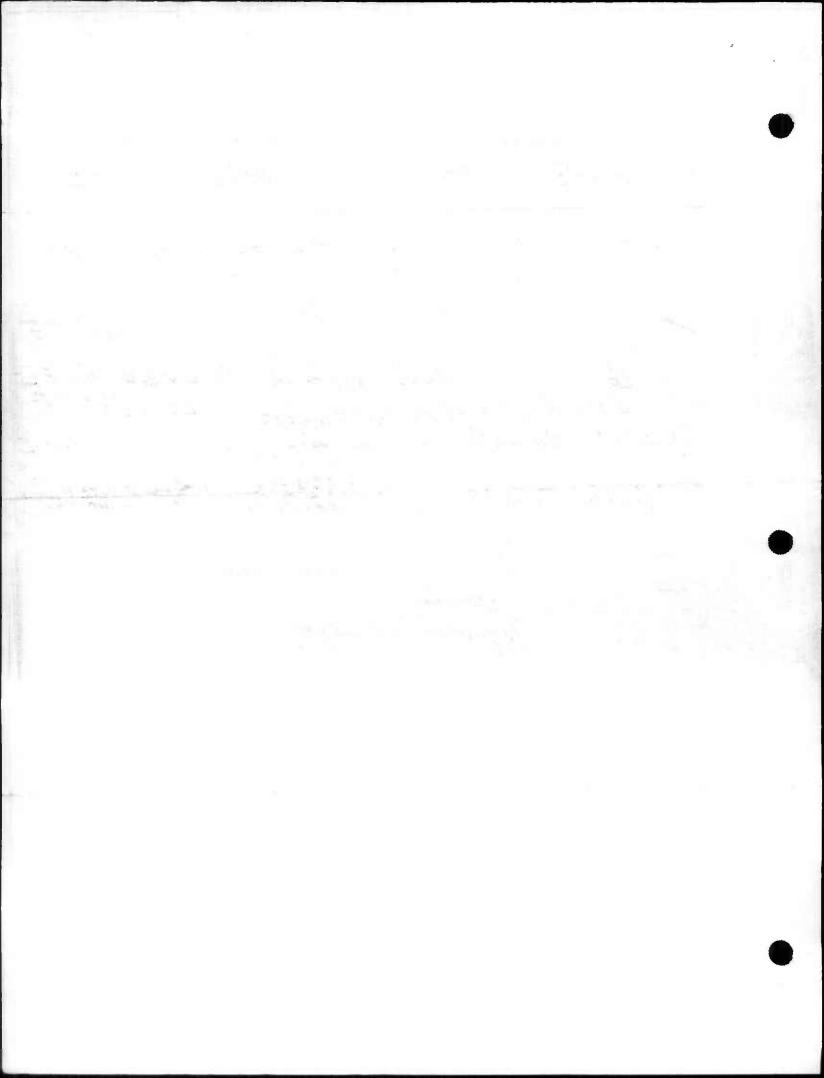
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



i Vina

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ( RTIFICATE		MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTN DAY	YEAI	3. TIME OF DEATH				
	Elvira V. S	tewart			Dec. 14,						
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last	birthday) IF UNDER 1 Y	EAR OF UNDER 24 HRS.	7. DATE OF BIRTH	6. Bit	RTNPLACE (State or Foreign				
	213-24-8461	D   M 2   F   97	YRS. MONTHS D	AYS HOURS MIN.	(Month, Day, Year)	X94100	untry) MD				
. \	9a. FACILITY NAME (If not institution, give str	met and number)	9b. CITY. TO	OWN OR LOCATION OF DE	11111 211	9c. COUNTY O	F DEATH				
œ)	Golden Age Gue			esville,	1	Carr					
9	RESIDENCE OF DECEDENT	st nome	O y K	esville,	M	Call	OII				
E.	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION	. /		10d. INSIDE CITY LIMITS?				
DIRE	$^{\circ}$ MD $^{\circ}$	ARROLL	h/2	=31M	11/51	ER	1 YES 2 NO				
	10e. STREET AND NUMBER	1 P	11/1= 1	101. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?				
8	1/024	LITTIEST	OWW	2	1158		11577				
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI	MIRO 13. WA	S DECENDENT OF HISPAN	IIC ORIGIN? (Specify Year		ACE — American Indian,				
	1 Never Married 2 Married	FORCES? 1 YES 2 11		es, specify Cuben, Maxical YES 2 10 10 Specify		- 51	llack, White, atc.				
B	3 Widowed 4 Divorced	III IES, GIVE THAT ON DAILS	1 ''	J TES 2 EST NO Specify		"	NIVITA				
8	15. DECEDENT'S EDUC	ATION 16a. DE	CEDENT'S USUAL OCC		16b. KIND OF BUSI	NESS/INDUSTR	Y .				
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Po NOT use retired.)	Ing most or working			1 - 1				
립	(0	14	OVSE	Nun!	< 11+	UVS	SENIF				
COMPLET	17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden S	urname)	Ruma				
O I	CHA	RLEST	BAUMG	ARONE	Action Control of the	400	13A				
m	19a, INFORMANT'S NAME (Type/Print)	J 10 191	b. MAILING ADDRESS (S		Route Number, City or Town		10				
임	ERMEST	TENART	2710 /	nuril	11=120	w	ESTMINI				
	20s, METHOD OF DISPOSITION	20b, PLACE	OF DISPOSITION (Name	of cemetery, crematory or	20c. LOC	ATION — City o	or Town, Stata				
	1 Buriel 2 Cremetion 3 Remo	oval from State other ple	ece)	PV'S A =	METERY	611	1/15 10 10				
	21. SIGNATURE OF FUNERAL SCHUIGE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY										
	21. SIGNATORE OF FOREIGNE STATES	116	1 2	ITTLES	15.11	411	1 Lasion				
	ME PAINT										
	23. PART i. Enter the diseases, or C	atory arrest,	Approximate								
		List only one ceuse on each line					intarval Between Onset and Death				
	disease or condition										
	resulting in death)	DUE TO (OR AS A CONSEC	QUENCE OFI:	ry/se							
_		Allennolos	ates Couch	our overlan L	ralgeso						
8		a / printy's com	DIENOE OF	Second 1	77 000 007						
	Sequentially list conditions,	DUE TO (OR AS A CONSEC	QUENCE UF J:								
ATI	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	60.	Committee of				Ì				
FICATI	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	· Elaucan	Committee of	<b>8</b> . '							
RTIFICATI	if any, leading to immediate ceuse. Enter UNDERLYING	· Elaucan	ua	Diseaso							
CERTIFICATI	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	· Elaucan	ua	Dislaso							
AL CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. Claucar DUE TO (OR AS A COMPRE d. Junearte	DUENCE OFF:	Dislase given in			24b. WERE AUTOPSY FINDINGS				
AL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. Claucar DUE TO (OR AS A COMPRE d. Junearte	DUENCE OFF:	Difference of the control of the con	PERFOR	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
AL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. Claucar DUE TO (OR AS A COMPRE d. Junearte	DUENCE OFF:	Dislase given in		WED?	AVAILABLE PRIOR TO				
MEDICAL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. Claucar DUE TO (OR AS A COMPRE d. Junearte	DUENCE OFF:	Dislasse given in	PERFOR	WED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?				
MEDICAL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant condition	c. Claucar DUE TO (OR AS A COMPRE d. Junearte	DUENCE OFF:		PERFOR	WED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?				
MEDICAL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONTRICT OF AS A CONTRIC	DUENCE OF:  The sound of the under t	26. PLACE OF DEATH (Ch	PERFOR	WED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?				
MEDICAL	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR AS A CONTROL  d.  HOSPITAL:  1   Inpetient 2   ER/Outpetient 3	DUENCE OF:  THE STORM OTHER:	26. PLACE OF DEATH (Ch	PERFOR  1 YES 2  Deck only one)  8 Other (Specify)	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO				
PHYSICIAN: MEDICAL	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A CONTRICT OF AS A CONTRIC	DUENCE OF:  The second of the	26. PLACE OF DEATH (Ch ng Home 5 - Residence 8c. INJURY AT WORK?	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO				
MEDICAL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART ii. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (OR AS A COMMENT  d	DUENCE OF:  W Jount  resulting in the under  3 DOA 4 Nursir  28b. TIME OF INJURY M	26. PLACE OF DEATH (Ch. ng Home 5  Residence 8c. INJURY AT WORK? 1  YES 2 NO	PERFOR  1 YES 2  peck only one)  6 Other (Specify)  28d. DESCRIBE HOW III	JURY OCCURE	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART ii. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	DUE TO (OR AS A COMMENT  d	DUENCE OF:  W Jount  resulting in the under  3 DOA 4 Nursir  28b. TIME OF INJURY M	26. PLACE OF DEATH (Ch. ng Home 5  Residence 8c. INJURY AT WORK? 1  YES 2 NO	PERFOR  1 YES 2  Deck only one)  8 Other (Specify)	JURY OCCURE	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
ED BY PHYSICIAN: MEDICAL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART ii. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CONTROL  d	DUENCE OF:  W Jount  resulting in the under  3 DOA 4 Nursir  28b. TIME OF INJURY M	26. PLACE OF DEATH (Ch. ng Home 5  Residence 8c. INJURY AT WORK? 1  YES 2 NO	PERFOR  1 YES 2  Deck only one)  5 Other (Specify)  28d. DESCRIBE HOW IN  26f. LOCATION (Street in	JURY OCCURE	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
ED BY PHYSICIAN: MEDICAL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only) 1  CERTIFYING PNYSE	DUE TO (OR AS A CONTROL  d	DUENCE OF:  TOTAL  TOTA	26. PLACE OF DEATH (Ching Home 5   Rasidence Sc. INJURY AT WORK? 1   YES 2   NO y, office	PERFOR  1 YES 2  The peck only one)  6 Other (Specify)  28d. DESCRIBE HOW IF  28f. LOCATION (Street a City or Town, State)	MED?  NO  JURY Occure  Ind Number or Re	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO				
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only) 1 CERTIFYING PNYSE	DUE TO (OR AS A CONTROL  DUE TO (OR AS A CONTROL  d.  HOSPITAL:  1   Inpetlant 2   ER/Outpetlent 3  26a. DATE OF INJURY (Month, Day, Ver)  26a. PLACE OF INJURY — At he building, stc. (Specify)	DUENCE OF:  TOTAL  TOTA	26. PLACE OF DEATH (Ching Home 5   Rasidence Sc. INJURY AT WORK? 1   YES 2   NO y, office	PERFOR  1 YES 2  The process of the	MED?  NO  JURY OCCURE  IN Number or Rit	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO  D  D  Ural Route Number,				
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only) 1 CERTIFYING PNYSE	DUE TO (OR AS A COMMENT  DUE TO (OR AS A COMME	DUENCE OF:  TOTAL  TOTA	26. PLACE OF DEATH (Ching Home 5   Rasidence Sc. INJURY AT WORK? 1   YES 2   NO y, office	PERFOR  1 YES 2  Seck only one)  6 Other (Specify)  28d. DESCRIBE HOW III  26f. LOCATION (Street a City or Town, State)  a to the cause(a) and man or time, date and place, and	MED?  JURY OCCURE  and Number or Ri  mer as stated.  If due to the car	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO  D  D  Ural Route Number,				
BE COMPLETED BY PHYSICIAN: MEDICAL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART ii. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  28b. SIGNATURE AND TITLE OF OFFICE	DUE TO (OR AS A COMMENT  DUE TO (OR AS A COMME	DUENCE OF:  TOTAL  TOTA	26. PLACE OF DEATH (Ch. ng Home 5   Rasidence 8c. INJURY AT WORK? 1   YES 2   NO y, office Ne, data and place, and dus inion, death occured at the	PERFOR  1 YES 2  Seck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  26f. LOCATION (Street a City or Town, State)  a to the cause(a) and man or time, date and place, an MBER	IJURY OCCURE  INDIPATOR OF REAL OF THE STATE	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO  D  Urel Route Number,  uee(a) and manner as stated.  SNED (Mgnth, Day, Year)				
COMPLETED BY PHYSICIAN: MEDICAL	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART ii. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CONTROL  d	DUENCE OF:  If John Fresulting in the understanding	26. PLACE OF DEATH (Ch. ng Home 5  Residence 8c. INJURY AT WORK? 1 YES 2 NO y, office re, data and place, and dur inlon, death occurred at the	PERFOR  1 YES 2  Seck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  26f. LOCATION (Street a City or Town, State)  a to the cause(a) and man or time, date and place, an MBER	IJURY OCCURE  INDIPATOR OF REAL OF THE STATE	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO  NO  D  D  urel Route Number,				
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A COMMENT  DUE TO (OR AS A COMME	DUENCE OF:  If Joung Fresulting in the understandin	26. PLACE OF DEATH (Ching Home 5   Rasidence (Sc. INJURY AT WORK? 1   YES 2   NO y, office (Sc. And the search of	PERFOR  1 YES 2  Seck only one)  6 Other (Specify)  28d. DESCRIBE HOW IF  28f. LOCATION (Street a City or Town, State)  a to the cause(a) and man or time, date and place, and  MBER	MED?  JURY OCCURE  and Number or Ri  ner as stated.  d due to the cau  29d. DATE SIG	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO				
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CONTROL  d	DUENCE OF:  JOHN  resulting in the under  BODA 4 Mouse  28b. TIME OF INJURY M  Dome, farm, street, factor  eath occurred at the time investigation, in my opi	26. PLACE OF DEATH (Ching Home 5   Rasidence (Sc. INJURY AT WORK? 1   YES 2   NO y, office (Sc. And the search of	PERFOR  1 YES 2  Seck only one)  6 Other (Specify)  28d. DESCRIBE HOW IF  28f. LOCATION (Street a City or Town, State)  a to the cause(a) and man or time, date and place, and  MBER	MED?  JURY OCCURE  and Number or Ri  ner as stated.  d due to the cau  29d. DATE SIG	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO				



91 36240 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF OEATH YEAR NHOL TESSLER 12 1991 18 10:10P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 X M 2 - F 73 217-09-3809 6-27-18 unknown 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Perry Point VA Medical Center Perry Point Cecil DIREC 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City 1X YES 2 NO 10a. STREET AND NUMBER peru FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 524 N. Charles Street Apt. 403 21201 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, stc.) **MARYLAND 21215-0020** 14. RACE - American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 1 TYES 2 NO Specify. 3 Widowed 4 N Divorced Specify: use as the -13 - 428-7-45 white ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi jo Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached f unknown n/a unknown unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Pe 7 unknown BE unknown page 5 should notitied 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Perry Point VA Medical Center Department of Veterans Affairs Perry Point, MD pe 20e. METHOO OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE of DISPOSITION (Name of cemetery, crematory or other place)

Eastern Shore Veterans Cem23\_91 Hurlock, Maryland must filled in by the funeral director, on, or removal. Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 South Main Street North East, MD 21901 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Intarval Batween IMMEDIATE CAUSE (Final the n and completely fille to burial, cremation, Onset and Death disease or condition CONGESTIVE HEART FAILURE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. reaulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): CHRONIC ATRIAL FIBRILLATION traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING COPD CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 STATUS POST CVA Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS any PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 - YES 2 NO t. of h Dept. 1 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL this certificate have with the State De srked, or item 2 26. PLACE OF DEATH (Check only one) FYAMINER? HOSPITAL:
1 Alinpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending BY 1 YES 2 NO After Investigation DIRECTOR: An hours after deal tem 28 is n 3 Sulcida 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 6 Could not be determined COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Se FUNERAL DIN.
Seithin 72 hours.
T. It Item 28 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(a) end manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner es stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER THE 29c. LICENSE NUMBER 뿔 BE 29d. DATE SIGNED (Month, Day, Year) 90 New 12-18-9 154 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PREM LAL, M.D., VAMC PERRY POINT MD 21902

32 REGISTRAD'S SIGNATURE Fundade



31. DATE FILED (Month, Day, Year)
DEC 23 '91

BALTIMORE,

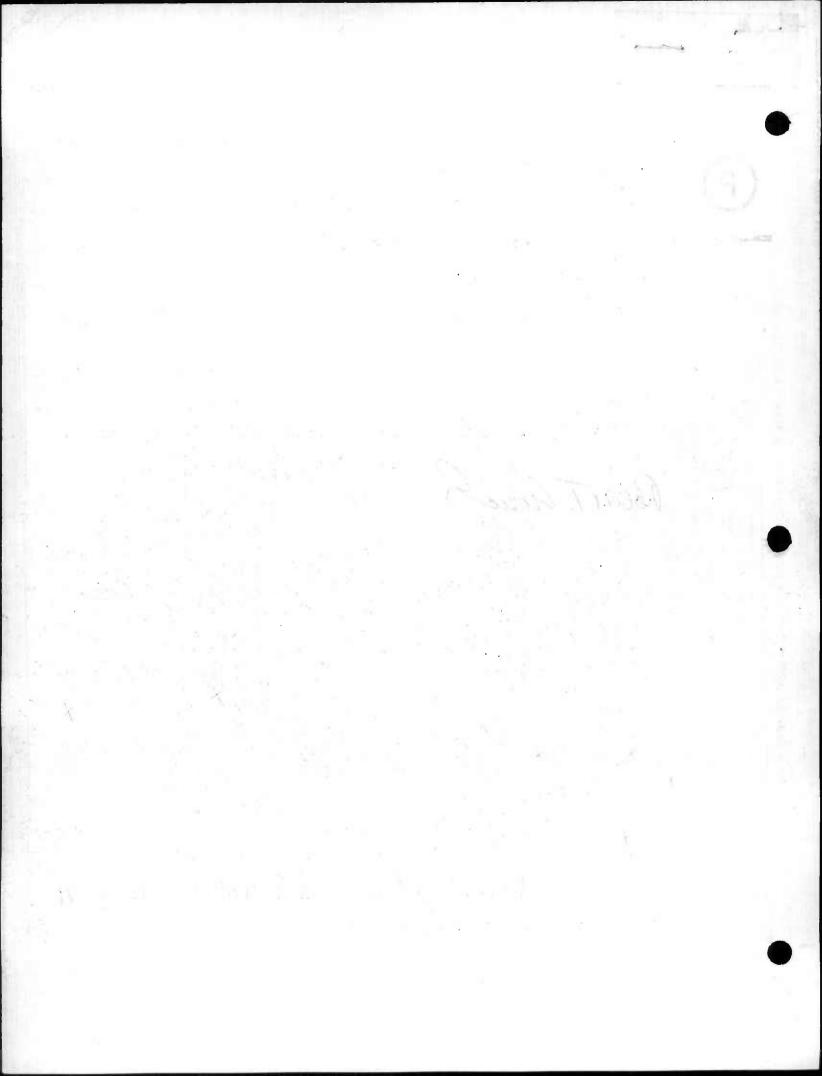
BOX 68760,

P.0.

RECORDS,

OF VITAL

DIVISION



DIRECTOR

FUNERAL

BY

COMPLETED

BE notified

2

once.

Ħ

be

must

examiner

medical

CERTIFICATION

MEDICAL

6

Pages

permit.

the completely HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this certificate has been signed by the attending physician and corn with the State Dept. of Health and Mental Hygiene prior to burial, with the State Dept. of Health and Mental Hygiene prior to burial, riked, or Item 23 shows any Injury, or other traumatic en with b marked. DIRECTOR: After the hours after death v 28 ls IMPORTANT: If Item

FUNERAL I

THE

2 2 3

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

wen

N-0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julie Devidous - His

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Everett A. Treadway 1991 12 16 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F 218-24-9062 10-25-1930 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Carroll County General Hospital Westminster Carroll RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll Hampstead 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101, ZIP CODE 21074 4004 Dana Avenue USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: 3 Widowed 4 Divorced White 16h. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) Intern. Union of Elevator Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade General President Constructors AFL CIO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bruce F. Treadway Dessie A. Kyker 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 4004 Dana Avenue, Hampstead, Md. 21074 Joan Treadway 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Removal from State

| Burlel 2 | Cremetion 3 | Removal from State
| Donation 5 | Other (Specify) | Manchester, Md. 21102 Manchester Baptist Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home W. love 934 S. Main Street, Hampstead, Md. 21074 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, Dr heert feliure. List only one ceuse on each line. interval Between Onset end Deeth **IMMEDIATE CAUSE (Final** diseese or condition 30 m:N recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly liet conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Mell: tus 1 - YES 2 NO OF DEATH? 1 | YES 2 | 110 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Nur ig Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29e. CERTIFIER 1 \_\_\_\_CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and me

29c. LICENSE NUMBER

Day, Year)

91

29d. DATE SIGNED (Month,

12

. His

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERTI
MEDICAL
Y PHYSICIAN:
8
ETED

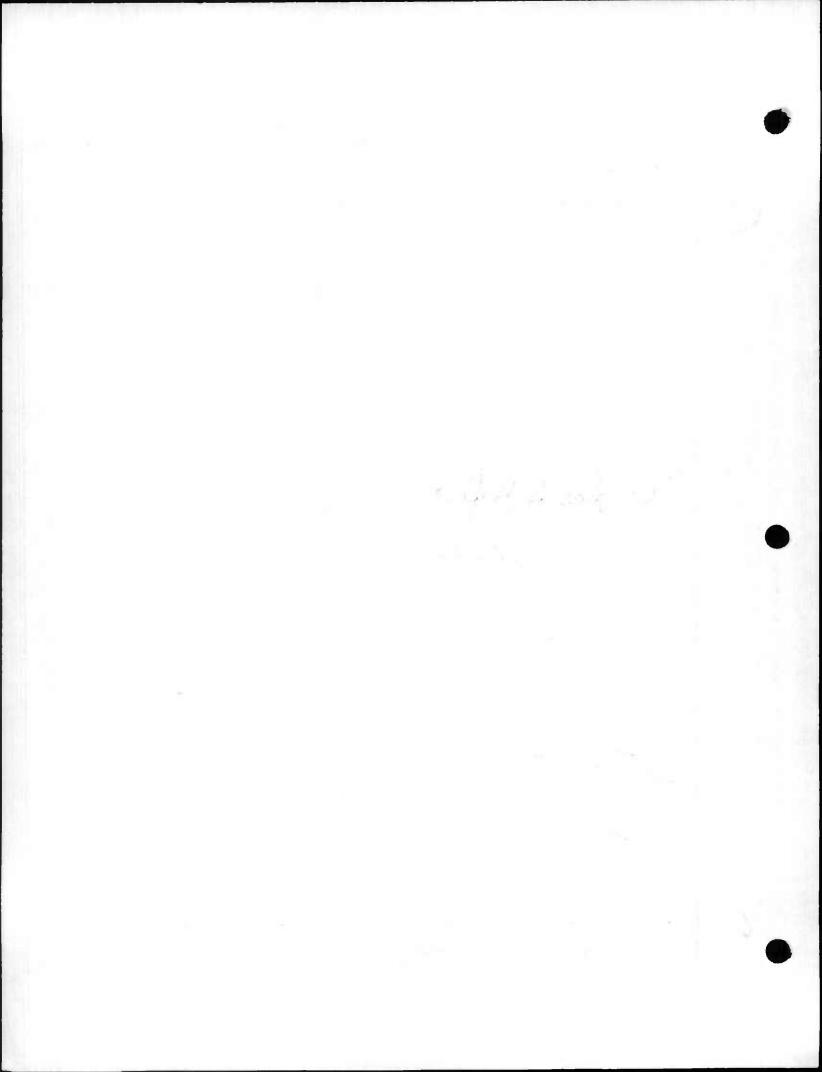
						-									
	1. DECEOENT'S NAME (First,								2. DATE OF OEATH MONTH DAY YEAR				OF DEATH		
	David	1	Earl		Tho	nas	Jr			12	12		91	8	:45A M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UND	ER 24 HRS.	7. DATE OF I					State or Foreign
	27 7 7 7 6 7 0	0	1 <b>™</b> M 2 □ F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		Country)			
	217-10-619	0	A	13		96. CITY, TOWN OR LOCATION OF DEATH						91.6 Md			•
~			90. 011							lega					
0	178 Spr			Fr	ost	burg	3		AL	rega	11 Y				
5	10a. STATE	10c, CIT	Y. TOWN (	OR LOCA	TION				_		10d. INS	SIDE CITY			
<u>E</u>	Md	Alle	ranv			Fros								LIN	AITS?
9		11110	94111												ES 2 NO
₹	10e. STREET AND NUMBER					101. ZIP CODE							IZEN OF V		UNTRY?
监	178 Spr	ing S	t					2	1532			(	J.S.	A.	
FUNERAL DIRECTOR	11. MARITAL STATUS	T EVER IN U.S.	ARMED					NIC ORIGIN? (S		or No-	14. RACI	E Amer k, Whita,	rican Indian,		
BY F	1 Never Married 2		FORCES? 1	OR DATES	JNO				O Specifi		ri, mc.)		Spec	ify:	
	3 Widowed 4 Divo	rced		W.W.	2									Wh	ite
		EDENT'S EDUCA			OECEDENT'S				kina	16b. KIP	ND OF BUS	SINESS/IN	OUSTRY		
E	Elementary/Secondary (0		+)	life. Do NOT u	se retired.)										
로	11				Car	pen	ter			S	elf	Emp	oloy	ed :	Builder
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18. MO	THER'S NA	ME (First, Midd	lle, Maiden	Surname)			
	David	E. Th	omas S	r.					Mary	Ann	Tho	mas			
B	19a, INFORMANT'S NAME (7				19b. MAILING	ADDRES	S (Street			Route Number.			ip Code)		
2	Anne G.				798	2 cm	nin	~ 0	+	Frost	him	or 1	63	215	22
				ant Dia	CE ANO OAT				0.0	OATE			- City or To		
	20a METHOD OF DISPOSITI		ral from State	of cemeta	ry, cremator	y or other p	olace)								
	4 Donation 5 Other			- Sun	set N				ark RESS OF FA	12/1	II C	umbe	arla	nd,	Md.
	21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE /	1		22.	NAME A	NO ADDE	RESS OF FA	CILITY					
	MARI	Vr.X	youn			D	urs	t F	uner	al Ho	me.	Fre	stb	urg	. Md.
	23. PAB I. Enter the d	seeses, or co	molications the	at caused the	daeth. Do	not ante	r the me	ode of d	tvina, suc	h as cerdied	or reso	Iratory e	rrest.	1 A	pproximate
	shock, or heart failure. List only one cause on each line.											nterval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. Coronary artery heart disease										0	inset and Desth			
	resulting in deeth)	<b>→</b> a.	Coron	ary an	rtery	he	art	di	seas	e					
			OUE TO	(OR AS A CON	SEOUENCE (	OF):								-	
Z	Commentally that and the	b.													
CERTIFICATION	Sequentially list conditi If any, leading to imme	SEOUENCE (	UENCE OF):												
3	ceuse, Enter UNDERLY CAUSE (Disease or Inju														
E	that initiated events		DUE TO	(OR AS A CON	SEQUENCE (	E OF):									
	resulting in death) LAS	d.													
	PART II. Other significe	at conditions	a a matellite value of a	death had as	A	No Abial co	a al alab da		live to	Dent la					
MEDICAL							_		e given in	Part I.   24	Part I. 24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	History	Of CO	ngesti	ve nea	art 1	all	ure	,		1	YES 2	NO		OF DEA	ETION OF CAUSE
ME		atria	1 fibr	illat:	ion					_				1 🗌 YI	ES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T						26. F	LACE OF	DEATH (C)	heck only one)					
S	EXAMINER?		HOSPITAL:	☐ ER/Outpetient	3 DOA	OTHE 4 Nu	R: rsing Ho	ne 5 X	Basilanca	6 Other (S	conclina.				
¥	27, MANNER OF DEATH		26a. DATE O		28b. TH			JURY AT	Pasidence	28d. DESCR		INJURY O	CCURED		
		Pending	(Month,	Day, Year)	IN	JURY	W	ORK? YES 2	- NO						
BY	E _ PECIDEIII	Investigation	OF BLACE	OF IN HIPM						004 1 0 0 4 7 1			0	D 11	
0		Could not be determined	building	OF INJURY — At , atc. (Specify)	nome, rarm,	street, rac	логу, отп	CO		28f. LOCATH City or 1	Town, State,	and Numb )	er or Hural	HOUTH NUI	moer,
COMPLETED	Tomorae	0012111111100					_								
P	29a. CERTIFIER 1 CERT	TIFYING PHYSIC	IAN: To the best o	f my knowledge,	death occur	red at the	time, dat	and pla	ice, and du	n to the cause(	(a) and ma	nner as st	ated.		
M		ICAL EXAMINER	On the beals of	examination and	or investigat	lon, In my	opinion,	death oc	cured at the	time, data an	d place, as	nd dua to	the cause(	a) and ma	anner sa stated.
	196. SIGNATURE AND TITLE	or centers	-					1 000 1	ICENSE NU	MDED		T 004 - D4	TE BIONE	D ///	0 141
BE	(X 00. 1	4	29c. LICENSE NUMBE				The second secon								
2	SO, NAME AND ADDRESS O	Francis Williams	COMPLETED CO	ISE OF SEATO		pty Med 1x D 09157							12,	/12,	/ 41
-	Province of the source and control services						_	_			= 0 0				
	Paul Sno	D.M.WC	12	4 W 3	rd St	C	umb	erl	and	MD 21	502				
	31. DATE FILED (Month, Day,	1001	32. REGISTA	AN'S SIGNATUR	0400										
			-M 1 W. L. P. 11/4	Transfer and Park											

. a carrier of that good fileson villa THE REPORT OF THE PARTY OF THE

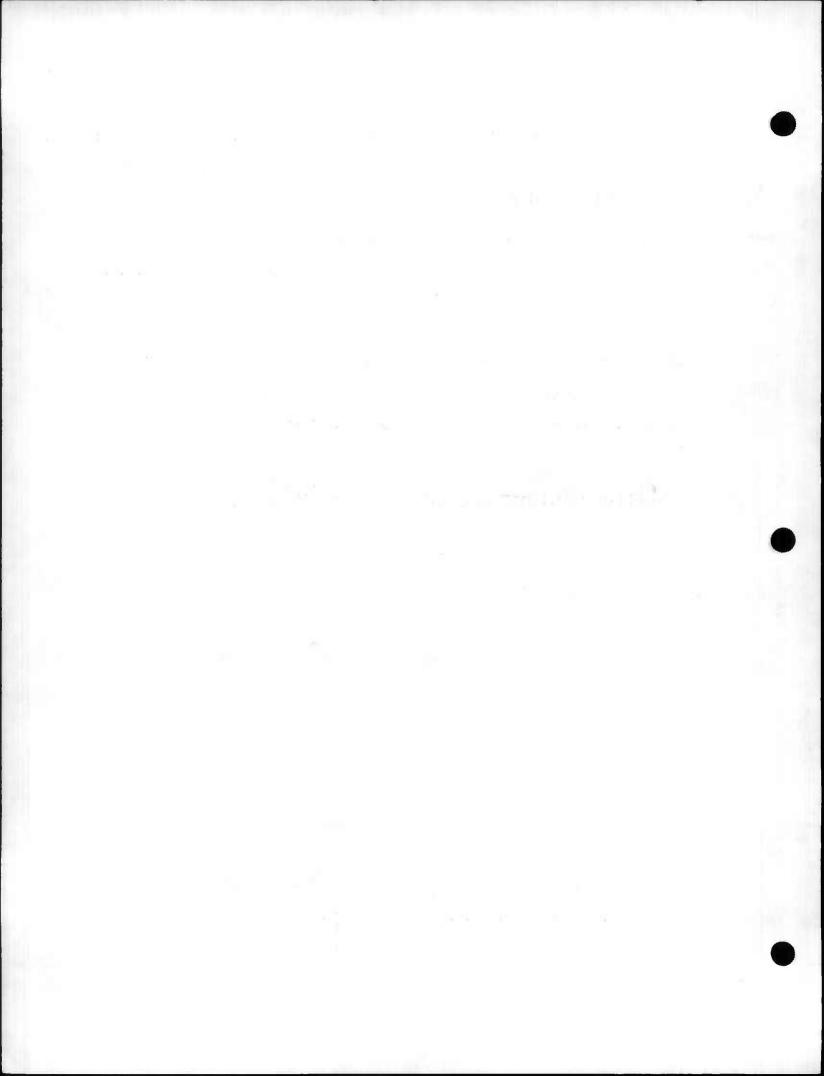
20	n. ansit permit.	. : gr <sup>tm</sup>
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician ed in by the funeral director, page 5 should be detached for use as the burial-tra or removal:	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR		CE	RTIF	ICATE O	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY		3. TIME OF DEATH	
	FERN NEV	ADA		T	HOMAS		December 17, 1991 5:15				
	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH			PLACE (State or Foreign	
	212-74-3718	1 🗆 M 2 💢 F	87	YRS.	MONTHS DAYS	HOURS MIN.	4/26/0	4	M A R	YLAND	
	9s. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATION OF DE		_	UNTY OF D		
A E	Memorial Hospita	1			Carm	1					
E	RESIDENCE OF DECEDENT 1 ATTEGE										
DIRECTOR				1	Y, TOWN OR LOC			10d. INSIDE CITY LIMITS?			
0		EGANY		F	ROSTBU	RG				1 X YES 2 NO	
Z.	10e. STREET AND NUMBER				1	Of. ZIP CODE		10g. CI		VHAT COUNTRY?	
FUNERAL	ROUTE 2					21532			US	A	
Ē	11. MARITAL STATUS					CENDENT OF NISPAN	IC ORIGIN? (Specify	Yee or No-	14. RACE	- American Indian, k, White, etc.	
BY	in your mention 2 mention 2 mention are a second mention, etc.)										
	15. DECEDENT'S EDU	I	1							WHITE	
	(Specify only highest grade	completed)	(G/	Ve kind of w	USUAL OCCUPAT vork done during n e retired.)	ION lost of worlding	16b. KIND OF	BUSINESS/IN	DUSTRY		
2	Elementery/Secondery (0-12)	College (1-4 or 5+)			AKER		OM	N HOI	W.E.		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	1110	)PIEPI	ANLK				1E			
JAMES CALVIN WILSON  190. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co											
2	GEORGE A. THOM	AS	7	14	AT RERT	AVE . F	ROSTRITE	ľowπ, State, Z	(p Code)	532	
	20e. METHOD OF DISPOSITION										
	1 Suriel 2 Cremetion 3 Removal from State										
1	4 Donellon 5 Dother (Specify) FROSTBURG MEMORIAL PARK 12/20 FROSTBURG 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
		1111	().		HAFE	RFROST	MANSION	FUN	ERAI	HOME	
	Dougtab	17 Ha	fin			OST AVE				21532	
1	23. PART I. Enter the diseases, or shock, or heart failure.	complications that	caused the dec	ath. Do n	ot antar tha m	ode of dying, auch	as cardiac or re	piratory a	rrest,	Approximata	
	IMMEDIATE CAUSE (Final	0.1	J.							Onact and Death	
	disease or condition reaulting in death)	. Str	Re							İ	
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions,	b									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSEC	UENCE OF	):						
5	CAUSE (Disease or Injury	C. DUE TO 4									
	that initiated eventa resulting in death) LAST	00 300	OR AS A CONSEO	UENCE OF	):						
9 1		d									
ا پ	PART II. Other significant condition	e contributing to d	eath but not re	sulting in	n the underlyin	g cause given in i	Part I. 24e. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
DICAL							PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							1 □ YES	2 - NO		OF DEATH?	
≥							— İ		ľ	1 YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL			<del>.</del>	20 P	ACE OF BEATURES					
PHYSICIAN: ME	EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (Che					
¥	27. MANNER OF DEATN	28a. DATE OF IP		28b. TIME		ne 5 Residence 8					
	1. Natural 5 Pending	(Month, Day	Year)	INJU	JRY W	YES 2 NO	28d. DESCRIBE NOV	V INJURY OC	CURED		
B	2 Accident Investigation 3 Suicide	28e. PLACE OF	INJURY — At hon	ne, ferm, at			201 LOCATION (C-				
茰ᅦ	4 Nomicide 8 Could not be	building, at	c. (Specify)	,,	,,,		28t. LOCATION (Stree City or Town, Sta	ena rvumbe te)	r or Hurai H	oute Number,	
COMPLETED	29a. CERTIFIER										
₹	(Check only one)	CIAN: To the best of m	y knowledge, des	th occurred	d at the time, date	end place, end due t	o the cause(e) end n	enner ee ata	ted.		
8	2 MEDICAL EXAMINE		mination end/or in	rveatigation	, In my opinion,	feath occured at the t	lme, data end piece,	and due to ti	he ceuse(e)	end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIEF					29c. LICENSE NUM	BER	29d. DAT	E SIGNED	(Monty, Day, Yeer)	
2	170/1e	wo.				D 2891	0	•	12	117/91	
-	30. NAME AND ADDRESS OF PERSON WH							1	-/	1	
	Dr. C. Merrick, M	emorial H	ospital	Medi	ical Bu	ilding, C	umberland	i, MD	215	02	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE								
	DEC 1 8 1991	Alia Vavido	on-Handel	K.						I	
		4									



	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN REG. NO.	E 9	36244				
٦	1. DECEDENT'S NAME (First, Middle, Last)		OLIVIII IO	A. E O.	JEAN I	2. DATE OF DEATH		3. TIME OF DEATH				
- 1	Mary Vickers	Mary Eli	zabeth V:	ickers		Dec. 18	y ye 1991	11:06 A M				
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. 5	NRTHPLACE (State or Foreign Country)				
V	10) 12 20 10	□ M 2 💢 F 75	YRS.	NTHS DAYS	HOURS MIN.	New Jersey						
Ł I	99. FACILITY NAME (# not institution, give street Union Hospital of				R LOCATION OF DEA .kton	ATH	9c. COUNTY OF DEATH  Cecil					
5	RESIDENCE OF DECEDENT	OCOLL COUNT					00.					
DITECTOR	10a. STATE 10b. COUNTY	2 11		OWN OR LOCAT				10d. INSIDE CITY LIMITS?				
- 1	Maryland 100. STREET AND NUMBER	Cecil	Р	ort Dep	ZIP CODE		10a CITIZEN	1 ☐ YES ZYZYNO  OF WHAT COUNTRY?				
FUNERAL	209 Adams Road			101	219	904		S.A.				
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U			ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE — American Indian,				
	1 Never Married 2XX Married 3 Widowed 4 Divorced	FORCES? 1 YES	XIX NO ES		2 NO Specify	n, Puarto Rican, atc.)	Black, White, etc. Specify:					
D BY								White				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos		16b. KIND OF BU	SINESS/INDUST	FY .				
	Eight Years	College (1-4 or 5+)	Homema	. 1								
0	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)					
- 1	Thomas Newto	n			Mary	y Donald						
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	DRESS (Street a	nd Number or Rural R	loute Number, City or Tow	n, State, Zip Coo	ie)				
-	Lewis R. Vickers		209 Ada	ıms Rd.	, Port D	eposit, Ma	ryland	21904				
	20a. METHOD OF DISPOSITION 1 X Burial 2 □ Cremation 3 □ Ramova	from State	PLACE OF OISPOSITI		netery, crematory or		CATION — City					
	4 Donation 5 Other (Specify)		bewell Ce		ID ADDRESS OF FAC		т реро	sit, Maryland				
	No ha					erson & So	n Fune	ral Home				
		atterono,	20			Maryland						
	23. PART I. Enter the diseases, or con shock, or heart feliura. Lis			enter the mo	de of dying, suci	n as cardiec or rasp	ratory errest	interval Between				
	IMMEDIATE CAUSE (Final disease or condition Send Selection Consider DS											
-	disease or condition resulting in death)  a. End SARC Candiac DS  DUE TO (OR AS A CONSEQUENCE OF):											
z	Sepsis											
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):	F):								
5	CAUSE (Disease or injury	DUE TO (OR AS A C	ONDEOUENDE OF									
	that initiated events resulting in death) LAST	50E 10 (011 A5 A 6	onsequence or j.					İ				
핑	d											
¥.	PART ii. Other algnificant conditions	contributing to death but	not reaulting in t	the underlying	g ceuse given in	PERFO	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC			-	-		1 YES :	XXNO	OF DEATH?				
								1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	ack only one)						
BY PHYSICIAN:		IOSPITAL:		THER:		8 Other (Specify)						
À	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ		28d, DESCRIBE HOW	INJURY OCCUR	ED				
3	1 Natural 5 Pending 2 Accident Investigation	(mentil)	into		rES 2 NO							
ED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Specif)	At home, farm, stre	et, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route Number,				
COMPLET	(Orleck Only	AN: To the best of my knowled										
ဂ္ဂ		On the basis of examination	and/or Investigation,	In my opinion, d				ause(a) and manner as stated.				
B	296 SIGNATURE AND TITLE OF CERTIFIER	/			29c. LICENSE NUI	2 G		GNEO (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	rint)	1026	)/3	10	-10-71				
	Thomas E. Finuca			*	., North	n East, MD	2190	1				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE									
	DEC 23'91	Julia Davidson	gandall.									



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

36245 91 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1														
	PLATT, BE	ULAH V	IOLA							2. DATE OF DEATH	91	YEAR	3. TIME OF DEATH 11:20 M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHI	PLACE (State or Foreign	
)	236-42-0536		1 - M 2 X F	80	YRS.					6-21-11		W.		
~	90. FACILITY NAME (If not in SACRED HE	ART HO	SPITAL					OR LOCATE		ATH	1	INTY OF DE		
FUNERAL DIRECTOR	RESIDENCE OF DEC						UMDI	EKLAN	עו		AL	LEGA	NY	
HE	10e. STATE	10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY LIMITS?	
0	W. Va.	Morg	an		Pa	w Pa							1 X YES 2 NO	
RA							101	ZIP CODE					HAT COUNTRY?	
NE I	Route 1 B	ox 3	12. WAS DECEDEN	T EVER IN U.S.	ABMED	142	WAS DEC	2543		IC ORIGIN? (Specify Yes		S.A.		
	1 Never Merried 2		FORCES?	YES 2 NAR OR DATES	NO		If yes, sp	ecify Cubii	n, Mexice	, Puerto Ricen, etc.)	or No-	MINCK,	- American Indian, White, etc.	
) BY	3 Widowed 4 Divo	111						- 01.00	Opechy			Specif	White	
IEI	(Specify only	highest grade of	completed)		Give kind of vide. Do NOT us	work done	CCUPATIO	ON st of workin	g	16b. KIND OF BUS	BINESS/INC	DUSTRY		
PLE	Elementary/Secondery (0 Unknown	-12)	College (1-4 or 5	*'	lousew					Homema	leino			
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)		1	lousew	TIE		18. MOTH	IER'S NAI	ME (First, Middle, Maiden		5		
BE C	John Edgar	Hott						1000000		E. Proud				
TO B	19e. INFORMANT'S NAME (7	rpe/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	oute Number, City or Town	n, State, Zip	Code)		
	Nelvia J. C				-	e 1			Pa	w Paw, W.		254		
	20a. METHOD OF DISPOSITI	ON n 3 🗆 Remo	val from State	20b. PLAC cemetery, c	E AND DATE (	OF DISPOS ther place)	ITION (Na	me of		OATE 20c. LO	CATION —	City or Tov		
	Cremetton 3   Removal from State   Cemetery, crematory or other place													
	· 4	1	•							1 Home				
	23. PART Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest,  Approximate													
	interval Between  IMMEDIATE CAUSE (Final  Onset and Deeth													
	disease or condition													
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Social Ally the conditions of a ASHD-													
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING													
SE	CAUSE (Disease or Injury \$ c.													
F	that initiated events  OUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST													
2	PART ii. Other aignifice	nt conditions	contributing to	death but not	requiting	n the un	dariuia		dues le l	Sant Inc. una				
MEDICAL			continuating to	death but not	reauting i	ii the un	deriying	cause g	iven in i	PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
밀										1  YES 2	NO		OF OEATH?	
_										_			1 🗌 YES 2 🗍 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:					ACE OF OE	ATH (Che	ck only one)				
YSI	1 YES NO		1 Inpatient 2	ER/Outpetient	3 DOA	OTHER		5 🗆 Re	eldence (	Other (Specify)				
	27. MANNER OF OEATH	Donatton	28e. DATE OF (Month, D		28b. TIMI			RK?		28d. OESCRIBE HOW IN	JURY OC	CURED		
> 1	1 Netural 5 1	2 Accident Pending Investigation							NO					
BY	2 Accident	nvestigation	2 Accident  3 Suicide 8 Could not be  28. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify)  28. LOCATION (Street and Number or Rural Route Number, building, etc.)											
	2 Accident 3 Suicide 8	nvestigation	28e. PLACE O building,	F INJURY — At I etc. (Specify)	ome, farm, a	traat, lacto	эгу, опіс	)		City or Town, State)	nd Number	or Hural Ho	ute Number,	
	2 Accident 3 Suicide 8 Homicide	nvestigation Could not be letermined	building,	etc. (Specify)						City or Town, State)			ute Number,	
	2 Accident 3 Suicide 8 C 4 Homicide  29e. CERTIFIER (Check only)	restigation Could not be letermined	IAN: To the beet of	my knowledge, o	leath occurre	d at the ti	me, date	end place,	end due t	o the cause(e) and men	ner es stat	ed.		
COMPLETED	2 Accident 3 Suicide 8 C 4 Homicide  29e. CERTIFIER (Check only)	nvestigation Could not be letermined  FYING PHYSIC CAL EXAMINER	IAN: To the beet of	my knowledge, o	leath occurre	d at the ti	me, date	end place,	ed at the t	o the cause(e) end men	ner es atat	ed. ne ceuse(e)	end menner ee stated.	
BE COMPLETED	2 Nacident 3 Sulcide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDIC	nvestigation Could not be letermined  FYING PHYSIC CAL EXAMINER	IAN: To the beet of	my knowledge, o	leath occurre	d at the ti	me, date	end place,	ed at the t	o the cause(e) end men	ner es atat	ed. ne ceuse(e)		
COMPLETED	2 Nacident 3 Sulcide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDIC	nvestigation Could not be letermined  IFYING PHYSIC CAL EXAMINER  OF CERTIFIER	IAN: To the best of e;	my knowledge, commination end/o	leath occurre	nd at the ti	me, date	end place,	ed at the t	o the cause(e) end men	ner es atat	ed. ne ceuse(e)	end menner ee stated.	
BE COMPLETED	2   Accident 3   Sulcide 4   Homicide  29e. CERTIFIER (Check only one) 2   MEDIC  29b. SIGNATURE AND TITLE	restigation Could not be letermined  FYING PHYSIC CAL EXAMINER  OF CERTIFIER PROBLEM  EHANNA	IAN: To the beet of a complete cause, M.D.,	my knowledge, c	leath occurre r Investigation	ed at the ti	me, date	end place, eath occure 29c, LICE	NSE NUM	o the ceuse(e) end men lime, date end place, end BER	ner es stat d due to th	ed. ne ceuse(e)	end menner ee stated.	



IMPORTANT; It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

DEC 2 0 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SUSAN H. NUBEL 500 Greene

32. REGISTRAR'S SIGNATURE

											9		36246	)
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	TMEN ICAT	T OF H	IEALTH DEAT	AND I	MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (	OF DEATH		YEAR	3. TIME OF DEAT	ТН
	KIMBERLY SUE VA	NSICKLE								MBER	3:05	ДМ		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	iast birthday)		R I YEAR	IF UNDER	24 HRS.	7. DATE C	IPLACE (State or Fo	preign			
	220 84 0254	1 🗌 M 2 💢 F	18	YRS.	MONTHS	DAYS	HOURS	MIN.		. Day, Year)	2	Count	**	
	9e. FACILITY NAME (If not institution, give :	street end number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE		30, 197	/land	_		
OR	SACRED HEART HOS	PITAL			CIIM	BERL.	AND					LLEG		
5	RESIDENCE OF DECEDENT				0011						Λ	LLEG	AUT.	
뿐	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	1
	Maryland Ga	rrett			Fri	endsv	/ille						1 YES 2 X	NO
M	101. ZIP CODE 109. CITIZEN OF WHAT											VHAT COUNTRY?		
FUNERAL DIRECTOR	Route 1, Box 179/	A					2153	1				USA		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN?	(Specify Yee	or No-	14. BACE	- American Indi	en,
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	MINO				n, Mexica Specifi	n, Puerto R	icen, etc.)		Speci	C, White, etc.	
							72						White	
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		DECEDENT'S (Give kind of	work done	during ma	ON st of workin	ia.	16b.	KIND OF BUS	INESS/IN	DUSTRY	111000	
<b>"</b>	Elementery/Secondery (0-12)	College (1-4 or 5		life. Do NOT us	se retired.)									
MP	0		Hai	ndicar	ped	Chi]	d							
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			•			18. MOTI	IER'S NA	ME (First, M	iddle, Maiden	Sumame)			
H	Donald VanSickle Sharon Fearer													
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	Donald VanSickle			Route	1, 1	Box 1	79A;	Fri	iends	ville,	MD	215	31	
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	oval from State	20b. PLAC	EANDDATE	OF DISPO	SITION /Na	me of		DATE			City or To	wn, State	
	4 Donetion S Other (Specify)	over from State	Bloor	ning F	ther place.	Ceme	terv		12/	15 Fr	ienc	svil	le MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEL 1													
	Newman Funeral Homes, P.A.													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
	interv												Approximation interval Be	
	iMMEDIATE CAUSE (Final disease or condition	Ro	sour	ato	re		4	.0.	re	1			Onset and	Death
	reaulting in death)	,			1		100							
		DUE 10	(OR AS A CONS	SEOUENCE OF	Di (/									
ON	Sequentially list conditions,	b	(OR AS A CONS	onco										
F	if any, leading to immediate cause. Entar UNDERLYING	0	OH AS A CONS	/ K	ale	111								
윤	CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONS	EDITENCE OF		7								
CERTIFICATION	resulting in death) LAST	,	(arrive it come	EDULITOR OF	7.	U								
핑		d												
7	PART II. Other algnificant condition	a contributing to	death but not	t resulting i	n the u	nderiying	cause g	Iven in	Part I.	24a. WAS AN /		24b.	WERE AUTOPSY FI	NDINGS
5	Unemea									PERFORI	-		AVAILABLE PRIOR	
MEDICAL	DIC								_	1 TYES 2	IIINO		OF DEATH?	
-									-				1   YES 2   h	10
M	25. WAS CASE REFERRED TO MEDICAL					26 04	10F 0F 0F							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO   26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)														
¥∥	27. MANNER OF DEATH	28e. DATE OF						sidence						
	1 Natural 5 Pending	(Month, Di		26b. TIMI	URY	28c. INJL WOI	RK?	. 20	28d. DESC	RIBE NOW IN	JURY OC	CURED		
à l	2 Accident investigation 3 Suicide Could not be	28a. PLACE O	F INJURY — At I	home for			ES 2	NO	***					
	4 Nomicide 8 Could not be determined	building,	etc. (Specify)	overe, rarm, s	tivet, rec	tury, office			City or	TION (Street ar Town, State)	nd Numbe	r or Rural A	oute Number,	
OMPLETED	29e. CERTIFIER													
<u>a</u>	(Check only	CIAN: To the best of	my knowledge,	death occurre	d at the t	lime, date	end place,	end due	to the ceus	e(s) end men	or se ata	ted.		
히	2 MEDICAL EXAMINE	A: On the basis of er	camination end/o	r investigation	n, in my o	opinion, de	ath occur	d at the t	time, date e	nd place, end	due to th	ne ceuse/s)	end menner ee st	sted

29c. LICENSE NUMBER

St.

0003

Cumberland

21502

29d. DATE SIGNED (Month, Day, Year) 12-12

MD

Little and the space of the

	1		
			1
h	-		
	Page		
-1-	it permit.	ZI'Y	era,
	page 5 should be detached for use as the burial-transit		
	the		
	38		
	USe		
	10		
	detached		once.
	2		to
	should		ptified
	5		ĕ
	page		be
	lirector.		r mus
	illed in by the funeral director, p		examiner must be notified at once.
	the	Zi.	-
	3	emoval.	Ica
	_	ej.	ed
	po	9	e medical e

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1 - STATE REGISTRAR	CERTIF	ICATE O	F DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH						
	HELEN A. WAY				Dec. 16.	1991	м						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	8, BIRTI	HPLACE (State or Foreign						
	068-16-8848 1□M20Q4F	910 N	ew York										
	9a. FACILITY NAME (If not institution, give street and number)	81 YRS.	9b. CITY, TOWI	OR LOCATION OF DE		9c. COUNTY OF D							
DIRECTOR	462 Poplar Lane Annapolis Anne Arun												
<u> </u>	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY						
품	New York Schoharie	C	obles	cill			LIMITS?						
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF												
FUNERAL	Hammerstone Village, Bldg	. 6 An	t. 52	12043		U.S	A						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	or No- 14, RAC	E — American Indian.										
BY F	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR OA			specify Cuban, Maxica ES 2 X NO Specify		Spec	k, White, etc.						
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S			16b. KIND OF BUS	SINESS/INDUSTRY							
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	vork done during se retired.)	most of working									
4	12	Homo	maker		Hor	m e							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		WE KE	18. MOTHER'S NA	ME (First, Middle, Malden								
0	Franklin M. Morton	Agna	e Ranech	an									
THE INFORMANTIC NAME (For Object)													
2	Mary Ruland						07.402						
				cemetery, crematory or	Annapol	CATION — City or T							
	1 K Buriel 2 Cremetion 3 Removel from State	other place)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	UNESKI	22 NAME	AND ADDRESS OF FA	CILITY	oreskii	1, N.Y.						
	Taylor Funeral Chapel 21401												
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	23. PART i. Enter the diseases, or complications that caused abook, or heart fallure. List only one gause on as	the death. Do r	not anter the r	node of dying, auc	h ae cardiac or reapi	retory arreat,	Approximata Interval Between						
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  Carcinana of unbrown primary 3m.?												
MEDICAL	PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 7 No  24b. WERE AUTOPSY FINDINGS AND AUTOPSY PERFORMED?  1 YES 2 7 No												
IA	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF OEATH (Ch	eck only one)								
PHYSICIAN:	EXAMINER?  1 ☐ YES 2 NO	atlant 3 🗆 DOA	OTHER:	ome 5 Residence	6 Other (Specify)								
¥	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TtN	E OF 28c.	INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED							
	1- Natural 5 Pending (Month, Day, Year)	IN.		WORK?									
B	2 Accident Investigation 3 Suicide 6 Could get be 26s. PLACE OF INJURY	- At home, ferm,			281. LOCATION (Street	and Number or Rural	Route Number.						
	3 Suicide 6 Could not be building, etc. (Spec	ffy)			City or Town, State)		,						
	29a CERTIFIER				l								
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination						(a) and manner as stated.						
E C	29b. SIGNATURE AND TITLE OF CERTIFIER		<del>-</del>	29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)						
0	afruit MD			17319	197	> /2-/	16 51						
D 10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA  ANDREW GOLDON & Mur	ATH (ITEM 27) (Type			he 214	7-1							
			71	you !	211	7							
	31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGN.  17016 (15) 1991 June June door	pandelle											

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

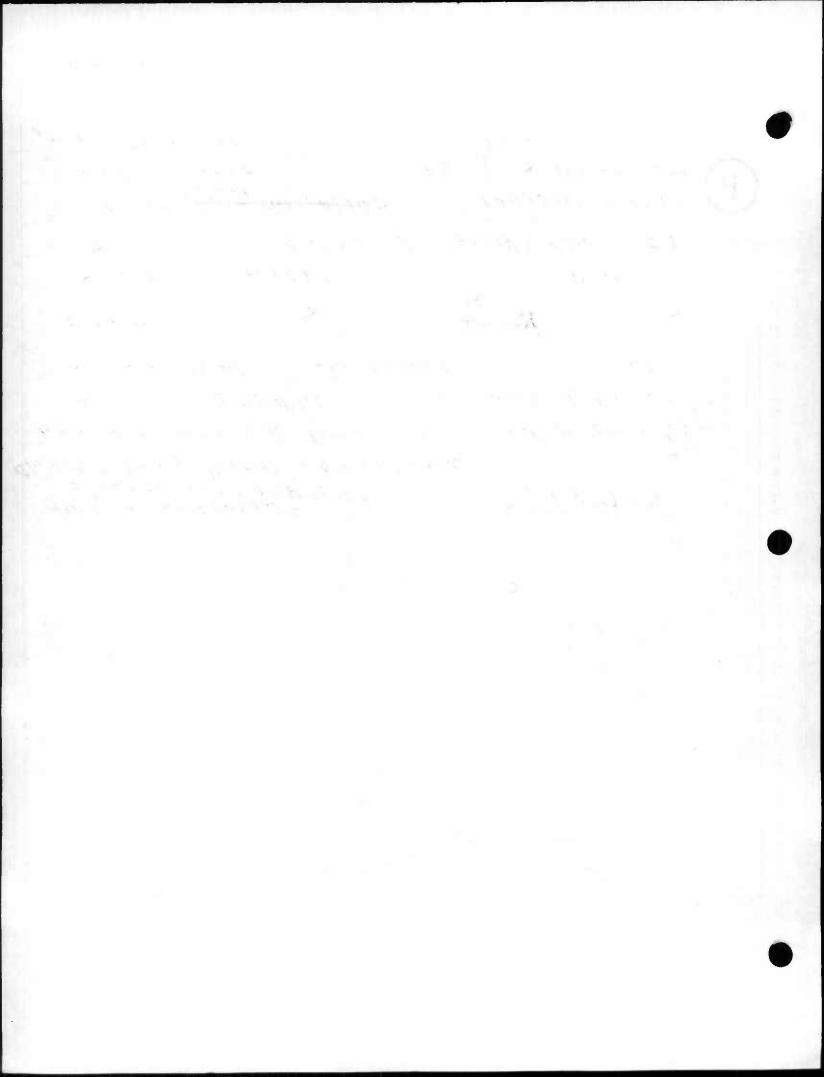
TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

DHMH-16 Rev 1/89

		FOR	OTATE OF MADY AND				91	36248			
		1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFICATE		MENTAL HYGIE REG. N					
		1. DECEDENT'S NAME (First, Middle, Last	Emeny u	SHARTO	1)	2. DATE OF OEATH	DAY Y	S. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER  2 15- 32-5151	1	rs. last birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	20 9	BIRTHPLACE (State or Foreign Country)			
(P	)	9a. FACILITY NAME (If not institution, give	street and number)		TOWN OR LOCATION OF I	9	9c. COUNTY				
~	D.	RESIDENCE OF DECEDENT	SPITAL	C#	FATER	12 CIFT	CE	CIL			
1 · 10	DIREC	DE 106. STATE	W CASTLE	TO WA				10d. INSIDE CITY LIMITS?  1 YES 2 NO			
nsit permi	ERAL	10e. STREET AND NUMBER			101. ZIP CODE 1973	4	10g. CITIZEI	N OF WHAT COUNTRY?			
physician. burial-transit	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	□NO I	MAS DECENDENT OF HISPA f yes, specify Cuben, Mexic	ANIC ORIGIN? (Specify Yosn, Puerto Rican, etc.)	ee or No — 14	. RACE — American Indian, Black, White, atc.			
as the	ED BY	3 Widowed 4 Divorced  15. DECEDENT'S ED	KOREA		YES 2 NO Spec			Specify: ITE			
al or	ET	(Specify only highest grad	College (1-4 or 5+)	(Give kind of work done of life. Do NOT use retired.)  LACK 5(	during most of working		USINESS/INDUS				
the hospital detached fo	COMPI	17. FATHER'S NAME (First, Middle, Last)	D			AME (First, Middle, Maide		ACING			
5 should be	O BE	19a. INFORMANT'S NAME (Type/Print)	WHARTOH		(Street and Number or Rura	Ry E Route Number, City or To	ME L	U TO N			
y be rage 5	7	WONNE W	ARGOE	POBOY	129/ 70	WHSE	ND F	De 19734			
e 6 m rector,		t Donation 5 Other (Specify)	moval from Stata cameter	CE AND DATE OF DISPOS y, crematory or other place)	HD 1.	2-24-91	EAR	LEVILLE"			
funeral funeral		21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE	22.1	T. FORT.	D FU HE	DAL	170 ME			
after ny the mova		23. PART I. Enter the diseases, or shock or heart fallure	complications that caused the	e deeth. Do not enter	the mode of dying, au	ch as cerdiac or rea	piratory arrest				
n 24 h dy fitte ation, the		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Resaura	ton Foi	0,,,,			Interval Between Onset and Death			
completely rial, cremat		Toolsting in death)	DUE TO OR AS A CO	1 1.0				Ascus			
be executed ician and con rior to burial, traumatic en	ATION	Sequentially list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEDUENCE OF):									
ertificate ing physic glene pri	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		Years							
atter mtal	CERI	resulting in death) LAST	d								
	CAL	PART II. Other significent condition	ne contributing to deeth but n	ot resulting in the un	derlying cause given in	Part I. 24a, WAS A PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
sign Hea	MEDICAL					t □ YES	2 NO	COMPLETION DF CAUSE DF DEATH? t  YES 2  NO			
law lept.		25. WAS CASE REFERRED TO MEDICAL			26 PHACE OF BEATH 40						
SICIAN: The certificate the State the State the State the State the State the State the state th	PHYSICIAN:	EXAMINER? 1   YES 2   NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	nt 3 DOA 4 Nurs	26. PLACE OF DEATH (C						
0 = 7 1		27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO			
5 4 F	ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e, PLACE OF INJURY — A building, atc. (Specify)	it home, farm, street, facto		261. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,			
DIRI Dour	COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my knowledge	, death occurred at the tir	ne, date and place, and du	lo the cause(a) and ma	nner as stated.				
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	SON I	2 MEDICAL EXAMIN	ER: On the basis of examination and	t/or investigation, in my op	olnion, death occured at the	time, data and place, a	nd dua to the ca	suse(a) and manner as stated.			
	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	How		29c. LICENSE NU	_	29d. DATE SI	GNED (Month, Day, Year)			
	2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	700	1	( %	100/11			

32. REGISTRAR'S SIGNATURE Julia Bavidson-Pandalla

31. DATE FILED (Month, Day, Year)
DEC 2 3 °9 1



HOSPITAL OR ATTEN

TO THE HOSPITAL OF THE FUNERAL D be filed within 72 ho

28

Hem

2

31. DATE FILED (Month, Day, Year)

DEC 3 0 1991

	Pages		
attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	5 should be detached for u		notified of once
ter death. Page 6 may be	the funeral director, page	oval.	a d faminar minet he
ecuted within 24 hours at	and completely filled in by	burial, cremation, or rem	other man the manie
the death certificate be ex	, the attending physician a	d Mental Hygiene prior to	much redto to trailed
AN: The law requires that	ificate has been signed by	State Dept. of Health an	Hom 22 chains and
OR ATTENDING PHYSICIA	DIRECTOR: After this cert	hours after death with the	to be to medical of

91 36249 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Massorti R. WILLIAMS 0900 AM 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN 166-16-9518 19 Mar. 1920 Pennsylvania 9e. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON ADVENTIST HOSPITAL PRINCE GEORGES TAKOMA PARK RESIDENCE OF DECEDENT DIRECT 10e STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WASHINGTON, D.C. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3700 N. Capitol St., N.W., 20317 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Pi 1 ☐ YES 2 ☑ NO Specify: 1 Never Merried 2 Merried Specify: BY 3 Wildowed 4 Divorced WW II, KOREA 1940-61 White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) 12 Professional Airman U.S. Air Force 17. FATHER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Herbert Williams Beatrice Lacey BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 M.A. Hinton (MORIUARY OFFICER) U.S. Soldiers & Airmans Home 3700 N. Capitol St., N.W., Wash., D.C. 20e. METHOD OF DISPOSITION
1 □ Burlal 2 ☑ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 4 Donetion 5 Other (Specify) of cemetary, crematory or other place)
Metropolitan Crematory 12-23-91 Alexandria, Virginia 22. NAME AND ADDRESS OF FACILITY Colonial Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Than & 6161 Leesburg Pike Falls Church, Va. 22044 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdlec or respiratory arrest, Approximate ahock, or heert failure. List only one cause on each line. **Onset and Death IMMEDIATE CAUSE (Fine)** diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): MU CARDIO MY PRATH NO Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CERTIFICAT CORONANT MOTERN
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL achy condit 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 YES 2 NO tient 2 ER/Outpetient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY ---- At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

12 1999 29C, LICENSE NUMBER BE

www

32. BEGISTRAND SIGNATURE. Juna Davidson-Randelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WHICE WISH, WISH

PO HOSE UTTER

132403

CHENALLY MUS

THE CONTRACTOR STREET AND THE PARTY OF THE P

91

3. TIME OF DEATH

0333

2. DATE OF DEATH

1 7

W/J\*

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Rhoda Grace Webster

1 -

/-		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF B		8.		CE (State or Foreign	
(F	} )	218-24-3925	1 🗆 M 2 😾 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day 06/16		9	Country) MARV	LAND	
1	1	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE		7 1 0	9c. COUNT			
2.3	DIRECTOR	DORCHESTER GENER	RAL HOSPI	HOSPITAL CAMBRIDGE								DOR	CHEST	ER	
200	5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION					100	I. INSIDE CITY	
Pages		MARYLAND DOE	RCHESTER			CAM	DDTD	OF					1.5	LIMITS?	
Ē		10e. STREET AND NUMBER	CHESTER			CAM	BRID	ZIP CODE				10g. CITIZE		COUNTRY?	
Sit De	8	417 BOUNDARY AVE	TITE .					2.1	613			,	TT C A		
physician. burial-transit permit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDE			13.	WAS DEC	ENDENT O	F HISPAN	VIC ORIGIN? (Sp	ecify Yes		U.S.A 4. RACE —	American Indian, hits, etc.	
physi		1 Never Married 2 Married	FORCES?					ecify Cuba 2 🙀 NO		n, Puerto Rican	, etc.)		Black, WI Specify:	hita, etc.	
attending physician. se as the burial-tran	BY	3) Widowed 4 Divorced	1					х					WHITE	/CAUC.	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7 th  16a. DECEDENT'S USUAL OCCUPATION (Give lining of working life.)  HOUSEWIFE  HOMEMAKER  16 NOTINE retired.)  18. MOTHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)											STRY			
0 -	9	Elementary/Secondary (0-12)	College (1-4 or 5	ollege (1-4 or 5+)								NEW LIED			
the hospital detached fo	MP	7th	HOUSEWIFE HOMEMA									ER			
	응	17. FATHER'S NAME (First, Middle, Last)	1477.400			18. MOTHER'S NAME (First, Middle, Maid									
od by	H	IRVING JAMES WALLACE FANNIE MAE SHORES  190. INFORMANT'S NAME (Type-Print) 190. MARLING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code)													
5 should notified	2		AHOUMED \								-				
y be rage 5		MRS. ANN PARKS (I								RIDGE,		216.			
ter death. Page 6 may be the funeral director, page wai.		20a. METHOD OF DISPOSITION  1)[ ] Burial 2	noval from State		PLACE OF DISPO										
direc												∃E. M	D		
death. Pag tuneral dii examiner	- 8	CURRAN FUNERAL HOME													
after de ny the fu novai.		follew Pa	ren-10	romu	well		308	HIGH	ST.	, CAMB	RIDG			613	
S = 5		23. PATT Enter the diseases, or shock, or heart fellure.				not enter	the mo	de of dyl	ng, suc	h es cardlec	or respli	ratory arres	st,	Approximete Interval Between	
		IMMEDIATE CAUSE (Finel	111-					1	- 22		,			Onset end Deeth	
		diseese or condition resulting in death)	a. PUPTU	RE	HBD	DMIN	IAL	H	ORT	1C F	100	4248	M	1 HOUR	
			DUE TO	O JOR AS A C	CONSEQUENCE	XF):	-15							1205	
and com b burial,	N	Sequentially list conditions,	DUE TO (OR AS A CONSCIUENCE OF):											723	
	Ā	if any, leading to immediate cause. Enter UNDERLYING	DOE N	0 (011 25 2 0	ONSEGUENCE C	AT ).								ĺ	
phy ne p	윤	CAUSE (Disease or Injury that initiated events	C. DUE TO	O (OR AS A C	CONSEQUENCE O	OF):									
o bt	CERTIFICATION	resulting in death) LAST													
the atten Mental H															
5 0 5	MEDICAL	PART II. Other significant condition	-	o death but	t not resulting	In the u	nderlyin	g cause (	jiven in	Part I. 244	PERFOR		AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO	
a tee t	ă	HYPERTENSI						01		- 19	YES 2	□ NO		MPLETION DF CAUSE DEATH?	
requires een sign of Heal		CORD NARY ART			E, O	r P	NOC	HIS DK	16 11	O PANES			'>	YES 2 NO	
law as the	N N	25. WAS CASE REFERRED TO MEDICAL	UFFKIE	wcy											
ate ate	PHYSICIAN:	EXAMINER?	HOSPITAL:	V		OTHE	R:			neck only one)					
SICIAN: The certificate the State	ΙΥS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inputient 2		tent 3 L DOA	_		NO 5 RO	rsidence	6 Other (Sp		A HIBY OCCI	IDEO		
MG PHYSI Mer this c eath with	4	1 Natural 5 Pending		Day, Year)	IN	JURY M	WC	YES 2	□ NO	200. 02.30111	DE HOW II	100111 0000	neo		
After death		2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE	OF INJURY -	- At home, farm,	street, fac				28f. LOCATIO	N (Street a	and Number o	r Rural Rout	e Number,	
TTEND TOR: / after d	Ш	4 Homicide 8 Could not be	building	g, etc. (Specif)	y)					City or To	wn, State)				
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St item 28 is marked, or it		29a. CERTIFIER A NOVCERTIEVING BUYE							24.2		. Faculties	0.000			
TAL CALL	MP	(Check only one)  1 CERTIFYING PHYS			-			-			-			vi menner es stated	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 important; if	8					ion, in my	opinion, c	,			piaca, air				
THE F	BE	296. SIGNATURE AND TITLE OF CERTIFIE	ER O	M				-	ENSE NU					onth, Day, Year)	
223	PS = 0   Unclosed d. West Fourier D.   D-16609   12/18/									7/					
X	Dr. Moskewicz 503 Byrn Street Cambridge, MD 21613														
()		21 DATE EILED (Month One Voor)							-50	,					
		DEC 20 '9	1 3		TURE UfdSon-Pa	ndell									

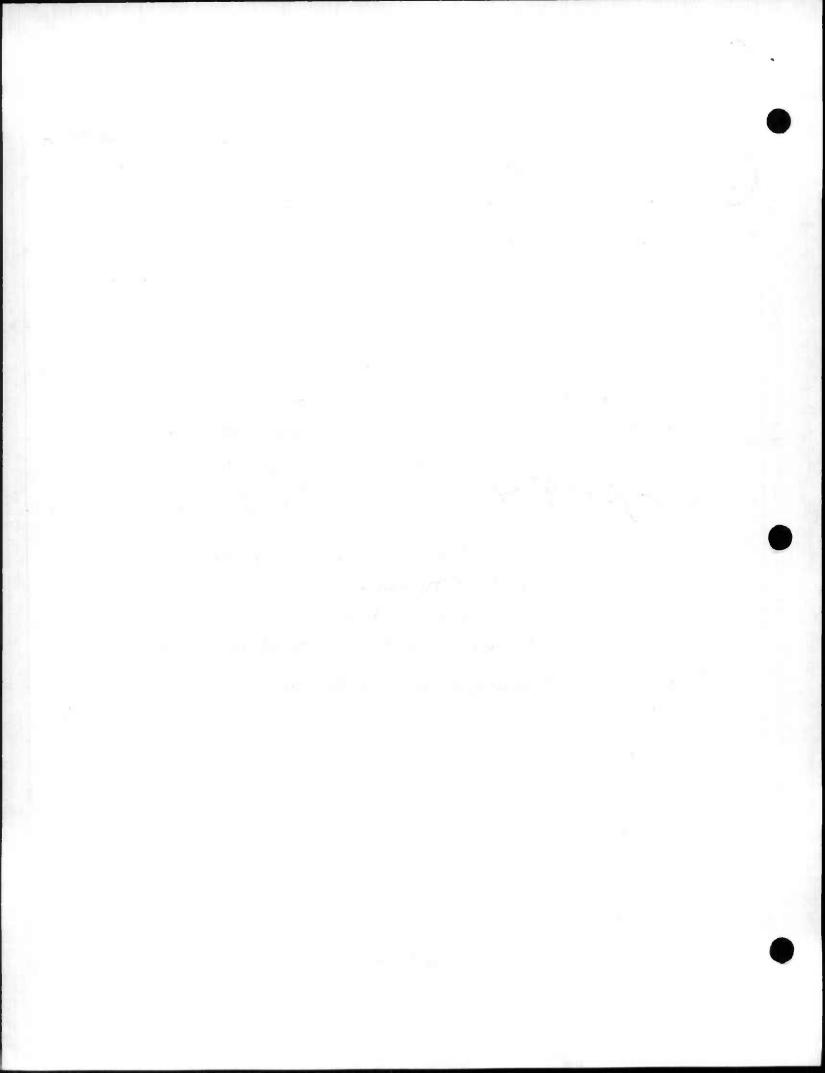
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTO

Or 2	SIT.	3	
tal	1 for		
OSO	chec		
he h	deta		Gue
9	pe		7
peu	pluc		led
retail	She		off
pe	0e 5		
пау	C Da		t p
9	ector		E
Page	dic.		è
₽.	Dera		E
dea	e fu	-	exa
after	t t	DOVE	Ea
Sin	d iii	ren	edi
1 10	Pell	0,0	E
in 2	al Ai	ation	=
with	plete	Степ	ent
ted	E03	ial,	5
хесп	and	pri	atic
pe e	an	07 10	aur
afe	<b>JySic</b>	pui.	7
rtific	d Bu	jiene	oth o
90 H	igu	¥	10
deat	atte	ental	ž
the	the	Me	Inic
that	d G	an	À
Sel	gne	ealth	50
edui	en s	of H	how
W.	e pe	pr.	3 8
he	è hae	e De	E 2
Z	icate	Stat	ie.
ICIA	ertif	the	6
HYS	his c	E E	Ked
1G P	ler ti	ath v	nar
Š	. Aff	r de	50
H	100	afte	28
JR A	IRE	OUrs	E
AL C	400	ž Z	=
SPIT	VER	nin 7	=
유	Ē	WIT	M
뿔	분	filed	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
2	2	ě	Σ
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or at TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usy	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or at TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usube filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

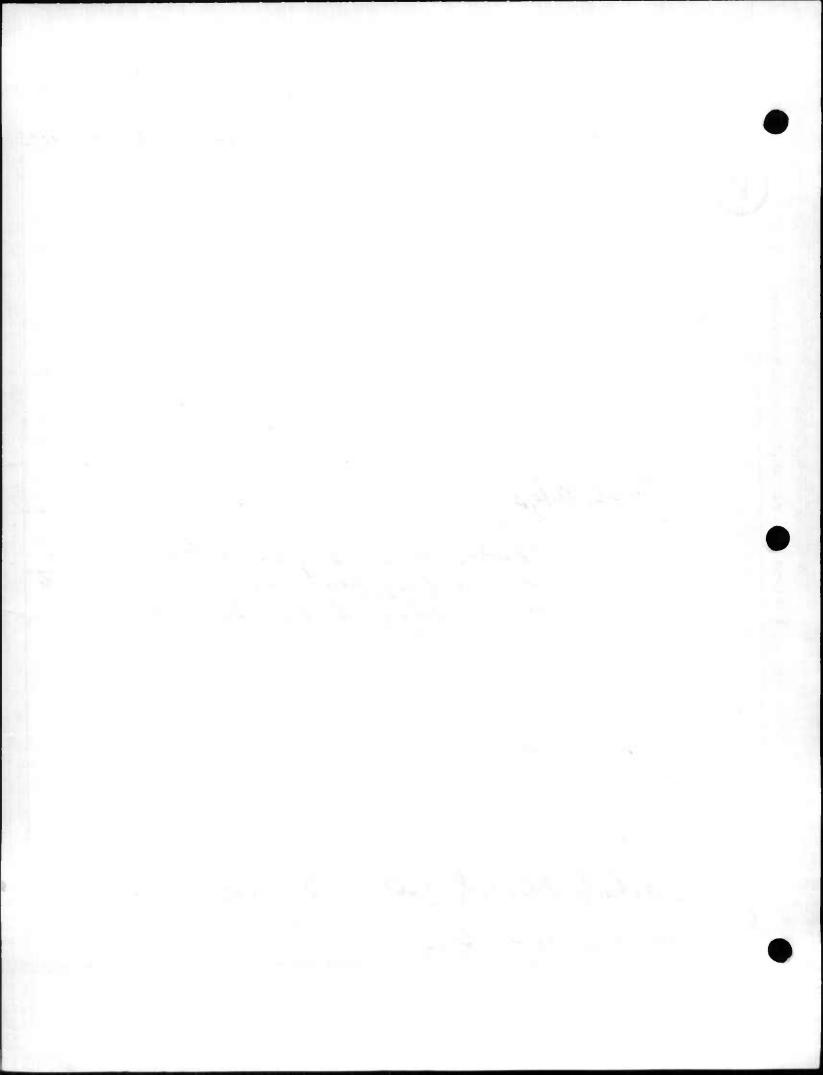
1 - FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TMEN'	T OF	HEALTH F DEA	AND	MENTA			,	00201
1. DECEDENT'S NAME (First	t, Middle, Last)					IOAT		DLA		2. DATE	REG. NO			3. TIME OF DEATH
	Ма	ry M. We	iss							MONT			YEAR	340 44
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	(in yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDE	9 24 HRS.	7. DATE	OF BIRTH	391	a. BIRTI	IPLACE (State or Foreign
216-18-6403		1 M 2 X F	6	68 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year) June 9,19						323	Countr	γ)		
90. FACILITY NAME (If not in		treel and number)				9b. CITY	, TOW	OR LOCATI	ON OF DI		10 5,1.		NTY OF D	yland FATH
Carro	11 Cou	mty Gen.	Hos	nita	1	Mo	c+n	ninste	. 20			S 141		
RESIDENCE OF DEC	10b, COUNTY			P = C0					-1				Carro	)11
					10c. CITY	Y, TOWN (	OR LOC	CATION						10d. INSIDE CITY LIMITS?
Md.		timore				Uppe								1 TYES 2 NO
								10f. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
14711 Han	over P	1Ke 12. WAS DECEDEN	T EVED I	1110 474				211					J.S.A	
1 Never Merried 2 🔯	Merried	FORCES? 1	YES	2 1		_ I _ '	If yes,	specify Cube	m, Mexice	n, Puerto	N? (Specify Yee Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: White														
15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 160. KIND OF BLISINESS (AUTHORS)													WILLCE	
(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.]  [Give kind of work done during most of working life. Do NOT use retired.]														
11				Но	usew	ife						Home	make	r
17. FATHER'S NAME (First, M								18, MOTI	HER'S NA	ME (First,	Middle, Maiden			
Orville R.											Addlem			
19a. INFORMANT'S NAME (1											ber, City or Town			
J. Warren									ke,	Uppe	rco, M	id. 2	1155	
20e. METHOD OF DISPOSITI	ion in 3 🗆 Remo	oval from State		PLACE AN			ITION /	Neme of		DAT	E 20c. LO	CATION —	City or To	wn, State
41 Donetion 5 ☐ Other  21. SIGNATURE OF FUNERAL						Mem	Ga	rdens	12/	21/9	1 Fi	nksb	ura.	-Md
11 1	/>/	/ - 1				22.1		khard			1 Chap		, ,	21117
H.f.	Ceff	eard												as Mills.Md
23. PART i. Emer the di	seasea, or c	omplications that List only one ceu	ceused	the dee	th. Do n	ot enter	the m	ode of dyl	ng, such	h aa card	llec or reepir	atory ar	rest,	Approximate
IMMEDIATE CAUSE (Fin	al								110					Intervel Between Oneet end Death
diseese or condition resulting in death)	<b>→</b> .	Acuto	2 4	eff	In	ton	CP	nehi	al	He	0.00 0.00 A.D.O.	who.		
										1,		1 100	4	
Sequentially list conditi	one.	Cereb	wa	E	der	na				_				
if any, leeding to immed cause. Enter UNDERLY														
CAUSE (Disease or inju	ry s	Selze	OR AS A	CONSECU	7 OV	STE	~							
reaulting in deeth) LAS		Non	(1)	here	LACE OF	,. <b>A</b> 1 .	1	اسيوا	~	T	. 0	. 1.	a a	
	-						-						,	
PART II. Other significan	nt conditione	contributing to	deeth bu					ng ceuse g	iven in I	Part I.	24a. WAS AN / PERFORI	WTOPSY	246.	WERE AUTOPSY FINDINGS
Lulmone	me	Edem	2,1	May	igni	int	- 1	LARV	ten:	2021	1 YES 2	N'NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
sepsis,														1 TYES 2 NO
										_				7
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:						PLACE OF DE	ATH (Che	ck only on	9)			
1 TES 2 NO		1 Inpatient 2		rtlent 3		OTHER 4   Nurs		me 5 🗆 Re	sidence i	a 🗆 Other	(Specify)			
27. MANNER OF DEATH	Pending	28a. DATE OF (Month, Da			28b. TIME INJU			JURY AT ORK?		28d, DE9	CRIBE HOW IN	JURY OCC	CURIED	
3 Accident	nveetigation					м		YES 2	NO					
	Could not be	28s. PLACE Of building, o	NO. (Specif	At home	e, farm, at	rust, tuck	ку, от	ce		28f. LOCA City of	KTION (Street or or Town, State)	nt Number	or Plunel Po	ute Number
	1	1	4	11	/	/								
(Check only	FYJMO PHÝSIC	To the beginn												
2   MEDIA		On the basis of ex	Million	and/oy inv	etlon	, In my op	olnion,	death occur	d at the t	time, date	end plecs, and	dua to th	e ceuse(s)	end manner ee stated.
28b. SIGNATURE AND TULE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)														
	10. NAME AND ADDRESS OF PEASON WHO COMPLETED SAUSE OF DEATH OTTOW 277 Non. Print													
A NAME AND ADDRESS OF	PERSON WHO	COMPLETED OUS	OF DEA	тн отом:	277 Mara 1	Pring		,						
Mexqually	17020	lashe	)KLL	20	191	48	4	hert	L Re	1 6	Elder	hu	. 1	V) 21784
31. OATE FILED (Month, Day, Y	ear)	32. REGISTRAF	'S SIGNA	TURE)					1		417777		11	-



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	M.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by the hospital or attending physician.	ie
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be detached for use as the burial-transit permit	Pages
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	at once.	n.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

27	1 - REGISTRAR		CERTIF	ICATE O	FDEAT	TH	REG. NO.	_		
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF OEATH	
	Mary C.	Wilso	on				MONTH DA	15 9	1 41/6PM	
		s. SEX 8. AGE (In	n yrs. last birthday)		-		7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign	
		□ M 2 x F 76	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 6-22-191		Country) Md	
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATIO			9c. COUNTY		
DIRECTOR	Washington Count	ty Hospita	11	Hage	ersto	wn		Wash	ington	
디	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		100.00							
H		naton	-	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	Md Washington			Hagerstown 100f. ZIP CODE					1 ₩ YES 2 NO	
RA	11 West Baltimor	so Ct Ant	4017				1		OF WHAT COUNTRY?	
FUNERAL		2. WAS DECEDENT EVER IN I	IIS ADMED	IEO 13 MAS DECEMBENT OF HISBAN			O OBJOING POROSE Van	USA	Land to the second	
BY FL	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			IED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify or specify Cuban, Maxican, Puarto Rican, atc. 1 ☐ YES 2 ☑ NO Specify:				Yes or No— 14. RACE — American Indian, Black, Whita, atc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ION .	16a. DECEOENT'S	S USUAL OCCUPAT	TION		16b. KIND OF BUS	INESS/INDUST	RY	
E		College (1-4 or 5+)	life. Do NOT u	ind of work done during most of working NOT use retired.)			Home			
MP	8	0	Homen	naker						
8	17. FATNER'S NAME (First, Middle, Last)			-11112	18. MOTN	ER'S NAM	IE (First, Middle, Maiden \$	Sumame)		
BE	Eilbeck Mose	2S			Ch	arlo	otte C.	Fazo	enhaker	
2	Mr. Leslie Wilso	on	10914	Clint	t and Number of	or Rural Ro	oute Number, City or Town Hagerstov	n. State. Zip Cod	de)	
	20a, METHOD OF OISPOSITION t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	from Stata 206.P	PLACE AND DATE	OF DISPOSITION (	Name of			CATION - City	or Town State	
	21, SIGNATURE OF FUNERAL SERVICE LICENS	FF.		22. NAME	AND ADDRESS	S OF FACE	enzie Fu	·noro	1 Home	
	> Jans E. Mek	20		Lone	coni	no.N	d. 21539	mera.	L Home	
	23. PAST I. Enter the diseases, or com	plications that caused f	the death. Do	not enter the m	oda of dyir	nd auch	as cardiac or reapi	oforv arrest.	Approximate	
	ahock, or heart feilure. List iMMEDIATE CAUSE (Finei disease or condition resulting in death)	any one cause on aac	ch lina.	lun	of poly	0	mer X	atory English	Interval Between Onset and Death	
		DUE TO (OR AS A CONSCOUENCE OF):								
O	Sequentially list conditions, Due to ion as a consequence of									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									
SE	CAUSE (Disease or Injury that Initiated eventa	DUE TO (OR AS A C	CONSEQUENCE OF	1/1	ウト	ven	Thepas	yke	led	
E	resulting In death) LAST									
DICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO									
i i	1 ☐ YES 2 ☐ NO COMPLETION OF CAUSE OF DEATH?								COMPLETION OF CAUSE	
×							_		1 TYES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL									
S	EXAMINER?	OSPITAL:	-101	OTHER:	PLACE OF DEA		41 = 1			
14S	1 YES 2 NO 1 E	Inpetiant 2 ER/Outpeti		4 - Nursing Ho			Other (Specify)			
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b, TIM INJ	JURY W	IJURY AT		28d. OEŞCRIBE NOW IN	JURY OCCURE	ED .	
B	2 Accident Investigation			M 1 YES 2 NO						
4 Homicide datermined						281. LOCATION (Street an City or Town, State)	id Number or Ri	ural Route Number,		
P	29s. CERTIFIER (Check only  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
ŏ.	one) 2 MEDICAL EXAMINER: On the basis of axamination and of Trivestigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
ш	296. LICENSE NUMBER						29d. DATE SIGNED (Worth, Disk. War)			
0	Martin W Steller IN			0 030			880 1Z		115/91	
	OR. HAME AND ADDRESS OF PERSON WHO CO	1 /			1 7				7.71	
	Martin V. Gallagher 324 East Antietam St., Hagerstown, Md.									
	DEC 1 7 1991 Some Standard									



ĕ notified must be examiner medicai the event. Wher this certificate has been signed by the attending physician and com-leath with the State Dept. of Health and Memal Hygiene prior to burial, of marked, or item 23 shows any injury, or other traumatic ev

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

After t

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat IMPORTANT: It item 28 is m

DIRECT

FUNERAL

BY

ETED

COMPL

BE

2

Pages

permit.

36253 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF OEATH YEAR ELVA ANNE WOLFORD DECEMBER 18 1991 7:45 A M 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign 215 58 6490 1 M 2 XF DAYS HOURS 78 YRS 06-28-1913 W 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Allegany Cumberland 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21502 224 Potomac Street USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Divorced FORCES? 1 YES 2 NO 1 TES 2 NO Specify. Specify white 16a. DECEDENT'S USUAL OCCUPATION
(Qive kind of work done during most of working 15. OECEDENT'S EDUCATION (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+)

homemaker home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 19a. INFORMANT'S NAME (Type/Print) Carrie Paines

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Cordon Wolford

20e. METHOD OF DISPOSITION

1 A Burlel 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) Potomac Street Cumberland MD 21502 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Davis Memorial Cometery 1 12 - 20Cumberland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Scarpelli Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition

Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

resulting in death) LAST

resulting in death)

DUE TO JOR AS A CONSCOURNCE OF DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF)

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

2 month

25. WAS CASE REFERRED TO MEDICAL 1 TES 2 NO

27. MANNER OF DEATH

1 Naturel

2 Accident

4 Homicide

3 Suicide

HOSPITAL:
1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one) OTHER: 5 ☐ Residence 8 ☐ Other (Specify) 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED

28b. TIME OF WORK? м 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 💭 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 296. SIGNATURE AND TATLE OF CERTIFIER

IND

2 32

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 9-9 12-1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

DR. GEORGE BREZA, BMG, M.D., 912 SETON DRIVE, CUMBERLAND, MD 21502

DEC 2 0 1991

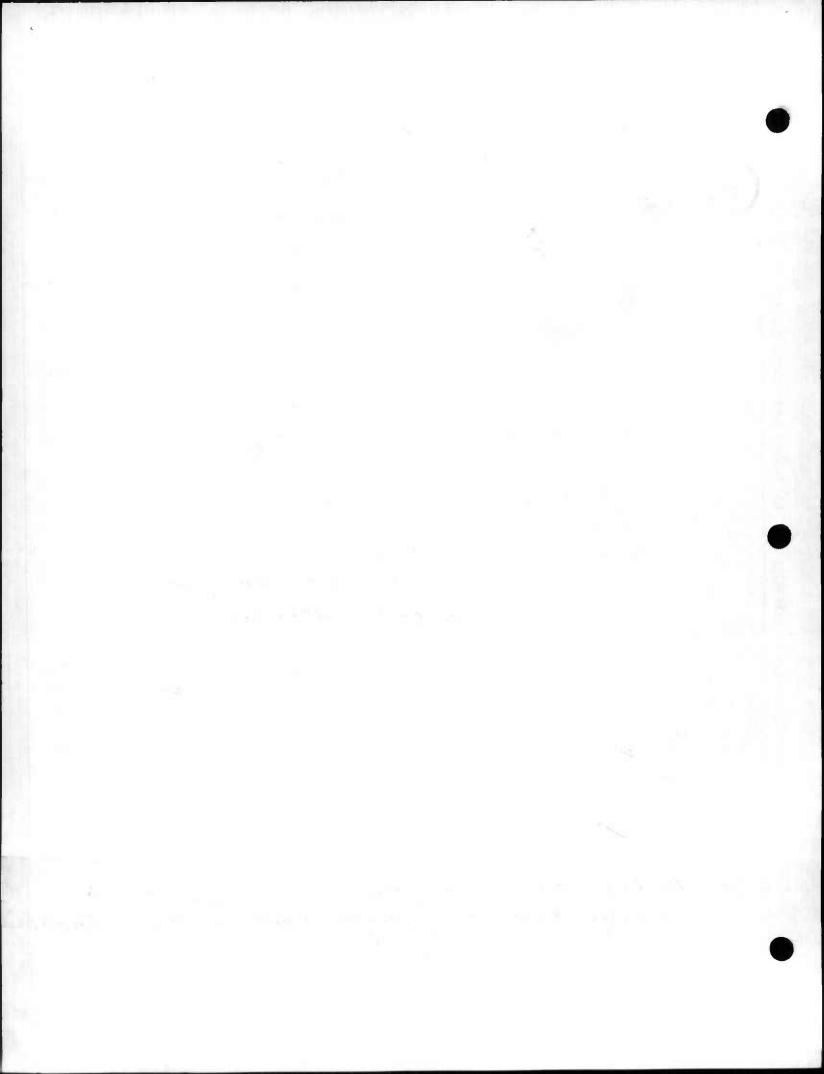
5 Pending investigation

8 Could not be datermined

32. REGISTRAR'S SIGNATURE hia Savidson Rondiese



	1. DECEDENT'S NAME (First, Middle, Las			FICATE OF		REG.	1	3.	TIME OF DEATH			
	BEATRI	CE Mae	YA	TES		MgHZH	20	91 7	7:45 E			
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea			CE (State or Foreig			
1	215-12-6098  9a. FACILITY NAME (If not institution, give	1 M 2 F	67 YRS.		150000 115	12-27-2	3	Maryland				
ŧ	Laurelwood Nurs			Elkto	OR LOCATION OF	DEATH		TY OF DEATH Cil	4			
5	RESIDENCE OF DECEDENT  100. STATE  10b. COUN		10c. C	TY, TOWN OR LOCA								
DIR	Maryland Cec	il		rt Depos					LIMITS?			
AL	10e, STREET AND NUMBER				of, ZIP CODE		10g. CITIZ	ZEN OF WHAT	YES 2 X NO			
FUNERAL	9 Jonathan Wir	ter Circle			21904		U	SA				
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 X NO	If yes, s	CENDENT OF HISP. pecify Cuben, Mexic S 2 NO Spec	ANIC ORIGIN? (Specify can, Puerto Rican, etc. dity:	Yee or No-	14. RACE — A Black, Wh Specify:				
9	15. DECEDENT'S ED	UCATION	18a. DECEDENT	S USUAL OCCUPATI	ON	16h KIND OF	BIISINESS/IND	HÉTEV	white			
ET	(Specify only highest gra	College (1-4 or 5+)	(Give kind of life. Do NOT	work done during m use retired.)	ost of working	16b. KIND OF BUSINESS/INDUSTRY						
COMPL	12	n/a	home	naker		home						
	17. FATHER'S NAME (First, Middle, Last)	3				AME (First, Middle, Mai						
BE	Lloyd Britting  190. INFORMANT'S NAME (Type/Print)	nam	40. 444.0	Helen Mumford								
2	Clyde W. Yates		1	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	20e. METHOD OF DISPOSITION	9 Jonathan Winter Circle Port Deposit  20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Tor										
	1 Burtal 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	cometery crometony or	Baptis	t Cemete	TV24 01 C	onowing	TO Ma	bac lam			
	21. SIGNATURE OF FUNERAL SERVICES	POTISEE /	//	22. NAME A	ND ADDRESS OF F	ACILITY Crouch	Funor	al Hom	ir yranu			
	· Olobay /	· hore	9	127 S	. Main S	T. North	Fast. 1	arvla Marvla	ind 21!			
	23. PART I. Enter the diseases, Di	complications that cause. List only one cause on	sad the death. Do	not anter tha mo	oda of dying, su	ch aa cardiac or re	apiratory arre	est,	Approximate			
	IMMEDIATE CAUSE (Final	. List billy blie ceuse br						1	Onaat and D			
	diseese or condition reaulting in death)	8. SEPS/S										
		DUE TO (OR AS A CONSEQUENCE OF):  END STAGE BUTNET FAILURIS										
2	Sequentially list conditions,	tions,  DUE TO (OR AS A CONSEQUENCE OF):										
CALION												
RTE	that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	F):								
EH CEH		d										
4	PART ii. Other significant condition	ons contributing to death	but not reaulting	in tha undariyin	g ceuse given ir	Part i. 24a. WAS	AN AUTOPSY		E AUTOPSY FINDI			
DIC						1 - 1 - 1	ORMED?	COM	LABLE PRIOR TO IPLETION OF CAUS DEATH?			
ME						_			YES 2 NO			
A N	25. WAS CASE REFERRED TO MEDICAL	T										
SICI	EXAMINER?	HOSPITAL:	utantiant & 🗆 BOA	28. PI ОТН <b>Б-</b> П:	ACE OF DEATH (C	8 Other (Specify)						
РНУ	27. MANNER OF DEATH	28e. DATE OF INJUR	Y 28b, TIN	E OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HO	A IN III DA OCCI	IBEO				
> II	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	) IN.	URY WO	PRK? YES 2 NO	I South BESONNEE HO	T MOONT OCC	JNED				
2	3 Suicide s Could not be	28e. PLACE OF INJUI building, etc. (S)	RY — At home, ferm,	street, fectory, offic	•	28f. LOCATION (Sine	et end Number o	r Rural Route I	Number,			
	4 Homicide determined	1/2221/26	"			City or Town, Ste	re)					
COMPLET	29e. CERTIFIER (Check only one)	SICIAN: To the best of my kno	owledge, death occurr	ed at the time, date	end place, and du	to the cause(s) end r	nenner ne state	d,				
5	2 MEDICAL EXAMIN	ER: On the baels of exeminat	tion and/or investigation	on, in my opinion, d	eath occured at the	time, date end place,	and due to the	ceuse(e) and	manner ee atate			
BE	29b. SIGNATURE AND TITLE DF CERTIFIE	R	0.	400	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Mont	th, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON W	W COUNTY STEP ON THE OF THE		110 -/			19	1-23-	91			
	AND KEN N	OWAKINSK	4 M	Print) 1D //25	N. ME	TN ST.	1802	MR,	non 21			
	31. DATE FILED (Month, Day, Year) DFC 2 4 3 1	32. REGISTRAR'S SIG	m-Randall									
100		Total Transfer of the same for	. /1.6									



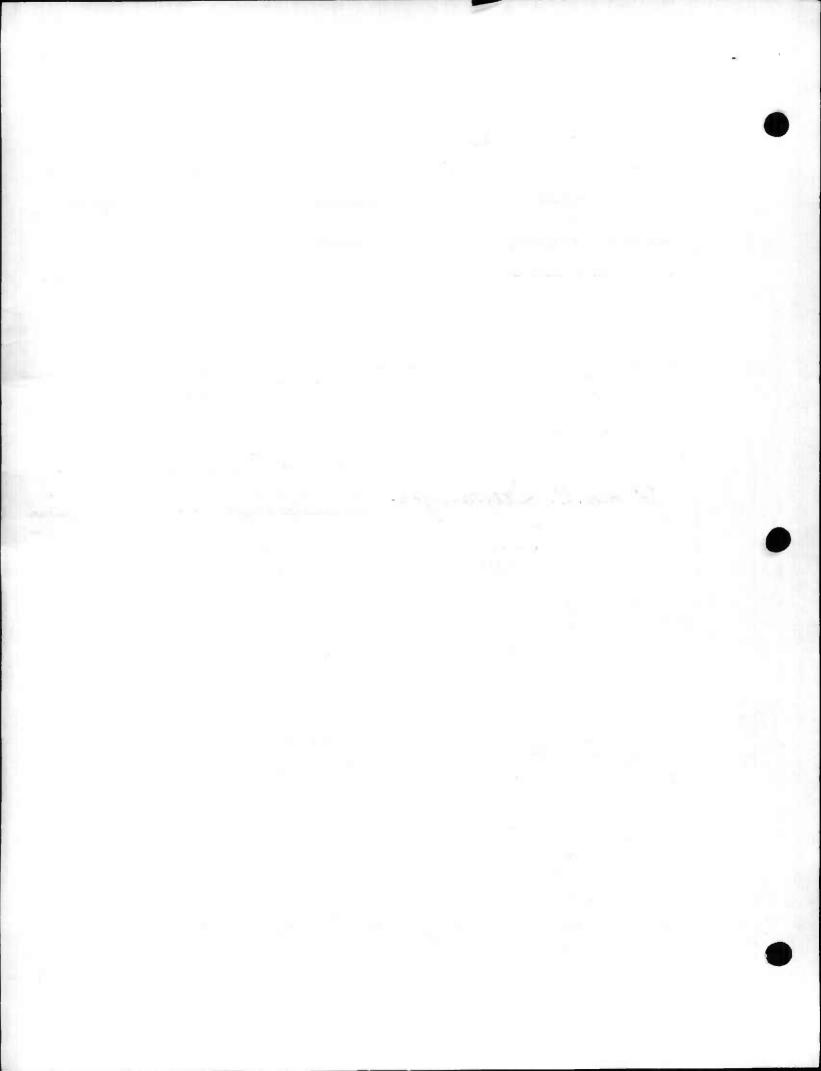
ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the mand Mental Hygiene prior to burial, cremation, or removal. mer any injury, or other traumatic event, the medical examiner must be notified at once. that the death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN:
TO THE FUNERAL DIRECTOR: After this certifical
be filed within 72 hours after death with the Sim
IMPORTANT: If Item 28 is marked, or Item 9.

1	2	5
_1		FOR STATE REGIS
	1. D	ECEDEN'

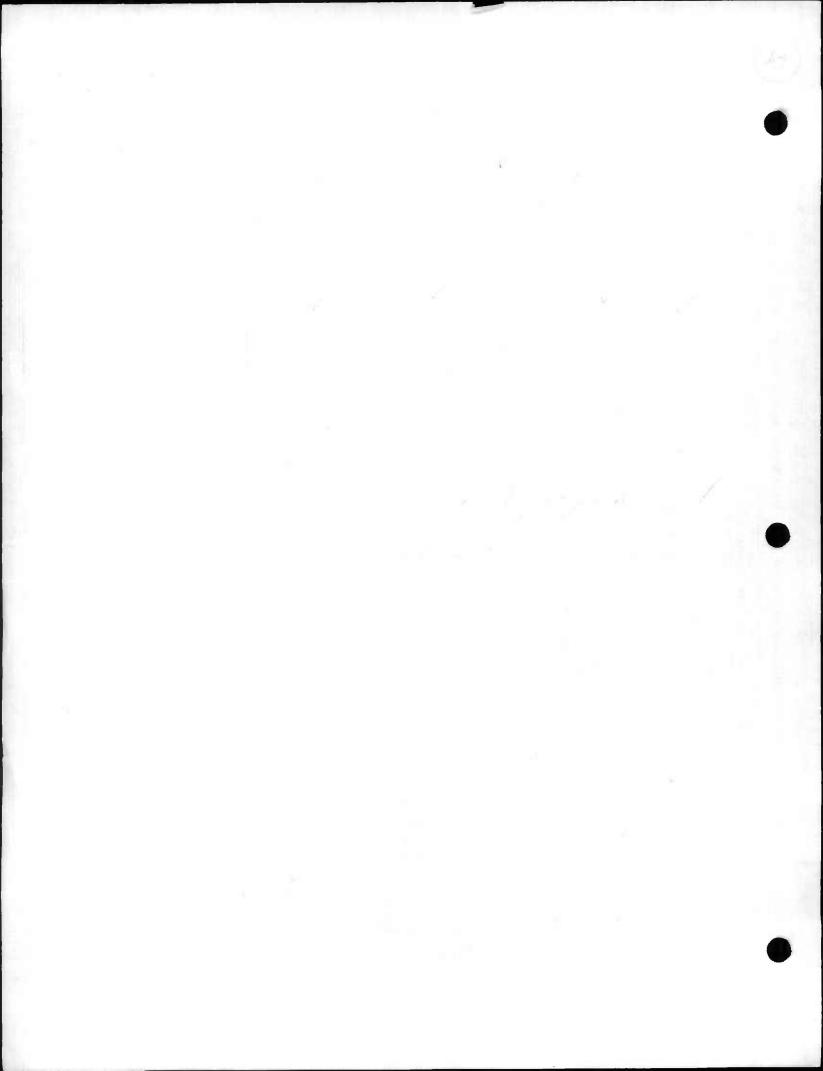
	1 - REGISTRAR		CE	RTIF	ICATE O	F DEA	TH	MENIAL	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)					- DEA		2. DATE O			1 .	. TIME OF DEATH
	Lenni.	iddress						MONTH	DA		YEAR	250 0
	4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 MDC	7. DATE OF	aleman aleman		4 DISTURN	ACE (State or Foreign
	161 10 0829	1 🛛 M 2 🗆 F	77	YRS.	MONTHS DAYS		MIN.	May	Day Moort	1/	Country)	
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOW	10010047	011 05 01	Hay	0, 19			sylvania
œ	Suburban Hospita						ON OF DE	EATN		9c. COUN	TY OF DEA	
유	Suburban Hospital Bethesda Montg											gomery
DIRECTOR	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LO	ATION		100				Dd. INSIDE CITY	
	Maryland Montg			Bethe	sda			LIMITS? YES 2 NO				
AL	10e. STREET AND NUMBER				IOI. ZIP CODI	E	10g. CITIZEN OF WH					
FUNERAL	7420 Westlake Te				208	34					ed States	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARA	/ED	13. WAS D	ECENDENT C	F NISPAN					- American Indian.
BY	1 Never Married 2 Nerried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	0	If yes,	specify Cubs	n, Maxica Specify	in, Puerto Ric	en, etc.)		Black, V Specify:	White
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DEC	EDENT'S	USUAL OCCUPA	TION		16b. K	IND OF BUS	INESS/IND	JSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	vork done during se retired.)	nost of worker	g					
MP	12 years		Rea	al E	state			Re	altor			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		-			18. MOTI	IER'S NA	ME (First, Mid	dle, Malden S	Surname)		
BE	Louis Address						Far	nnie S	Swartz	Z		
0	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Stree							
- 1	Marvin A. Addres		62	216	Western	Aven						nd 20815
	20s, METNOD OF DISPOSITION 1 (A Burlel 2   Crematton 3   Remo	val from State	20b. PLACE AI	ND DATE O	OF DISPOSITION	Vame of	De	c. 029	20c. LOC	ATION — C	ity or Town	, State
	4 Donation 6 Other (Specify) King David Memorial Garden 1991 Falls Church											ch. Va.
	21. SIGNATURE OF FUNERAL SERVICE LICE	_			22. NAME	AND ADDRES	SS OF FAI	CILITY				Æ, Inc.
	Donald C.	Xtota	thony	er	232	CARRO	I.I. S	TREET	M D	ALT ALT	L HUI	GTON, D.C.
	23. PART I. Enter the diseases, or co	emplications that c	aused the daa	th. Do n	ot entar tha n	ode of dyl	ng, sucl	h aa cardia	c or respir	atory arre	st,	Approximata
	IMMEDIATE CAUSE (Final	ist only one cause	on aach lina.									Interval Satween Onset and Death
- 1	disease or condition resulting in death)  a. Septic Shock											
	DUE TO (OR AS A CONSEQUENCE OF):											- 1111
Z	Sequentially list conditions, a Peritonitis											
Ĕ	if any, laading to immediate	DUE TO (OI	R AS A CONSECU	JENCE OF	):							
2	CAUSE (Disease or Injury	Vial	ele	M	ellele	10						
Ē	that initiated events resulting in death) LAST	1000	R AS A CONSEOL	JENCE OF	):							
CERTIFICATION	d.	- Vasc	ula		1 Sea	26						
اير	PART II. Other significant conditions	contributing to de	eath but not re	sulting i	n tha undarlyi	ng cause g	ivan in	Part I. 24	In. WAS AN A	UTOPSY	24b, W	RE AUTOPSY FINDINGS
DICAL									PERFORM			AILABLE PRIOR TO DMPLETION OF CAUSE
Ę.								'	YES 2	ZINO		DEATN?
-								-			"	YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	LACE OF DE	ATH (Che	eck only one)				
Sign		HOSPITAL:	R/Outpatient 3	DOA	OTHER: 4 Nursing Ho				(necthy)			
£	27. MANNER OF DEATH	26a. DATE OF IN. (Month, Day,		28b. TIME	OF 28c. II	JURY AT		26d. DESCR		JURY OCCL	IRED	
B	1 Natural 5 Pending investigation	(Month, Buy,	(00/)	INJI	1	ORK? YES 2	NO					
	3 Suicide 6 Could not be	26s, PLACE OF III	NJURY - At hom	e, farm, s	treet, tectory, off	ca		281, LOCATIO	ON (Street an	d Number o	r Rural Rout	e Number,
H L	4 Homicide determined City or Town, State)											
2 1	29a. CERTIFIER CERTIFYING PHYSICI	AN: To the best of my	knowledge, deat	h occurre	d at the time, da	e and place.	and due	to the course	a) and mann	of an elelar		
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of exam	nination and/or im	veatigation	n, In my opinion,	death occure	d at the t	time, data and	d place, and	dua to the	cause(s) an	d manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICE						onth, Day, Year)
BE	(Shell-	80	A	II.A		D		-		DATE SAIL	2/7	7/9/
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	V		0		1	700	7/1/
	P. Schreiner (M) 31. DATE FILED (Month, Day, Year)	Sutte 602	SOW F	Mon	Islan D	R	ock	ville	1, 1	id	20 ;	352
	JAN 0 2 1992	Grelia Das	ydson-Rar	dell								



BALTIMORE, MARYLAND 21215-0020 nous after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should			2, 3 should
× at	BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: it Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--

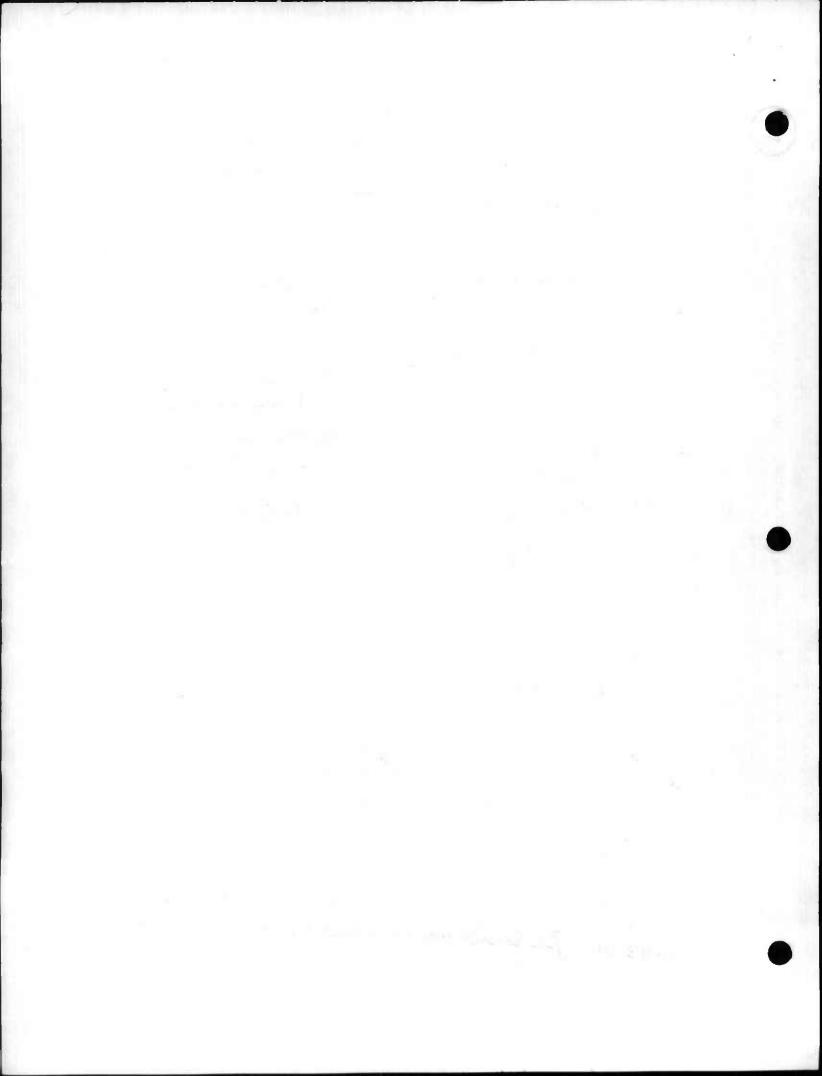
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT	OF H	IEALTH AND DEATH	MENT	AL HYGIE REG. N		3 (	5256	
	1. DECEDENT'S NAME (First, Middle, Last)		RIE BOCK				MON	E OF DEATH		EAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-40-5307	1 - M 2 XE	(In yrs. lest birthday) 90 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.	JUL	E OF BIRTH	I a		IND.	
тов	98. FACILITY NAME (If not Institution, give HOWARD CO. GEN RESIDENCE OF DECEMENT		С	9b. CITY,		UMBIA	DEATH		111	HOWARD		
DIRECTOR	MD •	HOWARD	10c. CIT	10c. CITY, TOWH OR LOCATION  COLUMBIA						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 XNO		
FUNERAL	100. STREET AND NUMBER 6334 CEDAR LA					ZIP CODE 210			U	S.	A .	
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	1	f yea, spi	ENDENT OF HISP city Cuban, Mexi 2 V NO Spe	ican, Puerto	IN? (Specify Your Rican, atc.)	ea or No — 14	RACE - Black, Specify:	- American Indian, White, etc. WHITE	
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12 4  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  TEACHER AND PRINCIPAL  16b. KIND OF BUSINESS/INDUS BALTIMORE TEACHER AND PRINCIPAL  SCHOOL										TY	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest)  CLARENCE BOCK		-			18. MOTHER'S I	NAME (First,	20	n Sumame)			
TO B	190. INFORMANT'S NAME (Type/Print) MARGARET BOCK(	OVER	19b. MAILING 3335	ADDRESS		nd Number or Rura					21042 CITY.MD	
	20e. METHOD OF DISPOSITION  NO Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	noval from State Ce	Db. PLACE AND DATE OF THE CONTRACT OF THE CONT	E PA	RK	CEM.	1/3	WC		N,M	D.21207	
1	+ E dison 1	m. Cal	Sanie	HE	NRY	W. JI	ENKI	NS AN	D SON	s.,	D 21212 BALTO.MD.	
	23. PART I. Enter the diseases, a complications that caused the death. D not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CI	PART II. Other algoriticant condition	a contributing to death i	but not reaulting i	n the und	derlying	cause given i	n Part i.	24a. WAS AI PERFO 1 YES	RMED?	A C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER	0	ACE OF DEATH (C						
ву рнуз	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJU WOR	FRY AT RES 2 NO	Y		INJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	street, tecto	rty, office	281. LOG City	CATION (Street or Town, State	est and Number or Rural Route Number, alte)					
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	seller MD				29c. LICENSE NO	MBER	3	29d. DATE SI		onth, (Pay, Year)	
	30. NAME AND ADDRESS OF PERSON WH  572 VE A  31. DATE FILED (Month, Day, Year)	reller	m.D. 9	Print)	0	ld Ann	apol	is Rd	Ellio	4 C	14, 21042	
	JAN 0 2 1992 &	32. REGISTRAR'S SIGN										



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

_	REGISTRAR		CERTIFIC	CATE OF DE	ATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Lest)	. Austin				2. DATE OF DEATH DO DEC 2.9	AV 1991 YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 21832 9437	1 - M 2 X F		F UNDER 1 YEAR IF L DNTHS DAYS HOL		7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try)				
STOR	9a. FACILITY NAME (If not institution, give so  RESIDENCE OF DECEDENT	Ramwell		LOWS C		BALT	MORE					
DIRE	10a. STATE 10b. COUNTY			TOWN OR LOCATION	s			10d, INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL DIRECTOR	100. STREET AND NUMBER 1402 LEOAR	LROFT R	OAC	101. ZIP	CODE 1839		10g. CITIZEN OF	WHAT COUNTRY?				
ВХ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ND	IED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.)  1 ☐ YES 2 € NO Specify:  1. ARCE Black, Specify:								
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of world	EDENT'S USUAL OCCUPATION I kind of work done during most of working  AT Hors								
BE CON	17. FATHER'S NAME (First, Middle, Last)	ARAMUC	A.	18. MOTHER'S NAME (First, Middle, Malden Surname)								
TO B	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Nu	mber or Rural Roo	ute Number, City or Town	n, State, Zip Code)	104				
	20a. METHOD OF DISPOSITION	OROS		ins As	ABOV							
	1. Burlei 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	PLACE AND DATE OF E stary, crematory or other	placeto	PARK	12-31 P	ARKVILLE	own, Stata				
	21. SIGNATURE OF FUNERAL SHIVICE LIC	ENSEE		22. NAME AND AD EVANS	DRESS OF FACIL	TOF MER	rories	15.116				
	23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused List only one cause on as a function of the cause on as a DUE TO (DR AS A	ch iina,					Approximata interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE DF):											
EDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Aements											
PHYSICIAN: MED						_ 1 □ YES ₹	AT NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND				
CIA	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			F DEATH (Check	only one)						
IXSI	1 VES 25 NO	1 Inpatient 2 ER/Outpe	tlant 3 DOA 45	THER:	T .							
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b, TIME O	F 28c. INJURY A WORK?  M 1 YES		8d. DEŞCRIBE HOW IN	JURY OCCURED					
	3 Suicide 8 Could not be determined	28s. PLACE DF INJURY building, etc. (Specific	At home, farm, stree	et, tactory, offica	2	81. LOCATION (Street a City or Town, State)	nd Number or Rural I	Route Number,				
3 Suicide 4 Homicide 4 Homicide 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  ON MEDICAL EXAMINER: Dn the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and us to the cause(a) and us to the cause(a) and us to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(b) and due to the cause(c) and due to th												
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Mency (	Kanalu	Mer M.	29c.	LICENSE NUMBE	522.	29d. DATE SIGNED	(Month, Day, Year)				
ř	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	3604		^	10 -Pa	akiewe				
		32 DEGISTRANS AM		3001	11-11/1	1100	HO - 141	111111111111111111111111111111111111111				

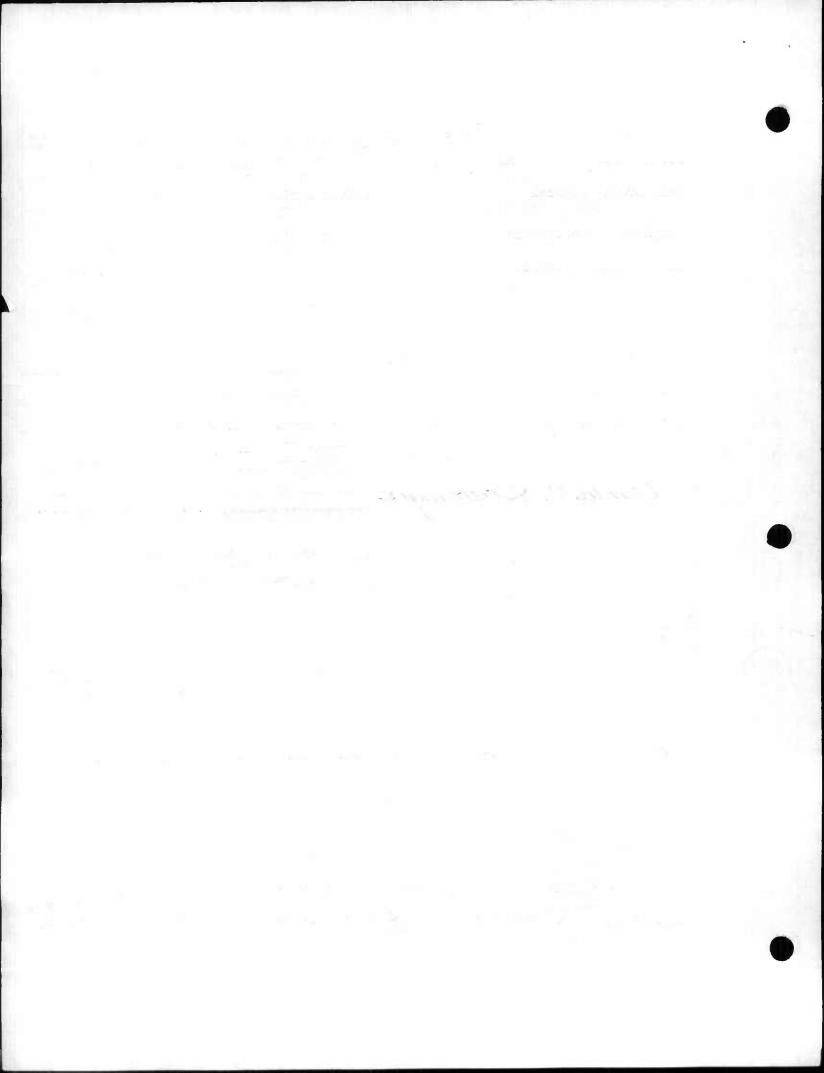


BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of the model of the hospital of ATTENDING PHYSICIAN: The law received within 24 hours after death. Page 6 may be retained by the hospital of the FUNERAL DIRECTOR: After this certificate has some companient of the model of the funeral director, page 5 should be detached be fined within 72 hours after death with the State Deat of Health Information of the model
--

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-	REGISTRAR		CER	TIFIC	ATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	SARA B.	BAREZO	FSKY			2. DATE MONT	OF DEATH	8 . 6	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 579 16 2513	1 □ M 2X2X F	88 y		HTHS DAY		7. DATE (Mont	of BIRTH	1903	8. BIRTH Country Rus	PLACE (State or Foreign	
DIRECTOR	9a. FACILITY NAME (If not institution, give s Holy Cross Hospit	treet and number)		91		or Location of the Spring	DEATH		9c. COUN		EATH	
គ្ន	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INCIDENCE CITY.											
	100,000	gomery	10	Silver Spring			3			10d. INSIDE CITY LIMITS? 1/2 YES 2 NO		
FUNERAL	11030 Burnley Ter	rrace				20902					States	
B⊀	11. MARITAL STATUS  1 Never Married 2XX Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	RIN U.S. ARMED ES 2 MO IR DATES 13. WAS DECEMBENT OF HISP II yes, specific Guban, Max 1  YES 2 NO Spe			spec(fy√⊊uban, Maxic	an, Puerto	i? (Specify Yes Ricen, etc.)	or No-	Black	- American Indian, White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DECEDI	ENT'S US	UAL OCCUPA	TION	16b	KIND OF BUS	INESS/INDL	ISTRY		
COMPLETED	12 years	College (1-4 or 5+)		na or work NOT use re rica		nost of working		Typist				
BE CON	17. FATHER'S NAME (First, Middle, Lest) Nathan Blendman					18. MOTHER'S N. Franc		Middle, Maiden				
TO B	19a. INFORMANT'S NAME (Type/Print) Isadore Barezofsk	(V	19b. MA	AILING AO	DRESS (Stree	t end Number or Rural	Route Numi	ber, City or Town	, Stete, Zip (	Code)	1 1 000	
	29a. METHOD OF DISPOSITION 149 Burlel 2 Cremetion 3 Remo	2	Ob. PLACE AND I	DATEGED	ISPOSITION (	metery	m DAR	1 20c, LOC	ATION - C	Ity or Tov	ryland 2090	
-	4 Donation 5 Other (Specify)		das is	raeī	Cong	regation	1991	Was	shing	ton,	D.C.	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Yeares	es	STEI	AND ADDRESS OF FA	MEMOR	RIAL FU	JNERA	L HO	ME, Inc.	
CERTIFICATION	ahock, or heert failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):											
L L	that initieted events  DUE TO (OR AS A CONSEQUENCE OF):  reaulting in death) LAST  d.											
	PART II. Other algnificant conditions	s contributing to death	but not result	41 I- AI					/			
MEDICAL		Contributing to useful	Dut not readi	ung in ti	ne underlyi	ng cause given in	Part I.	24a. WAS AN A PERFORM	NED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
THISICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:				PLACE OF DEATH (Ch	neck only on	9)				
2	1 VES 2 INO	1   Inpatient 2 R/Ou	tpatient 3 🗆 D		THER:  Number Ho	me 5 🗆 Rasidence	8 🗆 Other	(Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	286	. TIME OF	28c, II	JURY AT		CRIBE HOW IN	JURY OCCU	REO	*	
	2 Accident Investigation 3 Suicide 8 Could not be	t, factory, off	YES 2 NO	281. LOCA	TION (Street an	and Number or Rural Route Number,						
COMPLETED	4 Homicide detarmined	building, etc. (Sp						or Town, State)				
	(Check only	CIAN: To the best of my kno : On the basis of examinati	wiedga, death o	ccurred at	the time, dar my opinion,	a and place, and dua death occured at the	to the caus	se(s) and mann and place, and	er as stated	Cause(a)	and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI						
	215	Jue	0-6	>	14	DO X	34	6	29d. DATE S	SIGNED	Month, Day, Year)	
2	30. NAME AND AODRESS OF PERSON WHO	COMPLETEO CAUSE OF O	EATH (ITEM 27)			1		.(*)	1	-	- d	
H	31. DATE FILED (MONN, Day, Way) 1002	32 PEOPERRAPINA	MAN HEEF CO.	00	-10	415	En2	1 000	30 1	4	Donall so	
	31. DATE FILES (ANN. Dev. 1921) 1992	1										





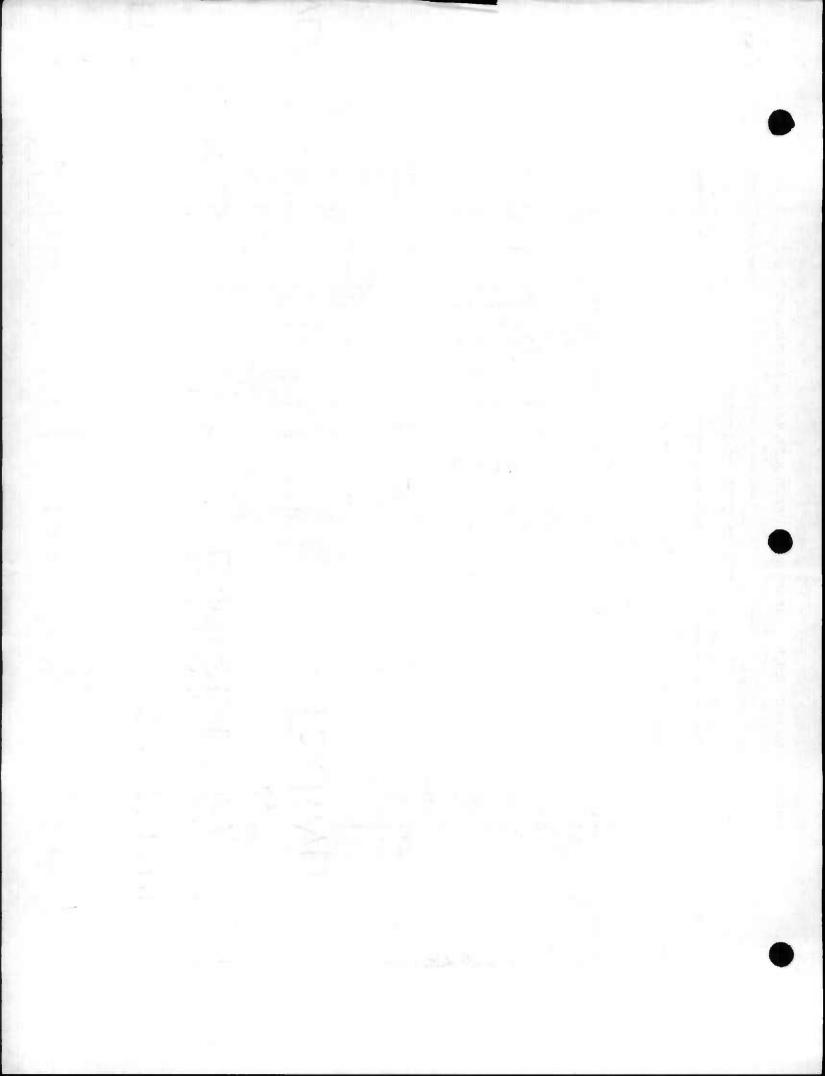
FOR STATE

	REGISTRAR		CERTIF	ICATE O	F DEATH	F	REG. NO.	•					
	1. DECEDENT'S NAME (First, Middle, Last)	J	EFFREY R.			2. DATE OF MONTH DEC.	DEATH	,1991	3. TIME OF DEA	ATH So Am			
	4. SOCIAL SECURITY NUMBER 259 -74-9183	1 1 F	3. AGE (In yrs. lest birthday) 49 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF (Month, De	BIRTH 10,	42	BIRTHPLACE (State or F Country) MD •	Foreign			
TUR	98. FACILITY NAME (If not institution, glyp. s  JOSEPH RIC  RESIDENCE OF DECEDENT		PICE		OR LOCATION OF E	DEATH	7		Y OF DEATH				
Ä	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CIT	v			
LDIE	MD .		E		RE, CIT	Y			LIMITS?				
FUNERAL DIRECTUR	820 NORTH EU				Of. ZIP COOE	2120		U.S.A.					
BY	11. MARUTAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? IN I IF YES, GIVE WAR	YES 2 NO	CENDENT OF HISPANIC ORIGIN? (Specify Yea or No- perity Cuben, Maxicen, Puerto Rican, etc.) S 2 NO Specify:				14. RACE — American Indian, Black, White, atc. Specify: WHITE					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done during n	ION nost of working	16b. Kill	ID OF BUS	INESS/INDUS	STRY				
MPL	12	College (1-4 or 5+)			OPERATO	OR SO	CIA	L SEC	CURITY				
BE CO	17. FATHER'S NAME (First, Middle, Lest) CHARLES H. B(	ODINE			BETT	AME (First, Middle KIRW	e, Malden : AN	Surname)					
2	199. INFORMANT'S NAME (Type/Print)  MRS. BETTY L.	BODINE	19b. MAILING 328	CENTRA	and Number or Rural	Route Number, C	ON,	MD • 2	21071				
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Remo	oval from State	20b. PLACE AND DATE of cometery, cremetory or of GREEN MT	OF DISPOSITION (I	lame of	OATE			y or Town, State				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF	IGREEN MI		IATORY				RE, MD. 21				
	*William 1	R. Paux	= 111			4			ROAD 21				
	23. PART I. Enter the diseases, or cashock, or heart failure.	omplications that c List only one cause	on aach iina.						t, Approxim				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. APOSI'S EARCOMA  DUE TO (OR AS A CONSEQUENCE OF):  B. ACQUINEL Ammune Deficiency  If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
_	DUE TO (OR AS A CONSEQUENCE OF):  AC PUNEU In Manue Neficelina 3815												
ATIO	Sequantially list conditions, fi arry, leading to immediate cause. Entar UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE OF	F):									
	PART II Other elemiticant condition												
MEDICAL	PART II. Other significant conditions	Econtributing to de	sen but not resulting (	n the underlyii	ng cause given in		PERFORI	MED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF ( OF DEATH?	CAUSE			
ż													
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Tage lietu	OTHER:	LACE OF DEATH (Ch								
¥ ∥	27. MANNER OF DEATH	28a. DATE OF IN.	R/Outpatient 3 DOA		ne 5 🗆 Rasidence								
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		URY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIE	JE HOW IN	JURY OCCUP	NED				
2 Pulate 1 28e PLACE OF IN HIDY At have to the second seco													
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	IAN: To the best of my	Institution and/or investigation	d at the time, dat	a and place, and due	to the cause(a)	and manr	or an stated.					
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1/1	0	,	29c. LICENSE NUI				IGNED (Month, Day, Year)	tated.			
o II.	0. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DE DEATH WEN 37 (500	Print)	1035			1/2	127/91				
	A.C. AL	EVI	ZAVO	5,	ms 3	118	1,	Paul	Place				
	JAN 0 2 1992 A	Ma Davidson	SIGNATURE						7				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR	S	TATE OF M	ARYLAN		RTMENT OF	HEALTH AND		HYGIENE REG. NO.	2 1	9 PM	
1. OECEDENT'S NAME (First, Mid	idie, Last)	BER	MA	N.			2. DATE OF MONTH	OEATH DAY 29	YEAR	3. TIME OF CEATH  2 000 M	
4. SOCIAL SECURITY NUMBER 212-07-0152	5. \$	EX M 2 🗓 F	6. AGE (In yr. 79	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF (Month, 1) 6/1	BIRTH 97 1090	8. BIRTHPLACE (State or Foreign Country) MARYLAND		
9a. FACILITY NAME (If not institute  BALTTMORE COL	INTY_GE		HOSPI	PAL.		OR LOCATION OF O		9c, C	BA	CEATH CTIMORE	
	b. COUNTY			10c. CI	TY, TOWN OR LOC BAI	TIMORE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
3806 FORDS LA						101. ZIP CODE 21	215	10g. (	USA	WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO  If yes, specify Cuban 1 YES 2 NO									- 14. RAC Block	CE — American Indien, ck, White, atc. City: WHITE	
(Specify only highest grade completed)  Elementary/Secondary (0-12)  1 2 College (1-4 or 5 +)  HOUSEWIFE  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relited.)  HOUSEWIFE  AT HOME											
17. FATHER'S NAME (First, Middle JOSEPH JA	ACOBSON							dle, Maiden Surnam E FRAM			
19e. INFORMANT'S NAME (Type/	Print)	17.69		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number,	City or Town, State,	Zip Code)		
MR. JOSEPH E				3806	FORDS	LA., #20	01 B	ALTIMORE	E, MD	21215	
206. METHOO OF CISPOSITION  12 Duriel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Company of Cather Cisposity)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State											
21. SIGNATURE OF FUNERAL SE	ERVICE LICENSE	· Ru	un	sor		AND ACORESS OF FOLL LEVINS				MD 21215	
23. PART I. Enter the dises abock, or heard IMMEDIATE CAUSE (Final disease or condition resulting in death)		only one cau	SP1	lina.	DRY	FAI			arrest,	Approximata interval Between Onset and Death	
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ta	C	ARC	NSEQUENCE (	IA (	OF E	SOPI	HA G	US.		
PART II. Other significant	conditions co	A) U			in the underly	ing cause given in		49. WAS AN AUTOP PERFORMED? YES 2 NO		I. I. I. I. I. I. I. I. I. I. I. I. I. I	
25. WAS CASE REFERRED TO M EXAMINER?		SPITAL:			OTHER:	PLACE OF DEATH (C	theck only one)				
1 YES 2 NO		Inpatient 2		_	4 - Nursing H	ome 5 - Residence			2001/255		
1 Natural 5 Pen	nding estigation	(Month, D	ay, Year)		M 1 [	INJURY AT WORK? YES 2 NO	28d. DESCH	RIBE HOW INJURY	OCCURED		
3 Suicide 8 Cou 4 Homicide dete	uld not be ermined		F INJURY — etc. (Specify)	At home, farm,	, street, factory, o	ffica		ION (Street and Nur Town, State)	mber or Rura	I Route Number,	
ana)						ate end place, end du				o(e) end manner se stated.	
29b. SIGNATURE AND TITLE OF	CERTIFIER	il	en			29c. LICENSE NO	JMBER 373	33 ≥	DATE SIGNI	ED (Month, Day, Year)	
30. NAME AND ADDRESS OF PE	ERSON WHO CO	MPLETEO CAU	SE OF DEATH	GH H	Print) RA	NUAL	LS-	TOWN	), M	1921133	
31. DATE FILED (Menth, Day, Year	7)	32. REGISTRA	R'S SIGNATU	IRE							



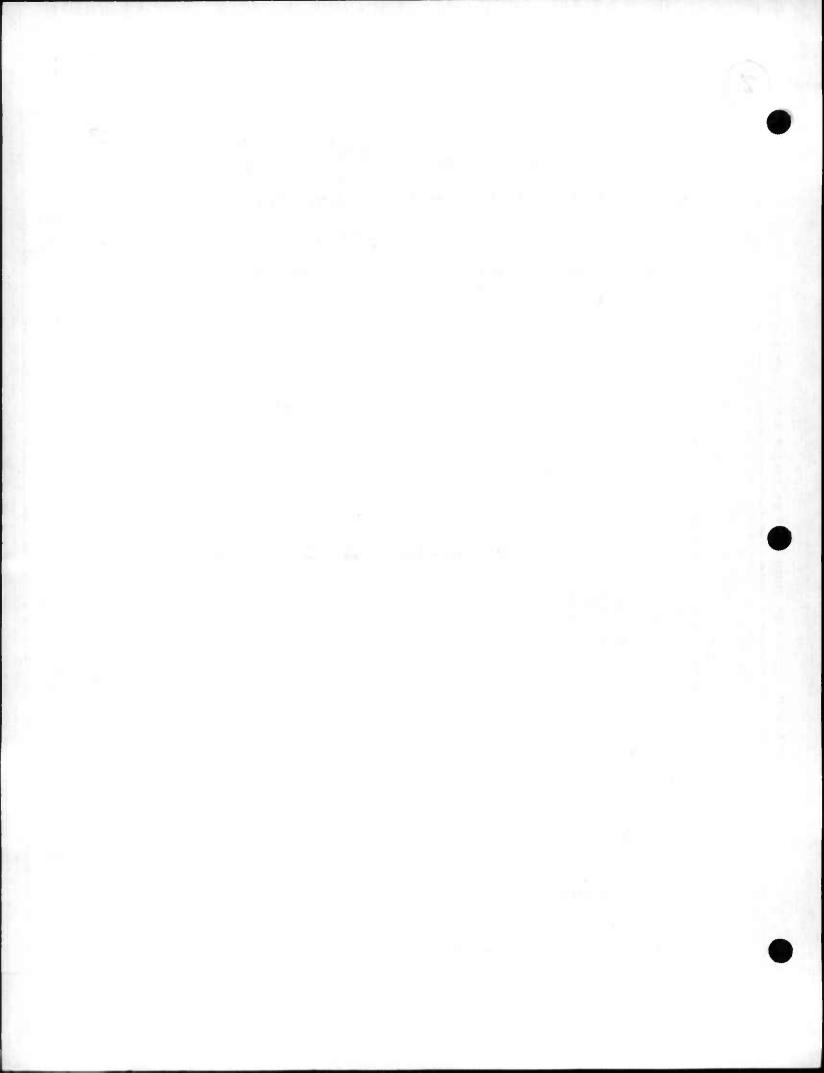
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.				
1. OECEDENT'S NAME (First, Middle, Last)	HARRIS	BECKER	2		DAY YEA	3. TIME OF DEATH  7. 40 P M			
4. SOCIAL SECURITY NUMBER 215-14-4861	5. SEX 6. AGE		UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTNPLACE (Stets or Employ Annutry) LITHUAN			
9e. FACILITY NAME (If not institution, give st SINAI HOSP.  RESIDENCE OF DECEDENT	of BAL		BALTI	DEATH	9c. COUNTY O	F DEATH			
10a, STATE 10b, COUNTY	,	10c. CITY, T	OWN OR LOCATION BALTO			10d. INSIDE CITY LIMITS?  1 YES 2 NO			
100. STREET AND NUMBER  633 PEARC	E AVE		101. ZIP CODE 2 i 2	15	10g. CITIZEN C	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuban, Maxi 1 TYES 2 NO Specific	can, Puerto Rican, etc.)		ACE — American Indian, leck, White, atc.			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use re	done during most of working	most of working					
17. FATNER'S NAME (First, Middle, Lest)			18. MOTNER'S N	IAME (First, Middle, Maide	n Sumame)				
AUGUST BECKER  19a. INFORMANT'S NAME (Type/Print)				LOVA PERM					
MRS.FLORENCE BEC	KER	6313 E	PEARCE AVE. B	ALTO., MD	wn, State Zio Code)				
20s, METHOD OF DISPOSITION 1	rval from Stata   Cer	D. PLACE AND DATE OF D netery, crematory or other KRO KODESI	ISPOSITION (Name of place) I—BETH ISRAEL		OCATION — City of BALTIMO	1			
21. SIGNATURE OF FUNERAL SERVICE LICE	ensee Luv	noon	22. NAME AND ADDRESS OF I SOL LEVINSO 6010 REISTE	N & BROS.,	INC.				
iMMEDIATE CAUSE (Final disease or condition reauting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	OUE TO (OR AS A	CONSEQUENCE OF):	CAZA	METS		Onset and Death			
PART II. Other significant conditions	contributing to death b	out not resulting in ti	ne undarlying cauae given in		PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATN (C	hack only one)		1 TES 2 NO			
EXAMINER?  1  YES 2 NO	HOSPITAL:		HER: Nursing Homa 5 - Residence						
27. MANNER OF DEATN  1. Neturel 5 Pending  2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURED				
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At homa, farm, atree	t, factory, offica	281. LOCATION (Street City or Town, State	and Number or Run	al Route Number,			
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	IAN: To the best of my know	ledge, death occurred at n and/or investigation, in	the time, data and place, and du my opinion, death occured at th	a to the cause(a) and ma	nner sa stated,	e(a) and manner as stated.			
Famila Otom	MD		29c. LICENSE NU			ED (Month, Day, Year) 29/9/			
	RTE GA	M.D.	t)						
JAN 0 2 1992 Ju	32 REGISTRAR'S SIGN	ATURE							



IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

GOOD SAMARITAL BALLINGS  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  ARXITAL STATUS  11. MARITAL STATUS  11. Never Merried  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1   YES   2   2   2   10   1   Never Merried   2   2   2   10   1   Never Merried   2   3   2   2   10   1   Specify only highest grade completed)  15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  1   XRS.   2   2   3   3    SCREAT ARX  A T T T T T T T T T T T T T T T T T T	Secily  13. TIME OF DEATH  11. 34. P. M  6. BIRTHPLACE (State or Foreign Country)  10d. INSIDE CITY LIMITS? 1 YES 2 NO  TIZEN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc. Specify  10d. INSIDE CITY LIMITS? 1 YES 2 NO  TIZEN OF WHAT COUNTRY?							
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  90. FACILITY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. STATE  100. STATE  100. STREET AND NUMBER  101. STREET AND NUMBER  102. STREET AND NUMBER  103. STREET AND NUMBER  104. STREET AND NUMBER  105. STREET AND NUMBER  106. STREET AND NUMBER  107. ZIP CODE  109. CITY, TOWN OR LOCATION  109. CITY TOWN OR LOCATION  109. CITY T	6. BIRTHPLACE (State or Foreign Country)  10d. INSIDE CITY LIMITS?  1 YES 2 NO  TIZEN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, atc.  Specify:							
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  98. FACILITY NAME (If not institution, give street and number)  98. FACILITY NAME (If not institution, give street and number)  99. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. CITY, TOWN OR LOCATION  100. STREET AND NUMBER  101. STREET AND NUMBER  102. STREET AND NUMBER  103. STREET AND NUMBER  104. STREET AND NUMBER  105. STREET AND NUMBER  106. STREET AND NUMBER  107. ZIP CODE  109. CITY TOWN OR LOCATION  109. CITY TOWN OR LOCATION  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, stc.)  11. Was specify Cuban, Maxican, Puerto Rican, stc.)  11. Yes 2 IN NO Specify:	Ind. Inside city Limits?  1 Yes 2 No  Tizen of What Country?  14. RACE — American Indian, Black, White, atc.  Specify:							
98. FACILITY NAME (II not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. CITY, TOWN OR LOCATION OF DEATH  90. CITY, TOWN OR LOCATION  PRESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. STREET AND NUMBER  101. ZIP CODE  102. CITY, TOWN OR LOCATION  103. STREET AND NUMBER  104. ZIP CODE  105. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  107. ZIP CODE  108. CITY, TOWN OR LOCATION  109. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS? 1 VES 2 NO TIZEN OF WHAT COUNTRY? U. S.A.—American Indian, Black, White, atc. Specify.							
99. FACILITY NAME (II not institution, give street and number)  99. CTY, TOWN OR LOCATION OF DEATH  90. CTY, TOWN OR LOCATION OF DEATH  90. CTY, TOWN OR LOCATION  PRESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. STREET AND NUMBER  101. ZIP CODE  102. CTY, TOWN OR LOCATION  103. STREET AND NUMBER  104. ZIP CODE  105. CTY, TOWN OR LOCATION  105. CTY, TOWN OR LOCATION  106. STATE  107. ZIP CODE  107. ZIP CODE  108. CTY, TOWN OR LOCATION  109. CTY, TOWN OR LOCATION  109. CTY, TOWN OR LOCATION  109. CTY, TOWN OR LOCATION  109. CTY, TOWN OR LOCATION OF DEATH  90. CTY, TOWN OR LOCATION OF DEATH  90. CTY, TOWN OR LOCATION OF DEATH  90. CTY  109. CTY, TOWN OR LOCATION OF DEATH  90. CTY, TOWN OR LOCATION OF DEATH  90. CTY  109. CTY	UNTY OF OEATH  10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO  TIZEN OF WHAT COUNTRY?  U.S.A.  14. RACE — American Indian, Black, White, atc.  Specify.							
10e. STREET AND NUMBER  7832 BIRMINGHAM AVE.  11. MARITAL STATUS  11. Never Merried  12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, stc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.)  14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.)	ILIMITS?  1   YES 2 NO  TIZEN OF WHAT COUNTRY?  U. S. A.  14. RACE — American Indian, Black, White, atc.  Specify:							
10e. STREET AND NUMBER  7832 BIRMINGHAM AVE.  11. MARITAL STATUS  11. Never Merried  12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, stc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.)  14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.)	ILIMITS?  1   YES 2 NO  TIZEN OF WHAT COUNTRY?  U. S. A.  14. RACE — American Indian, Black, White, atc.  Specify:							
10e. STREET AND NUMBER  7832 BIRMINGHAM AVE.  11. MARITAL STATUS  11. Never Merried  12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, stc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.)  14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.)	ILIMITS?  1   YES 2 NO  TIZEN OF WHAT COUNTRY?  U. S. A.  14. RACE — American Indian, Black, White, atc.  Specify:							
10e. STREET AND NUMBER  7832 BIRMINGHAM AVE.  11. MARITAL STATUS  11. Never Merried  12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, stc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.)  14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.)	TIZEN OF WHAT COUNTRY?  U. S. A.  14. RACE — American Indian, Black, White, atc.  Specify:  W. H. T. S.							
3 Wildowed 4 Divorced IF YES, GIVE WAR OR OATES 1 YES 2 NO Specify:	14. RACE — American Indian, Black, White, atc. Specify:							
3 Wildowed 4 Divorced IF YES, GIVE WAR OR OATES 1 YES 2 NO Specify:	Specify: WHITS							
3 Wildowed 4 Divorced IF YES, GIVE WAR OR OATES 1 YES 2 NO Specify:	Specify: WHITS							
3   Widowed 4   Divorced	ZTIHWI							
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  AYRS.  15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  SCRETARY  17. FATHER'S NAME (First, Middle, Linet)  18b. KIND OF BUSINESS/I	IOUSTRY							
Elementary/Secondary (0-12) College (1-4 or 5 +)  A YRS. AYRS - SCRETARY  17. FATHER'S NAME (First, Middle, Lept)  17. FATHER'S NAME (First, Middle, Lept)								
17. FATHER'S NAME (First, Middle, Leat)	'							
17. FATHER'S NAME (First, Middle, Last)								
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Murpher Cr. Duril Dock Murpher City of Tax Control								
Samuel Control of the Marine Route National Control of Parties Provide National Control of Parties Parties Provide National Control of Parties Parties Provide National Control of Parties Parties Provide National Control of Parties	ip Code)							
200 METHOD OF DISPOSITION								
20b. METHOD OF DISPOSITION    Dispute   2   Cremetion 3   Removal from State	- City or Town, Stata							
	VILL 10.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVANS CHASLOF (SMORLS)							
23. PART I. Enter tha disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reaptratory of	18/2, TTE							
ahock, or heart feilure. List only one seuse on each line.	rrest, Approximate Interval Between							
iMMEDIATE CAUSE (Final disease or condition → a. Sudden Cardiase des Al	Onaet and Daeth							
DUE TO (OR AS A CONSEQUENCE OF):	mned							
Sequentisity list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
S csuse. Enter UNDERLYING CAUSE (Disease or Injury								
that initiated avents  DUE TO (OR AS A CONSEQUENCE OF):								
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in daeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):								
	I 24h WEDE AUTODOV EINDINGS							
	AVAILABLE PRIOR TO							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPS' PERFORMEO?  1 YES 2** NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPS' PERFORMEO?  1 YES 2** NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPS' PERFORMEO?  1 YES 2** NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPS' PERFORMEO?  1 YES 2** NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Input	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 NER/Outpatient 3 DOA  26b. TIME OF DEATH  1 Notice   5 Pendice   28c. INJURY AT WORK?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  28. INJURY AT WORK?  1 YES 2 NO  28. OSSCRIBE HOW INJURY OF INJURY  WORK?  1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t  YES 2 NO							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY ON INJURY	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t  YES 2 NO							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY ON INJURY	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  COURSEO							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY ON INJURY	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t YES 2 NO  CCUREO  OF OR AUTAL ROUTE Number,							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY ON THER:  28. DATE OF INJURY	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t  YES 2 NO  CCUREO  or or Rural Route Number,  sted.  the cause(s) and manner sa stated.							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  280. DATE OF INJURY (Month, Day, Year)  280. DATE OF INJURY Y WORK?  280. DATE OF INJURY AT WORK?  3 Suicide 6 Could not be determined  281. LOCATION (Street and Numb City or Town, State)  282. CERTIFIER (Check only one)  283. DATE OF INJURY—Al home, farm, street, factory, office  284. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  285. PLACE OF DEATH (Check only one)  286. DIME OF INJURY AT WORK?  M 1 YES 2 NO  286. PLACE OF INJURY AI home, farm, street, factory, office  286. PLACE OF INJURY AI home, farm, street, factory, office  287. LOCATION (Street and Numb City or Town, State)  288. DATE OF INJURY—Al home, farm, street, factory, office  289. DEATH OF INJURY AI home, farm, street, factory, office  289. DEATH OF INJURY AI home, farm, street, factory, office  289. DEATH OF INJURY AI home, farm, street, factory, office  280. DEATH OF INJURY AI home, farm, street, factory, office  280. LOCATION (Street and Numb City or Town, State)  281. LOCATION (Street and Numb City or Town, State)  282. DATE OF INJURY AI home, farm, street, factory, office  283. LOCATION (Street and Numb City or Town, State)  284. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  285. PLACE OF DEATH (Check only one)  286. TIME OF INJURY AI home, farm, street, factory, office  286. TIME OF INJURY AI home, farm, street, factory, office  286. TIME OF INJURY AI home, farm, street, factory, office  287. LOCATION (Street and Numb City or Town, State)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t YES 2 NO  CCUREO  OF OR AUTAL ROUTE Number,							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY YORK?  1 YES 2 NO  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY YORK?  1 YES 2 NO  28. LOCATION (Street and Number of Injury At York)  28. DATE OF INJURY AT YORK?  1 YES 2 NO  28. LOCATION (Street and Number of Injury At York)  28. DATE OF INJURY At York, Year)  28. DATE OF INJURY At York, York, York, Day, Year)  28. DATE OF INJURY At York, York, York, York, York, York, State)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t  YES 2 NO  CCUREO  or or Rural Route Number,  sted.  the cause(s) and manner sa stated.							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  248. WAS AN AUTOPS' PERFORMEO?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  280. DATE OF INJURY (Month, Day, Year)  280. DATE OF INJURY ON TOWN, State)  280. DATE OF INJURY AT WORK?  1 YES 2 NO  281. LOCATION (Street and Number of Num	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t  YES 2 NO  CCUREO  or or Rural Route Number,  sted.  the cause(s) and manner sa stated.							

THE PART OF THE PARTY OF THE PARTY.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1 - STATE OF MARYLAN	D / DEPARTMENT O	F HEALTH AND N	MENTAL HYGIEN REG. NO.		30203		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
	TAMES L. BROWN			MONTH DA	YEAR	300 PM		
		s. last birthday) IF UNDER t YI		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH	PLACE (State or Foreign		
	235-34-2494 18M2 0 F 67	YRS. MONTHS D	YS HOURS MIN.	67 124/2	4 WES			
or	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TO	WN OR LOCATION OF DE	ATH /	9c. COUHTY OF D			
DIRECTOR	RESIDENCE OF DECEDENT	150	More			3		
3EC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR L	OCATION			10d. INSIDE CITY		
	MD	13K/	Homore			LIMITS?		
3AL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF V			
FUNERAL	62/2 Cross taintry B/Vd		21215		U.S.A.			
5	11. MARITAL STATUS  1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		DECENDENT OF HISPANI	IC ORIGIN? (Specify Yes		— American Indian,		
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		YES 278 HO Specify:		Speci			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	OECEDENT'S USUAL OCCU	PATION	16b. KIHD OF BUS	SIHESS/IHOUSTRY	1112		
	Elementery/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during life. Do NOT use retired.)	g most of working	ŀ				
MP	12 YRS.	LAB DRIV	2R					
	17. FATHER'S HAME (First, Middle, Last)		18. MOTHER'S HAM	ME (First, Middle, Melden	Sumeme)			
BE	JAMES W. BROWN		15025	LSS YSA	162R			
2	TOOL INFORMANT'S NAME (TYPOS PRINT)	196. MAILING ADDRESS (St	. 0.0	oute Number, City or Town	n, State, Zip Code)			
	20a. METHOD OF DISPOSITION	CE AND DATE OF DISPOSITIO	AS ABO	V. V.				
	1 Burial 2 Cremation 3 Ramoval from State	, crematory or other place	N(Name of	DATE 20c. LOC	CATION — City or To	wn, State		
	21. SIGHATURE OF FUNERAL SERVICE LICENSEE		E AND ADDRESS OF FAC	H G VILLA	KUIJON	1 10.		
	► 120 d Som 1	SV	AUS CHAPT	TOFITTO	PILITY.			
	23. PART I. Enter the diseases, or complications that caused the	death Do not select the	30 MARFOR	D 15000 -	TARKVI	3M		
	ahock, or heart fellura. Liet only one cause on each  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  DUE TO (OR AS A COM-	uno. Varibac deas		Cular Fibri		Approximata Interval Between Onset and Death		
_	150/2000	Chala	145					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	ISEOUEHCE OF):	any					
S	CAUSE (Disease or Injury	My Carayal  SEQUENCE OF):	clardial Infarctions					
	monufation to depart \$ 0.000	Mellitu						
EB	d. dibites	malliful						
ا پ	PART II. Other eignificant conditions contributing to death but no	ot resulting in the under	ying ceuaa given in P			WERE AUTOPSY FINDINGS		
BY PHYSICIAN: MEDICA	CANGETONE heart tailure			PERFORM		MAILABLE PRIOR TO COMPLETION OF CAUSE		
WE	Chance obstructive pulma	range diseas	c	1 to be		OF DEATH?		
ž	hurry of cere morkinger	accordent		_   1,000	pop. my			
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	S. PLACE OF DEATH (Chec	ck only one)				
IYS	t YES 2 NO 1 Inputtent 2 ER/Outpetten	t 3 DOA 4 Nursing	Home 5 Realdence 8					
à	27. MANHER OF BEATH  28a. DATE OF INJURY (Month, Day, Year)	IHJURY	WORK?	28d. OEŞCRIBE HOW IH	IJURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF IHJURY — Al		YES 2 HO					
COMPLETED	4 Homicide detarmined building, etc. (Specify)	tromo, tarin, street, lectory,	Dines	281. LOCATIOH (Street as City or Town, State)	nd Number or Rure! R	oute Number,		
٦	29e. CERTIFIER (Check only (Check only knowledge)	death accurred at the star-	determined to the second					
Š	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and	or investigation, in my opinic	on, death occured at the ti	o the cause(a) and mani ime, date end place, and	ner as stated.	and manner as stated		
EC	296. SIGHATURE AND THE OF CERTIFIER		29c, LICEHSE NUME					
0	- Mana DV/		29C. LICENSE NOME	PER	29d. DATE SIGHED	(Month, Day, Year)		
임	30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (				1-12	7111		
	Theodore DK. Chang, t	10 PhD. S.	nal Hospit	al of Ba	Homese			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	E	1.00					
	JAN 02 1992 Julia Baridon Para	M.						

filled in by the funeral director, page 5 should be detached for use as the bunal-transit on, or removal.

cremation, or

and completely

certificate has been signed by the attending physician and com the State Dept. of Health and Mental Hygiene prior to burial, is

this co

After death

108

38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 32. REGISTRAM'S SIGNATURE

Columbia

mal

- Ignoll notth

31. DATE FILED (Month, Day, Year)

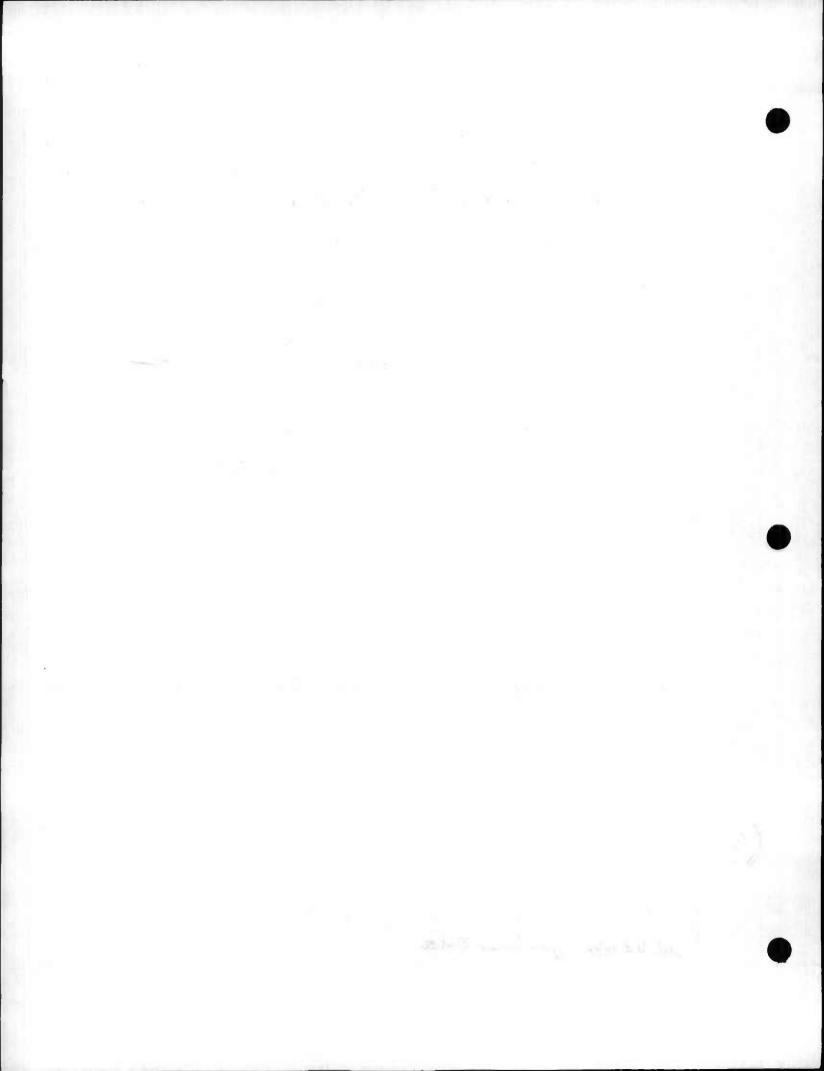
permit. Pages 1, 2, 3 should

•	
L RECORDS, P.O. BOX 68760,	middle bedriedes on aleedificate the set ofthe sections
6	3
.O. B(	Continue
S, D	door
	40
OR	that
REC(	- Consider
	- Company
LA	The
<u> </u>	CIAN.
0	DUVC
DIVISION OF VITAL	TTENNING DUVCICIANT The last
5	3
	90
	DITA
	- 61

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **⊘**YEAR ISRAE SOM 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Mogth, Day, Year 3/16/1/ IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F Pol HOURS 2-62-YRS FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH A 9c. COUNTY OF DEATH LORIEN RESIDENCE OF DE FUNERAL DIRECTOR EDEN 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD COLUMBIA YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 10799 HICKORY RIDGE RD. 21044 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 166. KIND OF BUSINESS/INDUSTRY TEXTILES 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only high (Give kind of work done during construction (Give kind of work done during construction) MANUFACTURER College (1-4 or 8+) 5+ Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at JACOB BE BABKES RIVA LEJBOWICZ 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RICHARD BABKES 3971 DUCKS FOOT LANE ELLICOTT CITY, MD DR 21042 must be 20a. METHOD OF DISPOSITION

XXBuriel 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State ARLINGTON -CHIZYK AMUNO 12-29-91 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 21215 6010 REISTERSTOWN RD., BALTO., MD lucan the medical A PART I. Enter the dispases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximete ahock, or beart failure. List only one ceuse on each line. Intervel Batween IMMEDIATE CAUSE (Fine) Onset and Death disease pr condition reaulting in death) Jepsis 4 days shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Cerebrovasoulas accident CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO an hypopituitaresm COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL 1 TES 2 NO OTHER: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA ng Home 5 - Residence 8 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES BY 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 28 18 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNAFURE AND THE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D21461 nes 12-27-91 9



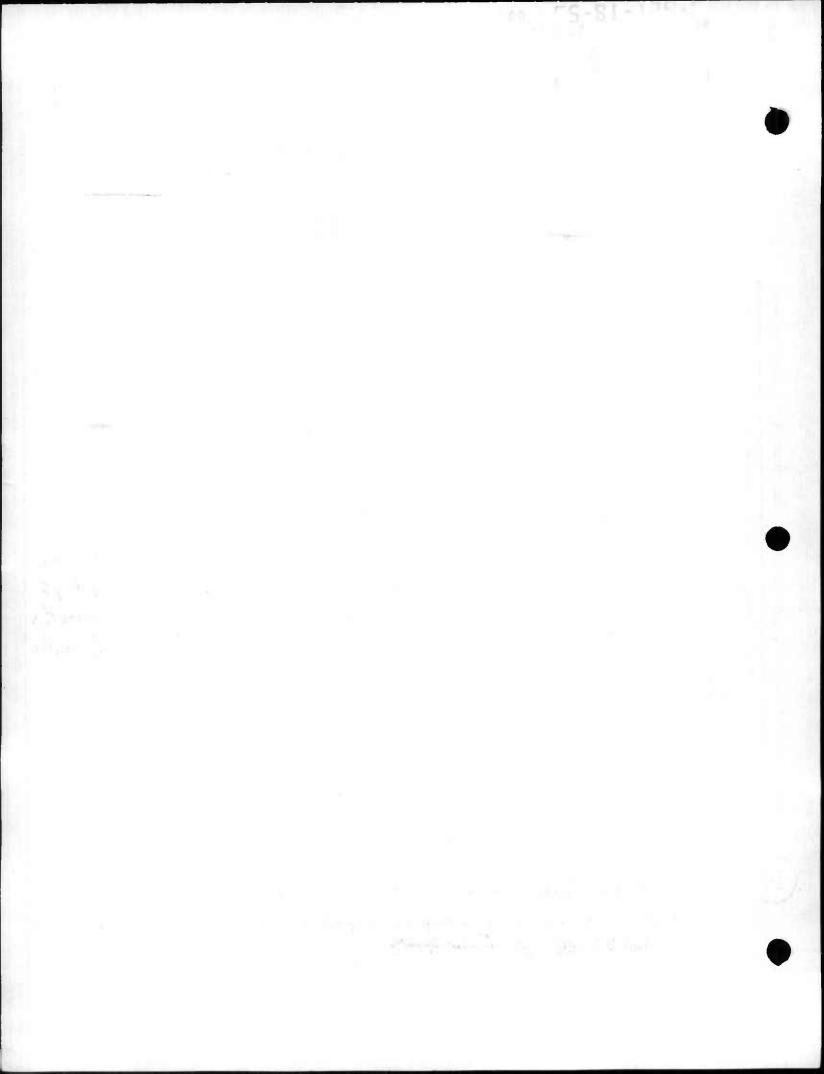
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

GL 001 A 113TS ORIL

item 10b, film g-683; 1-8-92, dr

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 36265										
1. DECEDENT'S NAME (First, Middle, Last)		-014					2. DATE OF DEATN		3. TIME OF DEATN		
GLORIA Y		AN					12 26		91 4:50P M		
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTN (Month, Day, Year) 8. BIRTNPLACE (State or Country)				
	1 🗌 M 2 💢 F	55 YRS,					1-19-36		MARYLAND		
99. FACILITY NAME (If not institution, give s THE JOHNS HO		TAT		96. COUNTY OF DEATH BALTIMORE CITY							
RESIDENCE OF DECEDENT	PKINS HUSPI.	LAL	BA	LIII	IORE	CIT	1				
10a. STATE 10b. COUNTY	Montgomery	10c. CIT	ry, TOWN O	R LOCAT	ION				10d. INSIDE CITY		
MARYLAND PRINCE	GEORGES		SIL	-	SPRII	NG			1 X YES 2 NO		
2201 COLSTON DE	RIVE			101		910			OF WNAT COUNTRY?		
11. MARITAL STATUS		N U.S. ARMED	13. V	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No.   14. RACE - American Indian							
1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2XXNO	81	yes, spe	cify Cuban,	Mexican,	Puarto Rican, etc.)	OF NO.	Black, White, atc.		
3 Widowed 4 XDivorced	11 120, 0172 1801 011 2	AICS	·	☐ ¥ES	2 NO	Specify:			Specify: WHITE		
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done d	CUPATIO	N st of working		16b. KIND OF BUSINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT u	se retired.)								
12		SA	LES		FURNITURE						
17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S NAME (First, Middle, Maiden Surname)								
JACOB ROS  19e. INFORMANT'S NAME (Type/Print)	SENWASSER	l en mane	TILLIE RUBENSTEIN								
			AMAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6508 40th AVE. UNIVERSITY PARK, MD 20782								
MRS LAURIE CHAMI 20a. METNOD OF DISPOSITION						ONIA	ERSITY PA		20702		
1 X Burlel 2 Cremation 3 Remo		D. PLACE AND DATE metery, crematory or o ETH EL M				12_		CATION — City	TOWN, State TOWN, MD		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENTREE DO	CTU EP LI			D ADDRESS						
Ayduay L. S	tellman	,	60	10	REIST	ERSI	SOL LEV OWN RD.,	BALTO.			
#3/PART I. Enter the diseases, or on shock, or heep fellure. I	SEPSIS	d the death. Do nech line.		the mod	de of dying	g, such	es cardiec or respi	retory arreet,	Approximate interval Between Onset and Death		
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE OF	F): SYN	DROM	L PRI		BE LUNG		6 months		
			r						16 months		
PART II. Other significant condition	e contributing to death b	out not resulting	In the unc	deriying	ceuse giv	ven in Po	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?  1 YES 2 YNO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEA	ATN (Check	k only one)				
1 TES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out	patient 3 🗆 DOA	OTHER		5 🗆 Resid	dence 8	Other (Specify)				
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TiM		28c. INJU	JRY AT		28d. DESCRIBE NOW IN	JURY OCCURE	D		
1 Natural 5 Pending 2 Accident Investigation			М	1 🗌 Y		NO					
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	street, facto	ry, offica		2	Part. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,		
	SIAN: To the best of my know								use(a) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER		- Investigation	, in my op	T							
Geram Fin	la Senier	Unical Fe	llew		037	JOS	(M.)	P / 2	NED (Month, Day, Year) - 16 9		
30. NAME AND ADDRESS OF PERSON WING	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	- 8	pita	160	ON	. wolfe Si	- Ball	mere Md 2/1295		
31. DATE FILED (1907) 0 2 2 1992	32 HERISTRAT'S SIGN	ATUR Pandale		1	1				1.14		



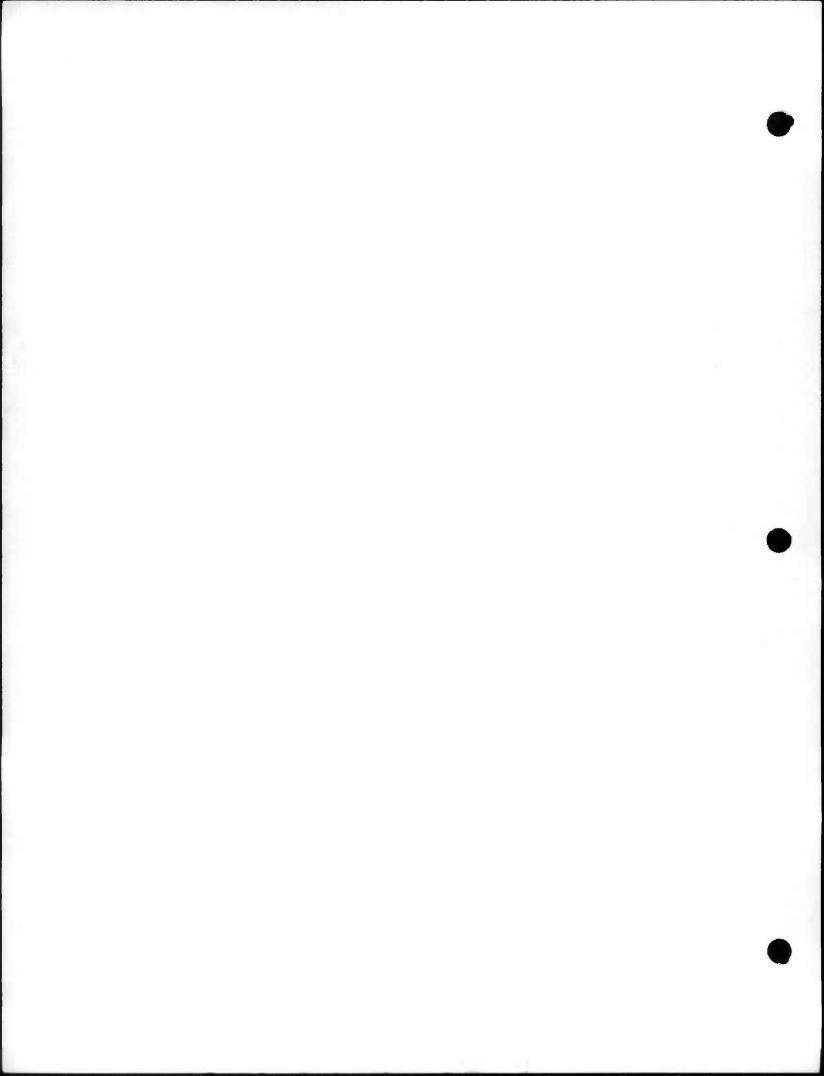
1

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the defined of the law requires that the defined by the law requires that the defined by the law of the

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH		HYGIENE REG. NO.
D	ROBERT CO	CARK	2. DATE OF MONTH	DEATH DAY

ŀ	1. DECEDENT'S NAME (First, Middle, Last)	1000						2. DATE OF DEATH DA		YEAR 3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. las	4 5/m de 3	F UNDER 1 YE	AR IF UNDER		7, OATE OF BIRTH		9/ 2:50 A M  8. BIRTHPLACE (State or Foreign
	The state of the s	1 Ø M 2 🗆 F	57		ONTHS DA		MIN.	(Month, Day, Year)		Country)
1	Se. FACILITY NAME (If not institution, give s		9 /	10.00	h CITY TO	WN OR LOCATI	ON OF DE	8-17-		BACOMICE CITY
æ	BONSECOURS	4050	TAL	1.	BALDINIONE CITY					
DIRECTOR	RESIDENCE OF DECEDENT	.,,,			1000	- 17 27 -				
Ä	10e. STATE 10b. COUNT	Y		10c. CITY,	Oc. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?
	Md.			Ba	alti	more				₹¶XYES 2 □ NO
AL	10e. STREET AND NUMBER				10f. ZIP CODE					EN OF WHAT COUNTRY?
FUNERAL	1501 Sheffiel					212			US	A
5	11. MARITAL STATUS 1 □液Never Married 2 □ Married		IT EVER IN U.S. AR					IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No-	14. RACE — American Indian, Black, White, etc.
8	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1 🗆	YES 2 THO	Specify	r.		Specify:
	15. DECEDENT'S EDU		50-56 16a, DE	CEDENT'S US	BUAL OCCU	PATION		16b. KIND OF BUS	I SINESS/INDU	Black
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT use i	retired.)	g most of worki	ng	200000000000000000000000000000000000000		
PL			L	abor	er			Const	ruct	ion
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maiden		
BE	William Cl	ark				1	Mary	Robinso	n 	
	19a. INFORMANT'S NAME (Type/Print)		.19	b. MAILING A	DDRESS (St	reet and Numbe	r or Rural I	Route Number, City or Town	n, State, Zip (	Code)
<b>L</b> a	rtella Clark							Rd. Balto	_	ld. 21218
	20s. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem	oval from State	20b. PLACE other pi	OF DISPOSIT	ION (Name o	of cemetery, crea	matory or	20c. LO	CATION — C	ity or Town, Stats
	4 Donation 5 Other (Specify)	OFNEEF	Garr	ison		E AND ADDRE			Ito.	, Md.
				1				forton &	Sons	
	ames	a	There	in	1	701 L	aure	ens St. F	Balto	Md. 21217
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. A Copie To	O (OR AS A CONSE	QUENCE OF):	2ir	ned GS R Fa	mi bli	ailuk mitis sedny 2		intarval Batween Onset and Death
MEDICAL	PART II. Other significant condition	Cerus		resulting in	the under	tying cause	given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	OTHER:	6. PLACE OF I	DEATH (Ch	eck only one)		
IYS	1 YES 2 NO	1 Dinpatient 2	ER/Outpatient	28b, TIME		Home 5 A	lealdence	6 Other (Specify) 28d. DESCRIBE HOW I	N HIEV OCC	HIDED
	1 Netural 8 Pending		Day, Year)	INJUI	RY	WORK?	□ NO	280. DESCRIBE NOW	NJOHT OCC	UNED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY At he	ome, ferm, str				28f. LOCATION (Street City or Town, State)	and Number	or Rural Route Number,
COMPLETED	Toursey only							to the cause(a) and me		ed.
쀪	29b. SIGNATURE AND TITLE OF CERTIFIE		1				ENCE HUI		294. DATE	1
2	SI NAME AND ADDRESS OF PERSON WI	D. G	m2ale	EM 27) (Type, F	Print)	W,	1	m Secon	us la	mp + + 2 122
	JAN 0 2 1992	Fishe Devids	AR'S SIGNATURE	٤						,



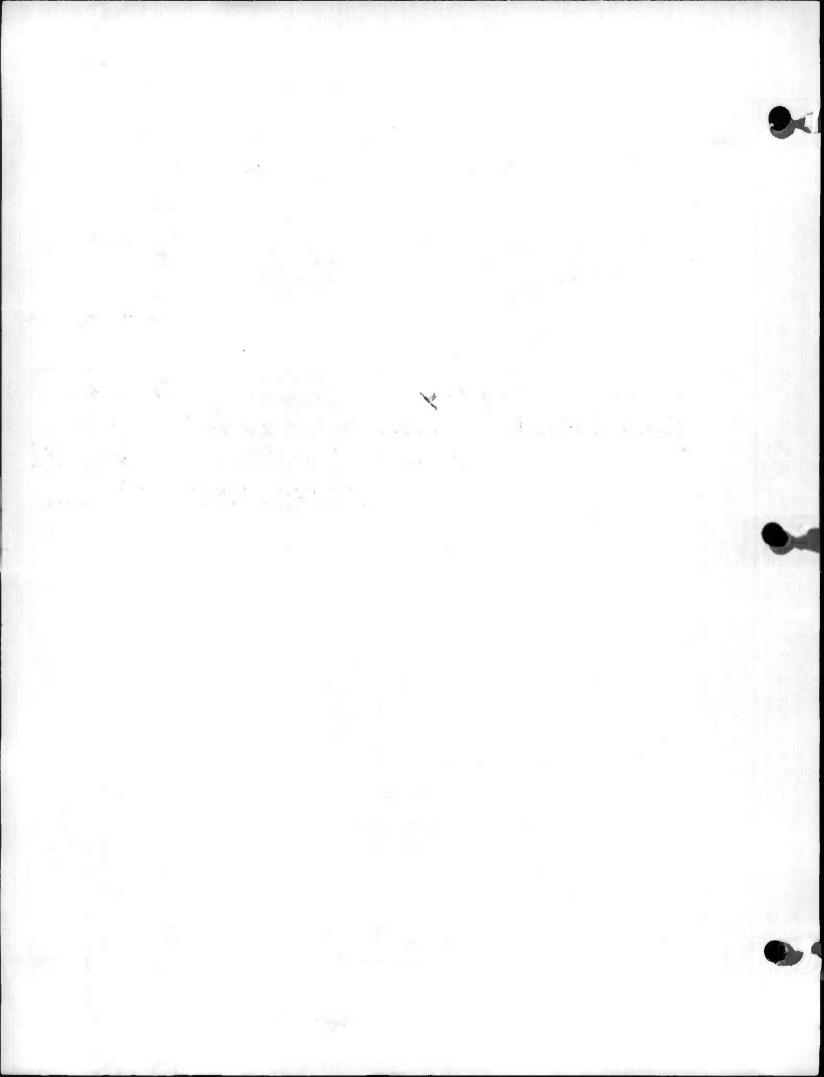
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a stret death each of the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funded director page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

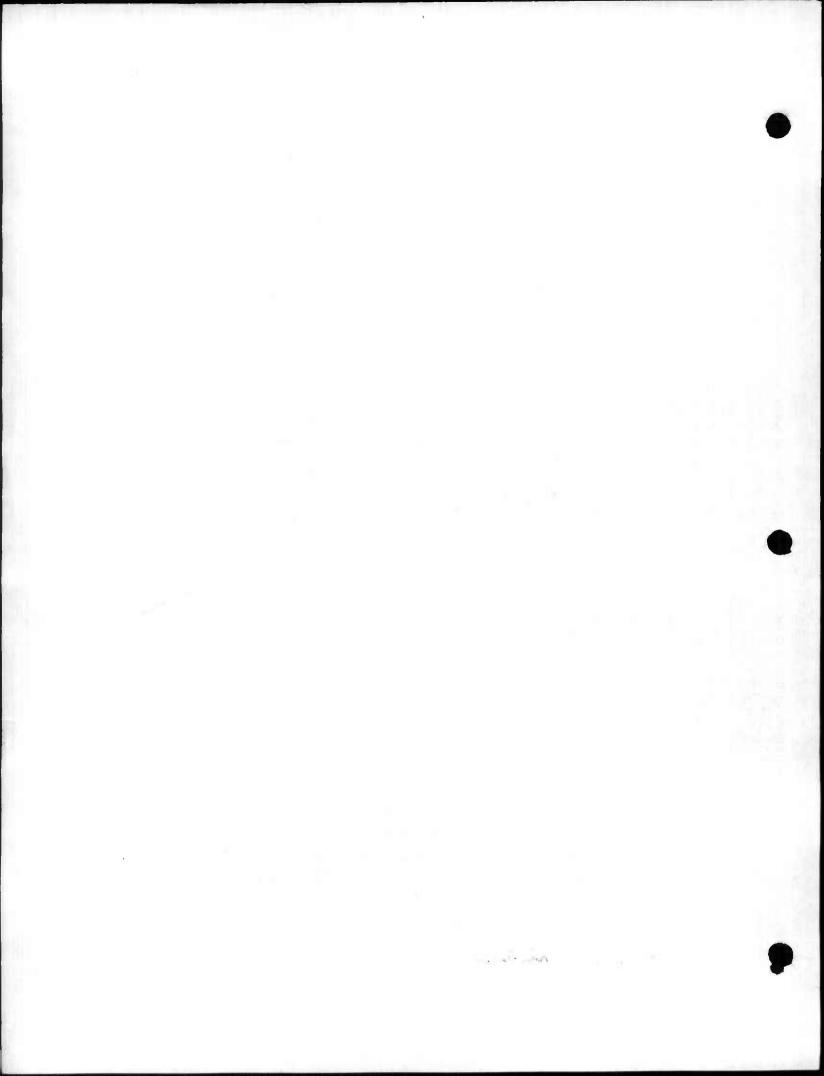
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (Flood Middle, Last)	h	CROS	<u>C</u> ,	2. DATE OF DEATH	5 97	5 30P
	4,600(AL SECURITY NUMBER 25/5	5. SEX 8. AGE //	yrs. last birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  12 -22 - 4		PATHPLACE (State or Foreign puntry)
OR	BON SO COUR	S Hospita	20 cm	TOWN OR LOCATION OF DI	EATH C	9c. COUNTY C	OF DEATH
DIRECTOR	10s. STATE 10b. COUNTY		Ba A				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL C	19. STREET AND NUMBER	Hill Alo	1420/40	101. ZIP CODE	1	10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico 1 YES 2 ND Specif	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
red BY	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU	A PRINCESS/INDUSTR	Ifno Amerka
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT use retired.)				
BE CO	17. FATHER'S NAME (First, Migdle, Last) Robert	Dougl	bfox	DIAN	AME (First, Middle, Melden	Pe	ughty
5	Glendell M	Ack	16. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Tow BR/401	State Zip Code	2/2/18)
	20g. METHOD OF DISPOSITION 1   P Buriel 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	oval from State	PLACE OF DISPOSITION (N	II CEMIET	4RY G/	CATION - CITY OF	WRNIZ Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	M. Est		SFER BRO 1300 EUT		50/ 14	GNIZ ZIZIT
	23. PART I. Enter the diseases, or a shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due To (or As A		EFILY DI	CA){	ratory errest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other algorificent condition	a contributing to death b	ut not resulting in the u			RMED?	24b. WERE AUTOPSY FINDINGS ABULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	OTHE				
PHYS	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE	io o
B⊀	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, fec	1 YES 2 NO	281. LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know					use(a) and manner as stated.
BE	296. BHOMATURE AND TITLE OF GENERAL		7 D	200 LICENSE NU		2 67	SNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	ON SCO	ATH (ITEM 27) (Type Print) URS HOYD	Bra	IMURE M.	D 7	41233
	31. DATE FILED (Month, Day, Year)	72. REGISTRAR'S SIGN	ATURE -Ashdette			13.41	



	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTMENT	OF H	EALTH DE A	AND	MENT			-		362	68
	1. DECEDENT'S NAME (First, Middle, Lest,	)			IOAIL	_ 0.	DLA		2. DA	-	DEATH			3. TIME OF DE	ATM
	Michelle Be	ernice	CR	AWLEY	1					77	27	7	gran	5:05	A <sub>M</sub>
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.		TE OF	DIFITH		B. BIRTH	PLACE (State or	
	215-78-0449	1 🗆 M 2 💢 F	3	O YRS.	MONTHS	DAYS	HOURS	MiN.	Dec		y. Year)	961	Countr	y)	
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN C	OR LOCATI	ON OF D			, 1		VTY OF D	ARYLAI	ND
DIRECTOR	Franklin Squar	re Hospi	tal											e Coun	ty
H	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN C	OR LOCAT	ION							10d. INSIDE CI	TY
	Maryland			E	Balt	imo	re							LIMITS?	] NO
FUNERAL	10e. STREET AND NUMBER					-	. ZIP COD	ε				10g. CITI	ZEN OF W	HAT COUNTRY	?
I III	1238 South Mai	olyn Ave					212	221				US	Δ		
5	11. MARITAL STATUS	12. WAS DECEDEN		RMED	13.	WAS DEC	ENDENT (	OF HISPA	NIC ORIG	3IN? (S	pecify Ye			American In , White, etc.	dlen,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V		NO			2 NO			o Rice	ı, etc.)		Specia		
												1		•	ack
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	(G	ECEDENT'S	work done d	CCUPATIO	ON st of worki	na	1	6b. KIN	D OF BU	SINESS/IND	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	-)	. Do NOT us											
Z	12th Grade			Copy	Edi	tor				_	Wave	erly	Pre	ess	
	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First	t, Middi	e, Malden	Surname)			
B	Robert Ross							vnt	hia	S	tan'	n, State, Zip			
2	19e. INFORMANT'S NAME (Type/Print)														
	Christopher C	rawley		1238	Sou	th	Mar	1yn	Av	e.	Es	ssex	MD	212	21
	20a. METHOD OF DISPOSITION  1 XBurlel 2 Cremetion 3 Ren	noval from State	20b. PLACE cemetery, cre	metony or o	ther place				1			CATION —			
	4 Donetion 5 Other (Specify)	- 1///	Dru	dR	idae	Ce	met	ery	12/	/31	Ba	1tim	ore	Co, N	1D
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 0 00			22.1	NAME AN	D ADDRE	SS OF FA	CILITY	Nuit	ter	Fun	era	1 Home	s Ind
	- Skiry 3		ins		Ba	lti	mor	nns e	Mar	$v_1^1$	and	rkwa	16		
10	23. PART i. Enter the diseases, pr shock, or heart fallure.	Complications the	t caused the de se on each line	eath. Do r	ot enter	the mo	de of dy	ing, auc	h as ce	rdiac	Dr reapi	retory erro	est,	Approxi	mata Between
	iMMEDIATE CAUSE (Finel disease or condition														nd Death
	resulting in death)	Aspir				cor	itent	S							
		DUE TO	(OR AS A CONSE	OUENCE OF	ን:										
N N	Sequentially list conditions,	b													
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DOE 10	(OR AS A CONSE	DUENCE OF	-):										
윤	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	DUENCE DE	n.									-	
E	resulting in death) LAST			TOENOE DI	,-										
빙		d												<del>-</del>	
A	PART ii. Other aignificent condition	ns contributing to	death but not r		n tha un	derlying	cause g	jivan in	Part i.	24a		AUTOPSY	24b.	WERE AUTOPSY	
EDICA				(4170)						1.5	PERFOR			AVAILABLE PRIO COMPLETION OF	
ME										1	,,,,,		- 1	DF DEATH?	1 110
														1  YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only o	one)					
Sic	EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	ts					- 16.3				
<del> </del>	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIM	E OF	28c. INJL		elderice				NJURY OCC	URED		
	1 Natural 5 Pending 2 Applicant Investigation	(Month, D	ay, Year)	INJ	JRY M	WOR		NO		-401112	LIIOIII	100111 000	ONED		
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, s	treet, lecto				281, LO	CATIO	(Street a	and Number	or Rumi Br	un Number	
TED	4 Homicide determined	building,	etc. (Specify)						City	y or To	vn, State)		DI 11070711	rone rearribon,	
빌	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the heat of	rm knowledge de		4 -4 45 - 41								_		
COMPLET	(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of sa	amination end/or i	nvestigatio	a in the tir	ne, ame d	end place,	end due	to the co	euse(e)	end men	ner es atete	d.		
, ,	290. SIGNATURE AND THELE OF CONTIFIE		1		, , . ,	1				ie viru	prace, em	a doe to the	cense(e)	and menner ee	STETEG.
H	1 ans	10ax	Tin	nn			29c. LICE	NSE NUI	MBER			29d. DATE	SIGNED	Month, Day, Year	)
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CALL	E OF DEATH (IT	110	Delet										
	Dr Dana Coates MD	9000 F	ranklin	Salla	rnnt) Ire N	rive	Ra	ltim	ore	Mai	cvla	nd 21	237		
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	3440			- Du		J. C	1 100	Jiu	1			
	1 * 24 0 0	A R. R.	W	AMO											
- 1	JAN UZ 1992	Thursday a	our ganda	E.C.											

ha Lavidson Andree



ST 1215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN. The second management of the confidence of the described within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEFALL DIRECTOR. After this connection has writtened to the unserted of the activity for the funeral director, page 5 should be detached for use as the burish haven't have a 2 2 should	be fined within 72 hours after death with the State Order Williams Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	6	1	1	Í	

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLANI	D / DEPAI CERTIF	RTMENT OF	HEALTH A	AND ME	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	ÉDW	ARD	(	ARTI	175		DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-16-5667	S. SEX		lest birthday)  YRS,	IF UNDER 1 YE.	R IF UNDER 2	BAIM	DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	PPLACE (State or Foreign N) Virginia
TOR	9a. FACILITY NAME (If not institution, give so St. Agnes Hosp: RESIDENCE OF DECEDENT					N OR LOCATIO	N OF DEAT			NTY OF D	
- DIRECTOR	Maryland 10b. COUNTY				y, town on Lo Balti						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10. STREET AND NUMBER 2402 Reistersto	own Roa		ADMED	40.1100		2121			1	USA
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	XYES 2	☐ NO	If yes	specify Cuban, rES 2 NO	, Maxican, P	ORIGIN? (Specify Ya Puarto Rican, etc.)	s or No—	14. RACE — American Indian, Black, Whita, atc. Specify:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  Coilege (1-4 or 5 -		(Give kind of life. Do NOT u	se retired.)	most of working		16b. KIND OF BU			
E COMI	High School  17. FATHER'S NAME (First, Middle, Last)  Wesley Carter			Poli	ce Of		ER'S NAME	Balto (First, Middle, Meiden		у Ро	olice Dept
TO BE	19a. INFORMANT'S NAME (Type/Print) Florence Carter							te Number, City or Tox			2 21217
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		20b. PLAC comatery,	CE AND DATE	OF DISPOSITION	(Afama ad		Road B			wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	X Ro	ller.	20	250 Bal	l Gwyr timore	ns I	W Nutte Falls Parvland	r Fur arkw 21	era ay 216	1 Homes In
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	se on each i	SEQUENCE OF	sepsi n:		g, such a	a cardiac or resp	iretory err	eat,	Approximate interval Between Onset and Death
MEDICAL	PART II. Other significent conditions	contributing to	death but no	ot reculting	in the underly	ing cause giv	ven in Par	t i. 24s. WAS AN PERFOF	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 W NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	PLACE OF DEA		Other (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY	28b. TIM	E OF 28c.	NJURY AT WORK?	28	d. DESCRIBE HOW I	NJURY OCC	URED	
- 18	3 Suicide 8 Could not be detarmined	28a. PLACE Of building,	F INJURY — At etc. (Specify)	home, farm, s	treet, factory, o	fica	286	1. LOCATION (Street I City or Town, State)	and Number	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of : On the basis of ax	my knowledge, amination and/	death occurre or investigatio	d at the time, d	nte and place, a	nd due to ti	he cause(s) and mar	ner as atate	ed. cause(s)	and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	The	~~	7	4	29c. LICEN	SE NUMBER		29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (I	TEM \$7) (Type,	Print)						
	31. DATE FILED (Month, Day, Year)  JAN 0 2 1992	32. REGISTRAI	S SIGNATURE	ماک							

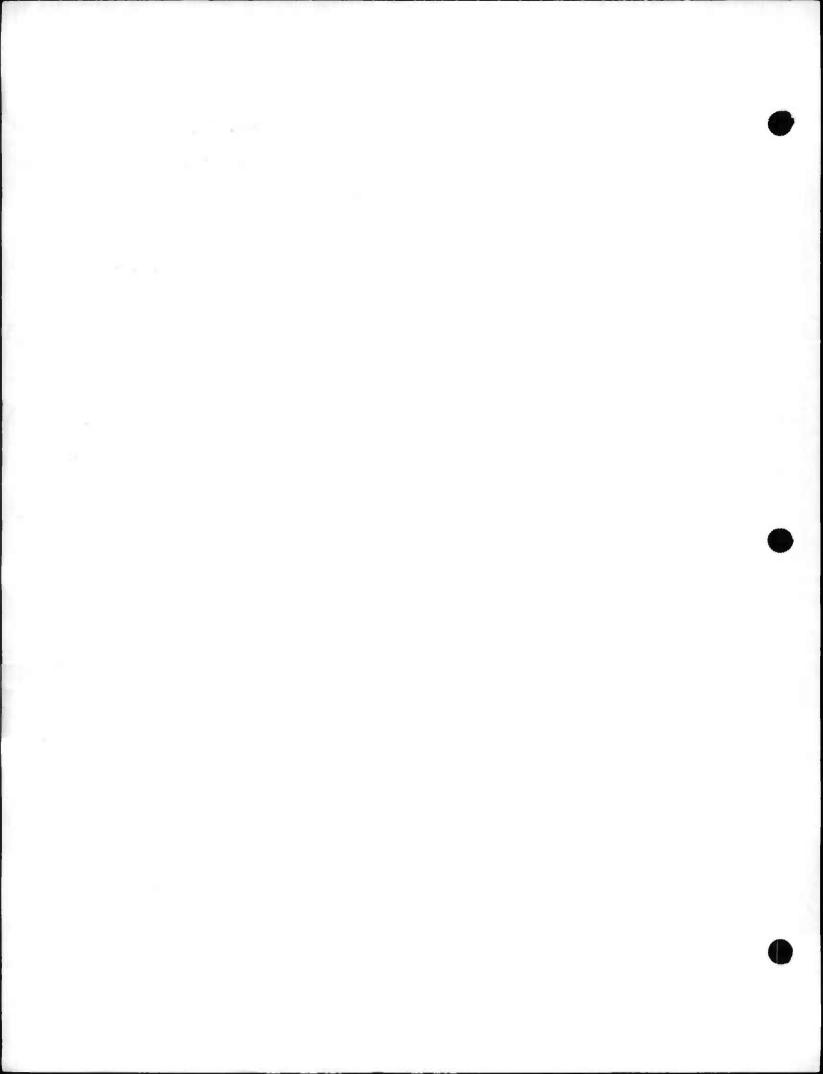
Acres de la constante de la co

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

e Hos	etache	nce.
y u	90	at o
2	P P	ed
Trailly	shor	the state of
3	9	2
ay D	pag	be
E	ctor.	uns.
200	direc	E 16
-	20	il.
negri	fun	Xan
IGL	the	ale
0	rem or	adic
Tion	ed i	Ĕ
124	ly fill ation,	the
AIGHE	rema	ent,
200	al, c	ev.
inga inga	buri	atic
\$ P	r to	5
1	percent	=
٠	the s	å
	鑩	I
Į.	源	Ŀ
į,	4	큳
Ē	100	è
1	24	
į	日本	90
W P	8 1	100
e e	報告	2
-	State	Iter
SA	the the	0
S	his c	Ked,
5	ath v	nar
ũ	A	95
Ē	TOR: At	28 is n
R ATT	RECTOR: At	em 28 is n
AL OR ATT	AL DIRECTOR: At 2 hours after de	if item 28 is n
SPITAL OR ATT	JERAL DIRECTOR: At in 72 hours after de	IT: If Item 28 Is n
HOSPITAL OR ATT	FUNERAL DIRECTOR: At within 72 hours after de	TANT: If item 28 is n
THE HOSPITAL OR ALT	TO THE FUNERAL DIRECTOR: After this certificate has been scored by the presence of completely filled in by the funeral director, page 5 should be detactive within 72 hours after death with the State Deat, or Health and Members after death with the State Deat, or Health and Members after death with the State Deat, or Health and Members are detailed.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury or either traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CER	<b>FIFIC</b>	ATE OF	DEATH	F	REG. NO.				
ļ	1. DECEDENT'S NAME (First, Middle, Last)  Morris Caplan  2. DATE OF DEATH 6:00PM M											
	4. SOCIAL SECURITY NUMBER 358-05-5835	3.7	AGE (In yrs. last birth		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH By: Year) L LO	.19	6. BIRTHPLA Country)	CE (State or Foreign	
	9a. FACILITY NAME (If not institution, 1316 Fenwick		9b. CITY, TOWN OR LOCATION OF DEATH Silver Spring				%c. COUNTY OF DEATH Montgomery					
Dinection	RESIDENCE OF DECEDENT    10a. STATE										I. INSIDE CITY LIMITS?	
	Maryland Mo	2111	101. ZIP CODE				1 Q. CITIZEN OF WHAT COUNTRY?					
	1316 Fenwich		20910				U.S.A.					
COMPLETED BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES				WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.)     VES M NO Specify:				a or No-  14. RACE — American Indian, Black, White, etc. Specify: White			
	15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)	18e. DECEDE (Give kir life. Do h	NT'S USU nd of work VOT use re	JAL OCCUPATION done during motired.)	most of working			USINESS/INDUSTRY				
	1			Salesman			Sales					
	17. FATHER'S NAME (First, Middle, La Nathan Capla			18. MOTHER'S NAME (First, Middle, Meiden Surname) Sara Casper								
	190. INFORMANT'S NAME (Type/Print) Gail Leventhal 10420				oness (Street &	Street and Number or Rural Route Number, City or Town, State, Zip Code) Loch Road, Silver Spring, Md.					Md. 209	
					itan Crematory or			20c. LOCATION — City or Town, Stata Alexandria, Va.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  12. NAME AND ADDRESS OF FACILITY Uneral Homes Falls Church, Virginia 22046											
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest,  Approximate											
CERTIFICATION	ahock, or heert feilure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Due TO (OF AS A CONSEQUENCE OF):											
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	CAUSE (Disease or injury that initiated events resulting in death) LAST											
	PART II. Other eignificant conditions contributing to death but not resulting in the unc					arlying cause given in Part i.		PERFORI	2 NO AWAILABLE P COMPLETION DF DEATH?		RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
SICIAIN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO											
	26e. DATE OF INJURY (Month, Dey, Year)  26b. TIME OF INJURY AT (Month, Dey, Year)  M 1 VES 2 NO.							28d. DEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)				treet, factory, office 26f. LO			LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	29a. CERTIFIER  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.  See the control of the cause(s) and manner as stated.											
	296. SIGNATURE/AND TITLE OF GENTENER) 296. LICENSE HUMBER 296. DATE SIGNED ANGEN, DOK HORST											
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEN 27) (Apple Print)											
	31. DJAN 0 2 1992	Julia Davidson	SIGNATURE DE									

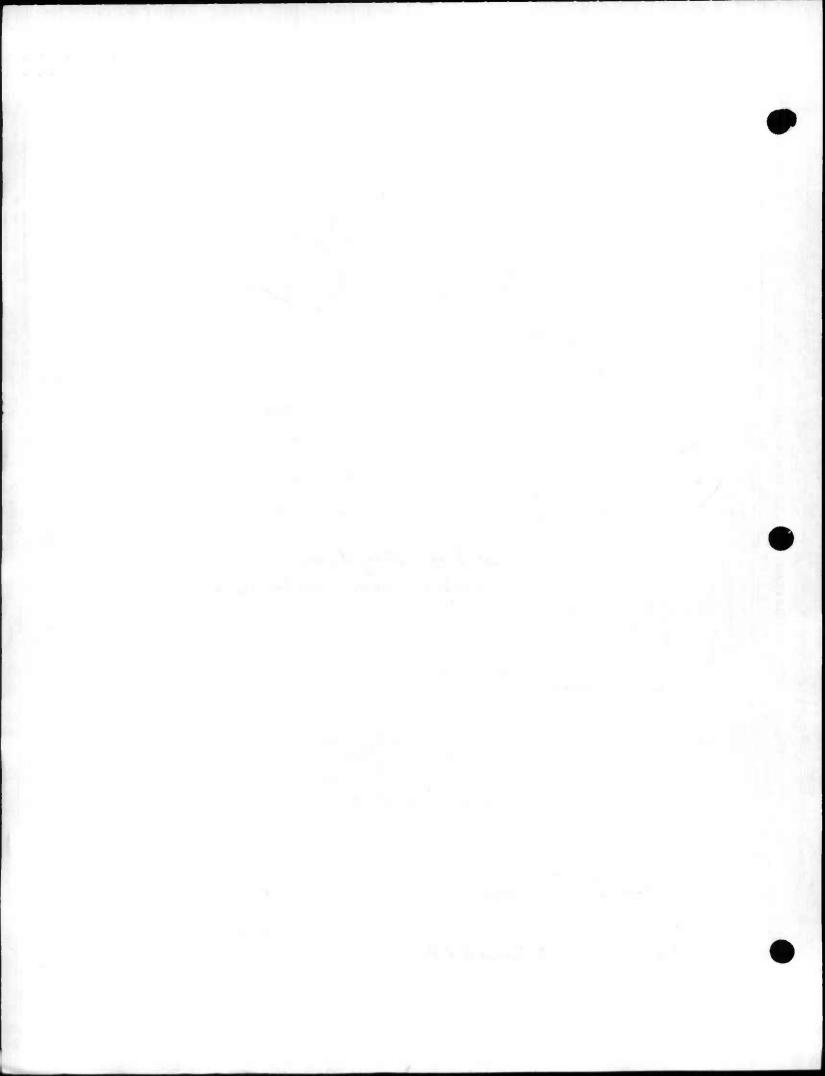


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)  IRENE	A. CRIST	2. DATE MONT	OF DEATH	Q1 YEAF	3. TIME OF DEATH 7:00 A. M				
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			OF BIRTH		TTHPLACE (State or Foreign		
	218-18-0913		91 YRS. MON	THS DAYS HOURS MI		.1,1900	Coe	MD •		
œ	9e. FACILITY NAME (If not institution, give s		9b.	CITY, TOWN OR LOCATION O			COUNTY OF			
57	SUMMIT NURSING	5 HOME		CATONSVI	LLE		BALT	IMORE		
DIRECTOR	MD • 10b. COUNTY	,	10c. CITY, TO	WN OR LOCATION  CATONSVI	LLE			10d. INSIDE CITY LIMITS? 1  YES 2 NO		
FUNERAL	10e. STREET AND NUMBER	3.177		10f. ZIP CODE		10g.		F WHAT COUNTRY?		
¥	98 SMITHWOOD  11. MARITAL STATUS	AVE.	A ADMED		.228			.S.A.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 NO Sp	xican, Puario	Y? (Specify Yea or No Rican, etc.)	BI	ACE — American Indian, ack, White, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	IGN DECEDENT'S USUA	AL OCCUPATION lone during most of working	16b	. KINO OF BUSINESS	S/INOUSTRY			
1 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NO! use reti	JSEWIFE		OWN 1	IOME			
OMO	17. FATHER'S NAME (First, Middle, Last)		1100							
BE C	JOSEPH DORN					Middle, Maiden Surnan KAISER	ne)			
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Ru			, Zip Code)	60045		
F	WILLIAM A.CRI	IST JR.	1155 N	.SHERIDAN	RD. I	LAKE FOI	REST	,ILL.60045		
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remo 4 Donatton 5 Other (Specify)	oval from State 20b.P	LACE AND DATE OF DIS BRKWOOD C	SPOSITION (Name of Sec.) FMFTFRV 1	/3/92			Town, State , MD . 21234		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF	FACILITY					
7	*William K	· Paratti		HENRY W.	RK RD	NKINS & .,BALTO	, MD.			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arreat, abock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C.									
FE	that initiated events reculting in death) LAST	OUE TO (OR AS A C	ONSEQUENCE OF):							
AL CI	PART II. Other algnificant conditions	contributing to death but	not resulting in the	underlying cause alves	In Part 6					
PHYSICIAN: MEDICA	Deme Ana		The resulting in the	m Pert I.	24s. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ								1 YES 2 NO		
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			20. PLACE OF DEATH	(Check only on	9)				
YSIC	1 TYES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetie								
F	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DE\$	CRIBE HOW INJURY	OCCURED			
À	2 Accident Investigation	20- 81 405 05 10 1000	<u>'</u>	T TES 2 NO						
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Specify)	At nome, term, street,	factory, offica	28t, LOCA	ATION (Street and Num or Town, State)	nber or Rurai	Route Number,		
29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.  29e. CERTIFIER 29e. CERTI								(a) and manner as stated.		
								D (Month, Day, Year)		
	Camel !	1 Karm E		2345	ン			30-91		
	30. NAME AND ADDRESS OF PERSON WHO EDMOND P.	TKACZUK M.	D., 413 (	COMMONWEALT	CH AY	/E.,BALT	ro.,N	MD. 21228		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATE	IRE	· · · · · · · · · · · · · · · · · · ·						
JAN 0 2 1992 Julie Davidson Renderle								]		



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

-510 UNX 91-273

1		FOR STATE	STATE	OF N
1	-	1093-310	Obedia	-

MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91 35272

REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First	AT 1885	CITED TO A					2. DA	TE OF DEATH	MY	YEAR	3. TIME OF DEATH
	ANN	CURBEAL					_ 1		199		12:50 A M
4. SOCIAL SECURITY NUMBER 213-70-2			AGE (In yrs. le		IF UNDER 1 YE	AR IF UNDER 24 HRS	7. DA	TE OF BIRTH onth, Day, Year)		8. BIRTI Count	HPLACE (State or Foreign
9a. FACILITY NAME (If not in		1 □ M 2 🖟 F	30	YRS.		SV	10	-15-6	/		MD
				- 1	9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUN	TY OF D	)EATH
PENNSYLV	ANIA	AVE & GO	LD ST		BAL	TIMORE					
10a. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR L	OCATION					10d. INSIDE CITY
mD					BA	Lt					LIMITOT
10e. STREET AND NUMBER		/				10f. ZIP CODE			10g, CITIZ	ZEN OF V	WHAT COUNTRY?
2037 /	1cC	ULLOH	54			2/2/	7			151	
11. MARITAL STATUS	KINIVA I	12. WAS DECEDENT EV	VER IN U.S. A	RMED	13. WAS	DECENDENT OF HIS	PANIC ORIG	GIN? (Specify Ye	s or No—	14. RACI	E — American Indian,
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE WAR		MO	If yes	YES 2 DATO Spe	Ican, Puerl	to Rican, etc.)		Blec	k, Whita, atc.
	EDENT'S EDUC	2471011									BLACK
(Specify only	y highest grade	completed)	18e. D	ECEDENT'S US Give kind of wo	SUAL OCCUI rk done during	PATION g most of working		16b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0	F-12)	College (1-4 or 5+)				AId		NURS	1110	2	1/2125
17. FATHER'S NAME (First, M.	iddle, Last)							t, Middle, Maider			HOME
JOE C	URBI	EAN				Ros		1 1	FOR	$\sim$	
19a. INFORMANT'S NAME (T	ype/Print)		19	b. MAILING A	DDRESS (Str	eet and Number or Run		/ /			
KOSE AS	AFO	RD		2739		VOLU		Lt. h			218
20a. MCTHOD OF DISPOSITI	ION	trai from State	20b. PLACE	AND DATE OF	DISPOSITION				CATION - C		
4 Donation 5 Other	(Specify)		BAL.	ematory or othe	RE (	CEM	1/	1/2	BALT	1.	
21. SIGNATURE OF FUNERAL			/		22. NAM	E AND ADDRESS OF	FACILITY	/			
Bella	Fus	reral 1	Home	_	1112	-9 N C	AR	0/10	-	4	21213
23. PART i. Enter the di	seeses, or c	omplications that car	used the de	eth. Do not	enter the	mode of dving as	ich es ce	erdies or reen	reton, erro	<i>3 /</i> ,	
ehock, or he IMMEDIATE CAUSE (Fin	cort folidie.	List only one cause of	on eech iine	0.		,		or resp	natory arre	ret,	Approximete interval Between
disease or condition resulting in death)		Custil	oT 14	June	TO	There					Onset and Death
roduking in dealin)		DUE TO (OR	AS A CONSE	OUENCE OF):		101/20					
Sequentially list conditi	- C 6	J									
if any, leading to immed	diate	DUE TO (OR	AS A CONSE	OUENCE OF):							
CAUSE (Disease or Injur		DHE TO (OR									
that initieted events resulting in deeth) LAS	r	DUE TO (OR	AS A CONSE	OUENCE OF):							
	d	le									
PART ii. Other eignificer	nt condition	contributing to dee	th but not i	resulting in	the underi	ying ceuse given i	n Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
								PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
								1 2 100			DF DEATH? 1 → YES 2 □ NO
											TES TENO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)											
1 X YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 XOther (Specify) S.C.F.N.F.											
27. MANNER OF DEATH  28a. DATE OF INJURY (Month Day Year)  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
2 Accident Investigation 12-26-199112:30 a 1 YES 2 X NO SUBJECT WAS SHOT											
3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number,											
STREET PENNSYLVANIA & GOLD ST.											
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, end due to the cause(s) and menner as stated.											
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner ea stated.											
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)											
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)											
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF			-						
MANNAM	13-	YORFU	11	N.	PENN	STREET	BAL	TIMOR	E, MAF	RYLA	AND 21201
31. DATE FILED (Month, Day, Y		32. REGISTRAR'S S	SIGNATURE								
JAN 0 2 1992 gula Davidson-handelle											

10-7 1-1

FL C D F L T1

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

be	306
may	<u>d</u>
9	ę
age	dire
9.	<u></u>
eath	fune
Ter.	the wal.
af	A E
our	5
4 5	filled n, I
in 2	ely
ŧ	plet
ba	E .
Cul	nd co
exe	to a
Pe	ior io
cate	E D
il.	gien
5	E E
Seat	atte
he	the Me
at t	and and
Sth	E de
uire	Sig
red	of of
MP.	as b
Je J	e e
N	Sta
CA	the
₹.	is #
0	5 5
N/C	Afte
EN	te .
A	S af
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
A	ZA Z
SPI	ME F
오	豆膏
분	보
2	6 9
	_

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH J MY 995 10 ona 12 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF, BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 220 -76-9741 Day, Your) md. 1 M 2 F 90. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SCHOULD DE DIRECTOR CEDEN 10e STATE 10b. COUNTY 10c. CITY, TOWN OFFILOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2121 5 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cubapy Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 F YES, GIVE WAR OR DATES 1 Never Merried 2 D Merries COMPLETED BY 1 TYES 2 7 NO Specify 3 Widowed 4 Divorced Specify: Black 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY City only highest grade come Secondery (0-12) College (1-4 or 5+) 17. FATHER'S NAME PIS Giddle, Last notified at BE 2 pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na 20c. LOCATION must remetion 3 Re 4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner ele e Lavay medical 23. PART I. Enter the deases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Approximata interval Batween Onset and Death IMMEDIATE CAUSE (Final the disease or condition\_ PNEUMONIA resulting in death) marked, or item 23 shows any injury, or other traumatic event, WEEK DUE TO (OR AS A CONSEQUENCE OF) IMMUNODEFICIENCY CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ROU, RAL CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? **RERFORMED** YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER: ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME O 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 2 Accident 5 Pending Investigation 1 YES 2 NO BY 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide Item 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) May 12-30-91 2 SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1830

& MONUMENT



HALSSON

1992

JAN 0

2

M

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

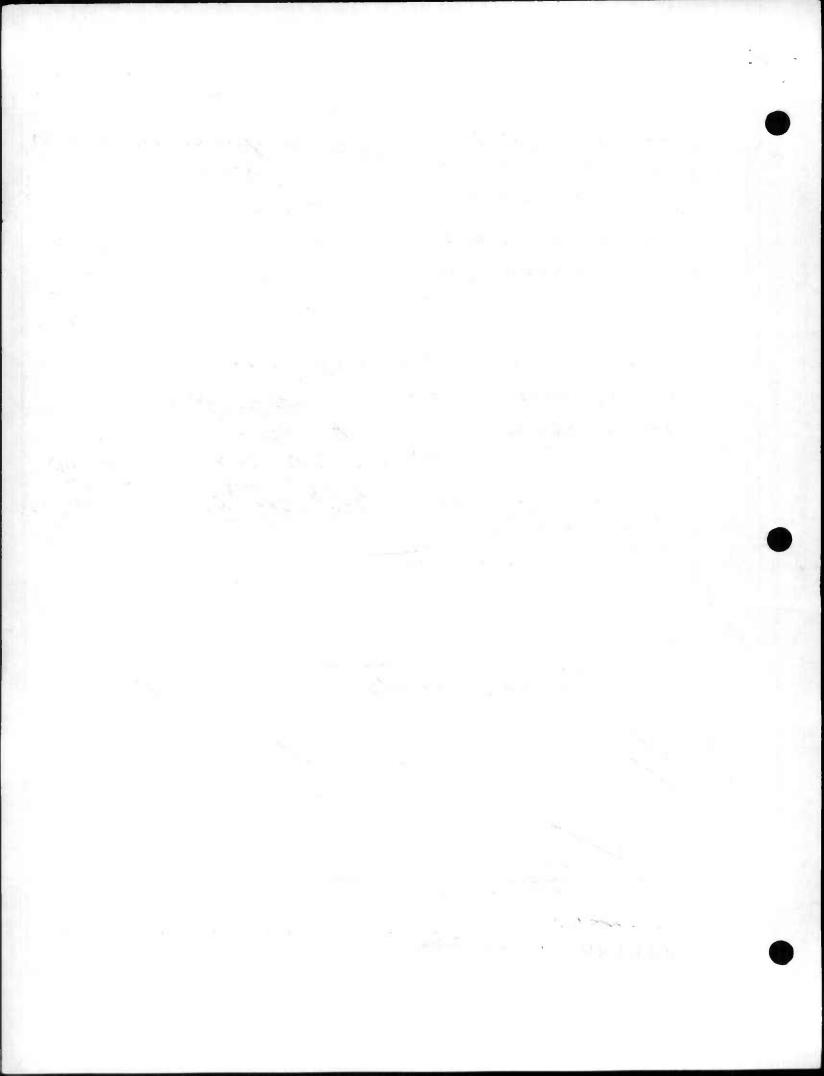
DEMENTIA

231168

TST D.

	Panes	2	
10 THE HOSPIAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin Page.	and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT Hitem 28 is marked, or liem 23 shows any injury or other traumatic event the medical eventuals assume the medical as a made

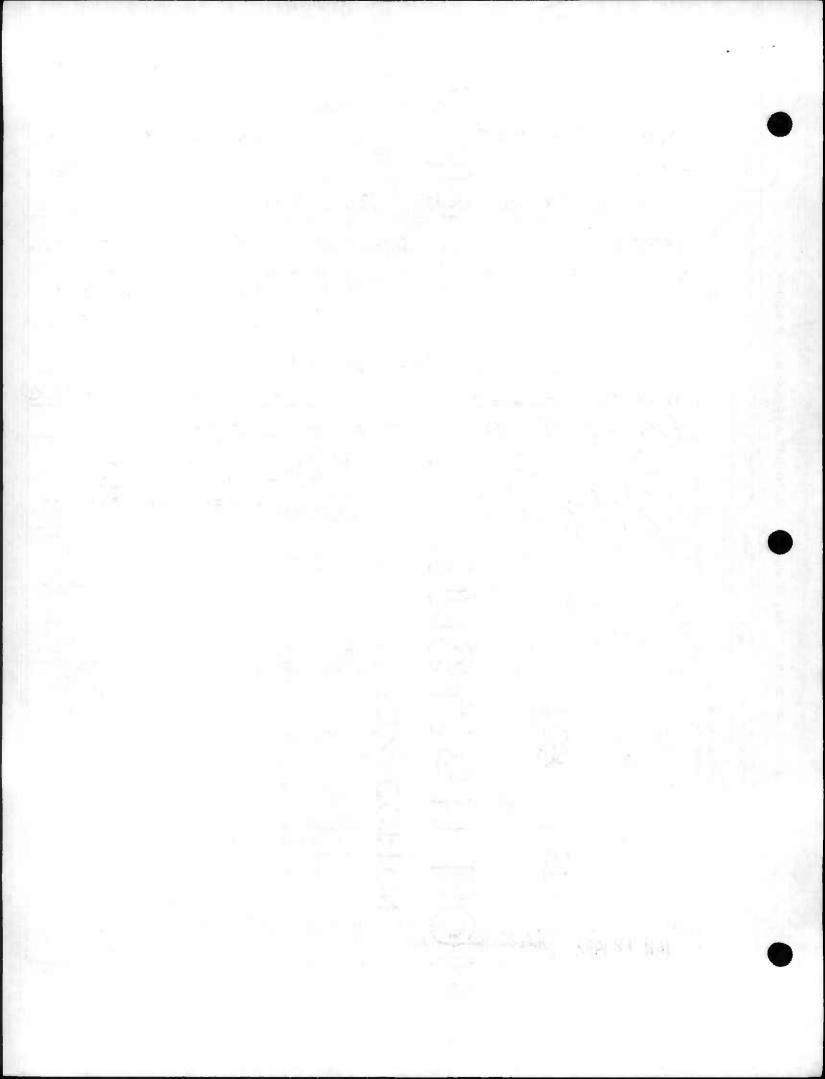
	REGISTRAR		ERTIFICA	TE OF DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last) DEBORAH A	DURNELL			DATE OF DEATH	31,1991 YEAR	3. TIME OF DEATH 12/50 PMM		
TOR	216-44-0827	S. SEX  6. AGE (In yrs. 1	YRS. IF U	HOER 1 YEAR IF UNDER 24 HRS. HIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1943 B. BIRT	THPLACE (State or Foreign		
	9a. FACILITY NAME (If not lossification, give street and number)  7718 GREEN VIEW TERR.  9b. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CO.  RESIDENCE OF DECEDENT								
- DIRECTOR		imore co.	10c. CITY, TOV	N OR LOCATION/ WSON			10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	7718 GREENV	IEW TERR		101. ZIP CODE 2/2(	94	10g. CITIZEN OF	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Veryor Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISPA If yes, specify Cubert, Maxic 1 YES 2 NO Speci	an, Puarto Rican, etc.)	or No — 14. RAC Bio Spe	CE — American indiant, etc. White, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted)	ne. Do NOT use retire	ne during most of working ed.)	16b. KIND OF BU	SINESS/INDUSTRY	77170		
OMPL	17. FATHER'S NAME (First, Middle, Last)	_ PI	RINTIN	G ESTIMA	TER				
BE C	RICHARD EA	RL DURNE		JAN	AME (First, Middle, Maiden SC+	HURMA	PN .		
5	19a. INFORMANT'S NAME (Type/Print) FAMILY REC	CORDS	196. MAILING ADDR	ESS (Street and Number or Rural	Route Number City or Tow	rn, State, Zip Code)			
	20e. METHOD OF DISPOSITION 1	from Stata	EAND DATE OF DISI	POSITION (Name of CE)	1-2-92 20c. LO	CATION — City or T	Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	f. Jair		22. NAME AND ADDRESS OF FA	TAPEL	OF CH	MUM. MI		
	23. PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest,  Approximate								
	Interval Between Onset and Deeth  Due to (OR AS A CONSEQUENCE OF):								
NOI	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
FICAT	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST								
- H	PART II. Other significant conditions of	ontributing to dyath buting	resulting Invity	underlying cause given in			b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	1 YES 2 NO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAN: M	1   YES 2   NO								
Si Si		OSPITAL:	ОТН						
Ě	27. MANNER OF DEATH	inpstient 2 ER/Outpatient 25s. DATE OF INJURY	28b. TIME OF	turning Home 5 Residence	6 ☐ Other (Specify)  28d. DEŞCR/BE HOW II	N HIEV OCCUPED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	and Describe NOW	NJUNY OCCUMED			
	3 Suicide 6 Could not be datarmined	28t, LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,					
3 Suicide 6 Could not be datarmined 28s. LACE OF INJURY — At home, tarm, street, factory, office 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occurred at the time, data and placa, and dua to the cause(a) and mannar as stated.									
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	En Die	MA	290_LICENSE NUI		29d. DATE SIGNED	O (Month, Day, Year)		
2	30. MARIE AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)	1101	1 11	►/2-3	1-71		
	31. DATE FILED (Month, Day, Year)	12. ARGISTAAR'S SIDMATURE Ma. Davidson-Wonda	MD	-408 H21	pertou.	se-(2	osskay		
	JAN 0 2 1992 94	the handson-Manage				120	21/0		



DIVISION OF VITAL RECORDS, F.O. BOX 88/80, BALLIMORE, MANTLAND ZIZIS-0020	(	1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	1	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		
IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle Last)  NORMA B. DORBA  2. DATE OF DEATH  DAY  OF A  7. TIME OF DEATH  7. 42 am M								
ron	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  6. AGE (In yrs. last birthday)  1 - M 2 F 6 9 YRS.  1 - M 2 F 6 9 YRS.  1 - M 2 F 6 9 YRS.  1 - M 2 F 7 DATE OF BIRTH  (Month, Day, Year)  1 - M 2 F 7 DATE OF BIRTH  (Month, Day, Y								
	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY  96. COUNTY OF DEATH  RESIDENCE OF DECEDENT								
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 101. INSIDE CITY LIMITS?  1 PYES 2 \( \superigraph \text{NO} \)								
FUNERAL	100. STREET AND NUMBER 6225 YORK RD. APT. N-14 21212 105. CITIZEN OF WHAT COUNTRY? U.S.A.								
B	11. MARITAL STATUS  1 Never Married 2 Married 3 Notored 1 Divorced 12. Was December Ever IN U.S. ARMED 13. Was December of Hispanic Origin? (Specify Yee or No-lif yes, specify Cutpin, Mexican, Puerto Rican, etc.)  12. Was December To Finispanic Origin? (Specify Yee or No-lif yes, specify Cutpin, Mexican, Puerto Rican, etc.)  14. RACE — Arriarica Indian, Bleek, White, etc.  15. Was December To Finispanic Origin? (Specify Yee or No-lif yes, specify: Upon, Mexican, Puerto Rican, etc.)  16. Was December To Finispanic Origin? (Specify Yee or No-lif yes, specify: Upon, Mexican, Puerto Rican, etc.)  17. Was December To Finispanic Origin? (Specify Yee or No-lif yes, specify: Upon, Mexican, Puerto Rican, etc.)  18. Was December To Finispanic Origin? (Specify Yee or No-lif yes, specify: Upon, Mexican, Puerto Rican, etc.)								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (6-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY								
	17. FATHER'S NAME (First, Middle, Last)  WILLIAM G. SIEGEL  18. MOTHER'S NAME (First, Middle, Maldon Surnamo)  MARY VIOLA WHITE FORD								
TO BE	19a. INECOMMANT'S NAME (Type/Print) RECORDS  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Topyn, State, Zip Code) SAME AS ABOVE								
	20e. METHOD OF DISPOSITION  1   Burial 2 (D Cremellon 3   Removal from State)  4   Donation 5   Other (Specify)								
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE  1. Gair  22. NAME AND ADDRESS OF EACHTY  28. NAME A								
	23. PART   Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, interval Between Onset and Deeth disease or condition   RTSPIRA TORY FAILURE   Cause or condition   RTSPIRA TORY   FAILURE   Cause or condition   Cause or conditi								
NC	DUE TO (OR AS A CONSEQUENCE OF):  Years								
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A COMSEQUENCE OF):  DUE TO (OR AS A COMSEQUENCE OF):								
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
MEDICAL	AMALISE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one)								
SIC	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence S Other (Specify)								
ВУ РН	27. MANNER OF DEATH  28e. DATE OF INJURY  1 Natural 5 Pending Investigation Investigation  28e. DATE OF INJURY  28e. DATE OF INJURY  28e. DATE OF INJURY  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO								
	3 Suicide S Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
3 Suicide 4 Homicide 5 Could not be determined building, etc. (Specify)  29e. CERTIFIER (Check only one)  20m (Chror Town, State)  20m (Chror Town, State)  20m (Chror Town, State)  20m (Chror Town, State)  20m (Chror Town, State)  20m (Chror Town, State)									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  27 Dec 91.								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  K.W., Chau 1637 #E waverly way Baltima 21239.								
	JAN U 2 1992 July July 2 1992								



510

STATE OF M

	9	1	3621
ARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E		

MK 91-						
9	1-7694-					
	1 - FOR STATE REGISTRAL					
	1. DECEDENT'S NA					
	HELE  4. SOCIAL SECUR					
	215-7					
	9e. FACILITY NAM					
OR	500 B					
EG	RESIDENCE (					
PIG	MD					
3AL	10e. STREET AND					
NER/	2/13					
5	11. MARITAL STATE  1 Never Merries					
В	3 Widowed 4					
ETED	(S					
PLE	Elementary/Sec					
NO.	17. FATHER'S NAME					
l iii	ANDRE					
0	19. INFORMANT'S					
	1.110-111					

REGISTRAR	CE	ERTIFICA	ATE O	F DEAT	ГН	REG. NO	_			
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH								TM		
HELEN DAVIS						12 26 DAY 199 YEAR			12:50	Λ 1.
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	t birthday) IF I	UNDER 1 YEAR	R IF UNDER	24 HBS	7. DATE OF BIRTH				ΔΝ
215-72-0043	1 M 2 B4 39		THS DAY		MIN.	(Month, Day, Year)		Countr	IPLACE (State or F	oreign
9e. FACILITY NAME (If not institution, give	street and number)	- 06	CITY TOW	N OR LOCATION	201.05.05	12-25-5			3,0	
						AIH	9c. COU	NTY OF DI	EATH	
500 BLK GOLD	51.		BALT	IMORE	<u>.                                    </u>					
10e. STATE 18b. COUNT	TY	10c. CITY, TO	WN OR LO	CATION					10d. INSIDE CIT	ν
ma		B	A Lt						LIMITS?	
10e. STREET AND NUMBER	, ,			101. ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?	
2113 McCUL	Loh ST.			2121	7			US	4	
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2		13. WAS D	ECENDENT O	F HISPAN	IC ORIGIN? (Specify Yee	or No-	14. RACE	- American Indi	len,
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	~	1 🗀 Y	ES 2 110	Specify.	, Puerto Rican, atc.)		Specif	t, White, etc. /v:	
								BI	ACK	
15. DECEDENT'S EDU (Specify only highest grade	e completed) (Gir	Ve kind of work of	done durina	TION most of workin	a	16b. KIND OF BUS	INESS/INC	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use retii	red.)							
		~/	W							
17. FATHER'S NAME (First, Middle, Last)	1					ME (First, Middle, Maiden	Surneme)			
ANDREW HO	HFORD			Luc	ILL	E WOO	dA	Rh		
190. INFORMANT'S NAME (Type/Print)	196	MAILING ADD	RESS (Street	et and Number	or Rural A	oute Number, City or Town	, State, Zip	Code)		
LUCILLE ASP	1FORD 2	739	TIV	·OLY	B	ALT m	0	2/2	18	
20a. METHOD OF DISPOSITION 1 Disposition 2 Cremation 3 Rem		ND DATE OF DIS	POSITION				CATION —			
4 Donation 5 Other (Specify)		matory or other pi	DRF	CEM		1/4/40-	BA	U.		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			AND AODRES		ILITY		-, .		
Betts Fu	neral Home	_	112	9 N	·C	AROLINE	· 57	1.	21213	,
23. PART I. Enter the disease, or	complications that caused the dec	th. Do not e	nter the n	node of dyle	ng, euch	ee cerdiec or respir	atory err	eet.	Approxim	
iMMEDIATE CAUSE (Fine)	Liet only one ceuse on eech line.				5		1100		Interval B	etween
disease or condition	1 8 8	- 1		1		0-4			Onset and	I Death
recuiting in death)	DOE TO (OR AS A CONSEQU	UENCE OF		2 01	10	(CDA)			-	
_	and the second s				1					
Sequentially liet conditions,	DUE TO (OR AS A CONSEQU	UENCE OF:			)_					
If eny, leading to immediate cause. Enter UNDERLYING										
CAUSE (Diseese or injury that initieted evente	C. DUE TO (OR AS A CONSEQU	UENCE OF							-	
resulting in deeth) LAST		Partition of the							i	
	4.								1-	
PART II. Other eigniticent condition	ne contributing to death but not re	aulting in the	underlyl	ng ceuse g	lven in P	art I. 24a, WAS AN	WTOPSY	24b.	WERE AUTOPSY FI	NDINGS
						PERFORI			AWAILABLE PRIOR COMPLETION OF C	
OF DEATH?										
						-			1 YES 2   N	10
25. WAS CASE REFERRED TO MEDICAL			200	DI 105 05 05						
EXAMINER?  HOSPITAL:  OTHER:										
27 MANINED OF DEATH										
1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	_ V	NJURY AT YORK?	-	28d. DESCRIBE HOW IN				
2 Accident Investigation	12-26-1991	12:30		YES KX	$\rightarrow$	SUBJECT				
3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — At hom building, etc. (Specify)		lactory, off	Ice		281. LOCATION (Street ar City or Town, State)				D
	STREET 500 BLK GOLD ST. BALTO.									
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledge, dest	th occurred at t	he time, de	te end place,	end due le	the cause(e) end menr	er ee state	ıd.		

	y precent and are the time, date and precent
STONATURE AND TITLE OF CENTIFIER	
STORES OF CENTIFIES	29c, LICENSE NUMBER

N.

O.C.M.E

PENN STREET BALTIMORE, MARYLAND

29d. DATE SIGNED (Month, Day, Year)

12-26-1991

2 1992

32. REGISTRAR'S SIGNATURE

DHMH-16 Ray 1/89

6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

asp

1.00

ž = 1, 0 = 2°

Date 8 - V 809

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



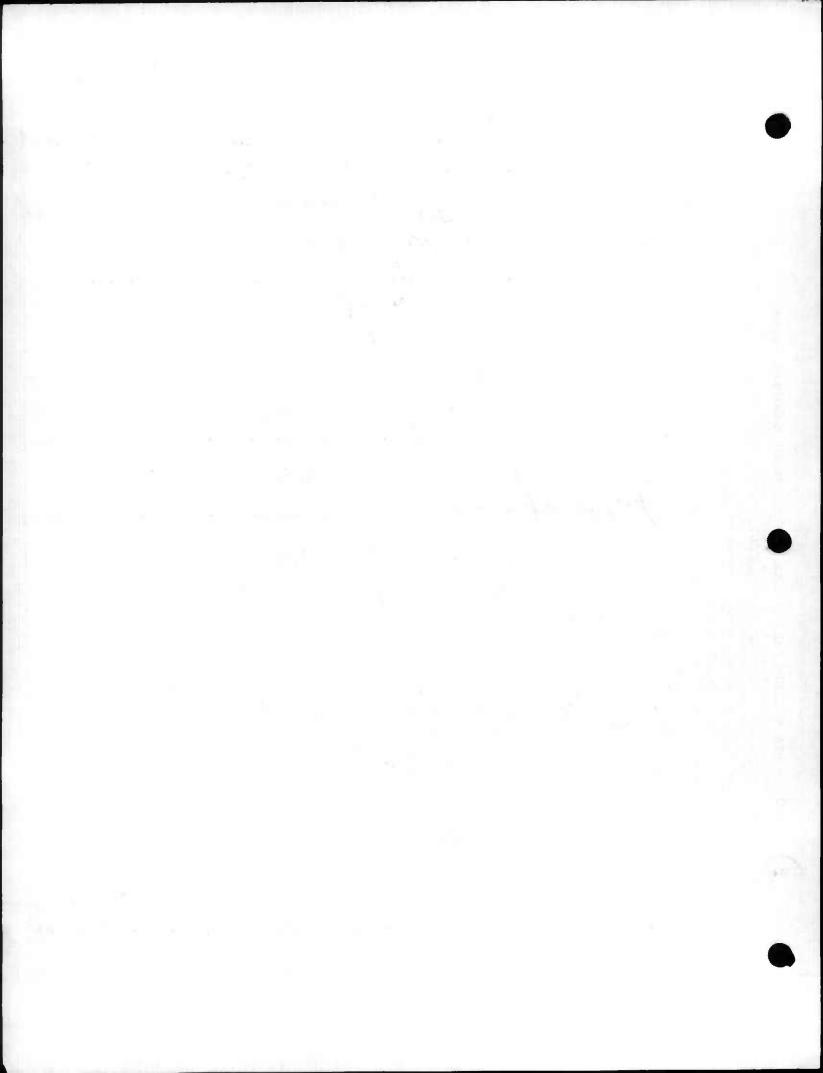
FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		OTATE OF IT	initi Ln			F DEATH		EG. NO.	_			
1. DECEDENT'S NAME (First, I							2. DATE OF D	EATH			3. TIME OF DEA	тн
VERNON R. D	UNN						MONTH 12	30	, 199	YEAR	8:00	Ам
4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE (Ir	n yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF B	птн		8. BIRTI	HPLACE (State or F	oreign
212-58-7135		1 X M 2 □ F		40 YRS.	MONTHS DAY	S HOURS MIN.	02-04-			MA1	w RYLAND	
9e. FACILITY NAME (If not inst	titution, give str	set end number)			9b. CITY, TOW	N OR LOCATION OF D		-	9c. COU	NTY OF D		
VA MEDICAL (					FORT H	OWARD			В	ALTI	MORE	
	10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CIT	Υ
MARYLAND	BALTI	MORE		RAT	TIMORE						LIMITS?	( NO
10e. STREET AND NUMBER				I DAI	II I I I I I I I I I I I I I I I I I I	101. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
8927-A WALTI	HAM WO					21234			UN	TED	STATES	
11. MARITAL STATUS	and a	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED		DECENDENT OF HISPA , specify Cuben, Mexic			or No-	14. RACI Blac	E — American Indi	lan,
1 Never Merried 2 A 3 Widowed 4 Divorce		IF YES, OIVE W	AR OR DA	TES		YES 2 1-NO Speci		,,		Spec	WHITE	2
15. DECE	DENT'S EDUC	ATION completed)		16e. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KINI	D OF BUS	INESS/IN	DUSTRY		
Elementary/Secondery (0-		College (1-4 or 5	-)	Iffe. Do NOT us	se retired.)			***				
12				Milita	ry Ser	viceman			Navy			
17. FATHER'S NAME (First, Mic GEORGE CARL		SR.				16. MOTHER'S NA	THE PARTY OF THE P			Day o		
19e, INFORMANT'S NAME (Ty)		DIC.		19b. MAILING	ADDRESS (Str	MARGAR	ET ELIZ				DVE	_
George Dunn	, KBrot	her				am Woods F					234050	
20e. METHOD OF DISPOSITIO		val from State	20b.	PLACE OF OISPO	SITION (Nome of	cometery, cremetory or ial Garder	15 1/2/	20c. LO	CATION -	City or To	own, State	Md.
4 Donetion 5 Other (		ENSEE	- 1.0.1			E AND ADDRESS OF F		/~		11100	0 0011	
1 Mmu	4	Such	dela	rike	Bru	zdzinski I Z Fastern	Funeral				d. 2122	
23. PART I. Enter the die ehock, or he IMMEDIATE CAUSE (Find diseese or condition resulting in death)	art fsllure. L	PNEU	MONIA	ech line.		mode of dylng, suc	ch ee cerdiec	or respi	ratory er	rest,	Approxim Interval E Onset en	Between
Sequentielly list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events	liate NG			CONSEQUENCE O								
resulting in deeth) LAST					_							
PART II. Other significan		contributing to				ying ceuee given in		WAS AN PERFOR		241	b. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?	R TO CAUSE
25. WAS CASE REFERRED TO	MEDICAL				2	B. PLACE OF DEATH (C	hear ank one)					
EXAMINER? Y		HOSPITAL:	FB/Out-	stlent 3 🗆 nos	OTHER:	Home 5 - Residence		moths:				
27, MANNER OF DEATH		28n. DATE OF	INJURY	28b, TIA		Home 5 L Residence	28d. DESCRIE	,,	NJURY OF	CURED		
1X Natural 5 🗆 F	Pending nvestigetion	(Month, E	lay, Year)		JURY	WORK?	aud. Degume	DE 11011 1		JOGILLO		
3 Suicide 6 0	Could not be datermined	28e. PLACE ( building,	etc. (Spec	— At home, ferm,	atreet, fectory,	office		N (Street i wn, State)		or Aural	Route Number,	
1						date and place, end du					(e) end menner as	stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	· Let	-	90		29c. LICENSE NU	JMBER		29d. DA	TE SIGNE	D (Month, Day, Year 30-91	")
30. NAME AND ADDRESS OF												
C.V.J. VERGH	ESE, M				CER, FO	RT HOWARD	, MD 2	2105	2			
JAN 0 2 199	32 4	32. REGISTRA	AR'S SIGN	ature ndess.								

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNE WAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Detr. of Health and Mental Hyniene prior to hurial command.	ie medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE FLOW INC. PROPRIEDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNETIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dert, of Health and Mental Hyrisens brink to hural cremation, or remayal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	) / DEPAR CERTIF	TMENT OF	HEALTH F DEAT	AND M	ENTAL HYGIEN		30270	
	1. DECEDENT'S NAME (First, Middle, Last)			OATE O	DEA		2. DATE OF DEATH		3. TIME OF DEATH	
	Loui	se G. Klepp	- Face				MONTH >	AY	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (Invis.	. last birthday) IF UNDER 1 YEAR   IF UNDER 24 HRS.				7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
	212-03-1790	1   M 2   F	≥ YRS.	MONTHS DAYS	-	MIN.	(Month, Day, Year)	00	Country)	
	9a. FACILITY NAME (If not institution, give stre	et and number)	)	9b. CUTY, TOW	10010017		1-15-		Maryland	
Œ	John Hopkins Ge	· · · · · · · · · · · · · · · · · · ·	+02	Pan	L. COLIN	ON OF DEA	IH )	9c. OOUN	TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	Tractic cen	rei	Say	7///	THE		pay	HIMORP CIX	
l iii	10a. STATE 10b. COUNTY		10c. CIT	, TOWN OR LO	ATION				10d. INSIDE CITY	
5	Md. Bal	timore		Balti:	nore				LIMITS?  1 YES 2 X NO	
A	10e. STREET AND NUMBER				IOI. ZIP CODE	E		10g. CITIZI	EN OF WHAT COUNTRY?	
FUNERAL	205 N. Rolling	Rd.				2122	2.8		U.S.A.	
5		12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS D	ECENDENT O	F HISPANIC	ORIGIN? (Specify Yes		14. RACE — American Indian.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2	X <sub>NO</sub>		specify Cuba S 2 12√ NO	n, Maxican, Specify:	Puerto Ricen, atc.)		Black, White, atc. Specify:	
	45				25				White	
H	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 16a.	(Give kind of w	USUAL OCCUPA	TION nost of workin	9	16b. KIND OF BU	SINESS/INDU	STRY	
12		College (1-4 or 5+)	ille. Do NOT us							
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Lest)		Claim	s Exa	_				Security	
-					18. MOTH	IER'S NAME	E (First, Middle, Maiden	Surname)		
BE	Franz Von Salz  19a. INFORMANT'S NAME (Type/Print)				An	na F	Rheinbol	dt		
2							ute Number, City or Tow			
	Mr. Johan Klepp		<u>205 N</u>	.Ro11:	ng R	d. E	Balto.,			
	1 Burial 2 Cremation 3 Ramovi		CEAND DATE O	FDISPOSITION (	Vame of		DATE 20c. LO	CATION - CI	ty or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	Gre	enmou	nt Cre	mato	ry	Ba	lto.	, Md.	
	O PONEMAC SERVICE LICEN	1).			AND ADDRES			- u - 1	TT	
	Hartley Miller Funeral Home 7527 Harford Rd. Balto., Md. 21									
	23. PART Enter 156 diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, immediate cause on each line.  IMMEDIATE CAUSE (Final disease or condition as the condition resulting in death)  a. Advance (Volon)									
CERTIFICATION	Due To (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions of	antributing to death but no	et resulting in	the underlyi	Cer,	iven in Pa	24a. WAS AN PERFOR	MEDT	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ä	anemia i	MESA	,	01	0		- 1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DE	ATH (Check	only one)			
KSI		☐ Inpetient 2 ☐ ER/Outpetient		OTHER:	me 5 🗆 Res	idence 6	Other (Specify)			
표	27. MANNER OF DEATH	28s. DATE OF HUJURY (Month, Day, Year)	28b. TIME		JURY AT	21	ed. DESCRIBE HOW II	LJURY OCCU	RED	
B	Natural 5 Pending Investigation	(1000)	4.44	11.00	YES 2	NO				
ED	3 Suicide 6 Could not be	28e. PLACE OF INJURY At building, etc. (Specify)	home, farm, st	reet, factory, off	CR	21	St. LOCATION (Street a	nd Number or	Flurer Floute Number	
	4 Horsicide determined						City or Town, State)			
12	29a. CERTIFIER (Check only	N: To the best of my knowledge,	death occurred	f at the time de	s and place	and due to	the newsorth and man			
COMPLET	one) 2 MEDICAL EXAMINER; (	On the beals of examination and/o	or investigation	, in my opinion.	death occurs	d at the tim	ne, data and niace, an	due to the	reuse(s) and manner as state t	
	29b. SIGNATURE AND TITLE OF CERTIFIER	/								
BE	Modela	2/1/m)			72/	SE NUMBE	Э /	29d. DATE S	GIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (*)	TEM 27) /Ame /	Period)	NO	2	10	10	1-30-71	
	Lame Zelesn 31. DATE, FILED (Month), Day Mari	CA PAC		50.5	Hop	Kans	Bayne	w C	ircle 21004	
	JAN 0 2 1992 90	The Devidor-Name								



36279 91

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flowrs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--	--

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO						
1. DECEDENT'S NAME (First, Middle, Leet)		FRId			2. DATE OF DEATH DONTH	28-31 i	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER	5. SEX 8. AG			F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH 1 () (Month, Day, Year) OCT -7-19	, ,	BIRTHPLACE (State or Foreign Country) MARYLAND				
99. FACILITY NAME (If not institution, give s 2914 GLEN AVE.	treet and number)		96. CITY, TOWN OR I	LOCATION OF OE		9c. COUNTY	OF DEATH				
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCATION	1			10d. INSIDE CITY				
MARYLAND  100. STREET AND NUMBER			BALTIMO	-		L. armen	LIMITS?				
2914 GLEN AVE.			101. 21	21215			SA				
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-HISPANIC ORIGIN?) (Speci											
15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEOENT'S U (Give kind of wo	rk done during most o	of working	16b. KIND OF BU	SINESS/INDUST	rry				
Elementary/Secondary (0-12)	College (1-4 or 5+)	itte. Do NOT use HOUS	EWIFE		AT	HOME					
17. FATHER'S NAME (First, Middle, Last) JULIUS FINE			.1	U. MOTHER'S NA JENN	ME (First, Middle, Maider IE HOROWI						
190. INFORMANT'S NAME (Typo/Print) MRS - ARLENE GITT	ELSON	19b. MAILING / 2602 W	ILLOW GLI	Number or Rural I	Route Number, City or Tov BALTO • , MD	vn, State, Zip Coo 212					
20e. METHOD OF DISPOSITION  1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem  4 🗓 Donation 5 🗀 Other (Specify)	oval from State	20b. PLACE AND DATE	r other place)			CATION — City					
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	AGUDAS AC				ROSED	ALE, MD				
· Ellersu	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SOL LEVINSON & BROS., INC.  6010 REISTERSTOWN RD., BALTO., MD 21215										
23. PART I. Enter the diseases, or shock, or heart fellure.	complications that cause	sed the deeth. Do no									
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. Besterie	l Perit	onitis				Onset and Death				
	DUE TO (OR A	S A CONSEQUENCE OF)	:				4 months				
Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR A	S A CONSEQUENCE OF	:	-			1 week 4 months				
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF					15 Honen				
	d										
PART II. Other significant condition	ns contributing to deeti	but not resulting in	the underlying o	suse given in	Pert I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
					_	•	1 TYES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF DEATH (Ch	neck only one)						
1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/C		OTHER: 4 — Nursing Home	5 Residence	6 Other (Specify)						
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Yes		RY WORK	Y AT	28d. DESCRIBE HOW	INJURY OCCUP	IED				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, at pecify)			28f. LOCATION (Street City or Town, State		Rural Route Number,				
cone)	ICIAN: To the best of my kr						euse(e) and manner ee stated.				
296. SAGNATURE AND TITLE OF CERTIFIE	rastrei	e mo	2	D 25	MBER 773		IGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WE	ORASTIE	DEATH (ITEM 27) (Type,	O N. WO	LFE	ST BA	IT.	MD.				
JAN 0 2 1992	1 32 MEGISTRAR'S &										

rhomatic medic

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	ned by the hospital or attending physician.	ould be detached for use as the burial-transit permit. Pages 1, 2, 3 should	led at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Best of Health and Mental Honizon price no hours are now as the complete of the state best of Health and Mental Honizon price no hours after death within 72 hours after death with the State Best of Health and Mental Honizon price no hours are now as the complete of the state of the st	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR	YLAND	DEPAI	RTMEN	T OF I	IEALTH AND DEATH	MEN	TAL HYGIE				
	1. DECEOENT'S NAME (First, Middle, Last) Helen P	Frederic	ζ.					MC	TE OF DEATH	DAY S1	47	3. TIME OF DEAT	A M
	4. SOCIAL SECURITY NUMBER 213-20-1455	1 🗆 M 2 🗓 F	GE (In yrs. In	st birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DA	TE OF BIRTH onth, Day, Year)	23	Countr	PLACE (State or Fo	reign
TOR	99. FACILITY NAME (If not institution, give s Union Memoria RESIDENCE OF DECEDENT				9b. CIT		LTIMORE	DEATH		9c. COU	NTY OF D	EATH	
DIRECTOR	MARYLAND 106. COUNT	Y		10c. CITY, TOWN OR LOCATION BALTIMORE						)		10d. INSIDE CITY LIMITS? 1 [X] YES 2 [ NO	
FUNERAL	10e. STREET AND NUMBER  3701 RO	LAND AVENUE		101. ZIP CODE 21.211						10g. CITI	ZEN OF V	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	ER IN U.S. A		13.	If yes, sp	ENDENT OF HISP ecity Cuben, Mexi 2X NO Spec	cen, Puer	GIN? (Specify ) to Rican, etc.)	fee or No—	14. RACE Black	— American India c, White, etc.	en,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  UNKNOWN  16e				USUAL Consider done so retired.)	during mo	ON st of working		16b. KIND OF B	USINESS/IND		WILLEL	
BE COM	17. FATHER'S NAME (First, Middle, Last)  JOHN GIANACOPOULOS							TOIN	IO ZIS	SMOS			
5	JOSEPH FREDERICE	Χ	15				nd Number or Aure					1	
	JOSEPH FREDERICK  3701 ROLAND AVENUE, BALTO., MD. 21211  20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Ramoval from State  4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  A. ALAN SEITZ, JR. FUNERAL HOME									MARYLAND			
CERTIFICATION	23. PART I. Enter the diseases, or chock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST	CONSE	QUENCE O	nce	ph.	lope to	tt (	ardiec or res	piratory arr	est,	Approxime interval Be Onset and	tween	
PHYSICIAN: MEDICAL CER	PART II. Other significant condition	s contributing to deal	h but not	resulting	In the ur	ndariyinç	cause given in	n Pert I.	1 nenec	N AUTOPSY DRMED? 2 NO	24b.	WERE AUTOPSY FIN AVAILABLE PRIOR 1 COMPLETION OF COF 0EATH?	AUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Subnetlant 2	□ <b>po</b> a	OTHE	R:	ACE OF DEATH (C						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	RY Ir)	28b. TIM INJ	E OF URY M	28c, INJI WO t Y			her (Specify) ESCRIBE HOW	INJURY OCC	UREO		
	3 Sulcide 6 Could not be determined	28e. PLACE OF INJ building, etc. (	JRY — At ho Specify)	me, ferm, s	street, fect	ory, office		281. LC	OCATION (Street by or Town, State	end Number	or Rural R	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner se atated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end not not be cause(s) and not be cause(s) and not not be cause(s).									end menner ee sta	sted:		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  May vol E	w	29c. LICENSE NUMBER 29d. DATE SIGNED (A				(Mogth, Day, Year)						
		COMPLETED CAUSED F MELOCY OF 32. REGISTRAPS S	- Un	ion 1	Print)	oria	Hospi	tal	201	E. Uni	J. Pa	rkura timore, s	40

14 6:04 Thomas minute 

			021111	TICATE	OF DEATH		REG. NO	<i>'</i>	
	1. DECEDENT'S NAME (First, Middle, Las	131				2. DAT	E OF OEATH	MY	3. TIME OF DEAT
	Jusan D.		nan				12	309	7 700
	4. SOCIAL SECURITY NUMBER		MGE (In yrs. last birthday	MONTHS DA			E OF BIRTH		6. BIRTHPLACE (State or Fell Country)
	413-28-4804	1 M 2 F	4/ YRS.	·	NOUNS WIN	SE	PT. 2	3.501	VATERBURY.
œ	9a. FACILITY NAME (If not institution, give	e street and number)	00	9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUNT	TY OF DEATH
ō	RESIDENCE OF DECEDENT	ITAN ITC	27.	134	TIMO	RE	CITY	1	
DIRECTOR	10a, STATE 10b. COUN	VTY	10c. C	STY, TOWN OR L	OCATION DEAT A	i w			10d. INSIDE CITY
PE	MARYLAND	Harford Co	#	ALTH	more	612	8/		AMENES 2
AL	100. STREET, AND NUMBER	211.1.		12 17	101, ZIP CODE	CIE	7	10g. CITIZI	EN OF WHAT COUNTRY?
ER	796 DAKE	LANE			2101	5		4	.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV		13. WAS	DECENDENT OF HIS	PANIC ORIG	IN? (Specify Yes	n or No— 1	4. RACE — American India
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O		If yes	YES 2 NO Spe	ican, Puerto offy:	Rican, etc.)		Black, White, ster Specify:
EDE									WHITE
H	15. DECEDENT'S Ed (Specify only highest gra-	de completed)	(Give kind o	'S USUAL OCCUP of work done during	PATION g most of working	16	b. KIND OF BU	SINESS/INDU	STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	THE. US NOT	use retired.)	10.10:11 -		BALT	0.0	O. DEPT
M	17: FATHER'S NAME (First; Middle, Last)	d.	15/1970	EOF	MAKYLA	140	OF S	oc.	SERVICE
	DONALD in	111 TAN	ESIT.	nanl	16. MOTHER'S	NAME (First,	Middle, Malden	Sumame)	Burnop
B	19a. INFORMANT'S NAME (Type/Print)	11-101	1 = 6/1/	1777	ru	117	11191	KIH	IT BURE
2	FAMILY 1	PECORDS	190. MAILIF	AND S	eet and Number or Rur	al Route Nur	nber, City or Tow	n, State, Zip C	Code)
	20e. METHOD OF DISPOSITION		200 01 405 4110 415	37.76	40	450	18		
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE	other plage	(Name of	1-2	TE 20c. LO	CATION — CI	ty or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE	JECC "	22 NAM	E AND ADDRESS OF	FACILITY .	1 6	112/1	MORE CIT
	1011	00							
	11 11 1 1 1 1	1 9		20	ANS	0/1	7962	- 01	memor
-	Veger	J- Ja	ir	20	100 A	SIT	FRID	RD.	PARKUI
	23. PART / Enter the diseases/or shock, or heart failure	r complication / that cause. List only one cause o	used the death. Do	20	100 A	SIT	GRAD rdiac or respi	RD,	
	IMMEDIATE CAUSE (Final	complications that cause of List only one cause of	ar accri iine.	not enter tha	900 mode of dying, an	uch aa ca			intarvai Be
		acute	My	not enter tha	100 A	uch aa ca			intarvai Be
	IMMEDIATE CAUSE (Final disease or condition	acute	ar accri iine.	not enter tha	900 mode of dying, an	uch aa ca			intarvai Be
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. a cute  DUE TO (OR )	AS A CONSEQUENCE	not enter that scard	900 mode of dying, an	uch aa ca			intarvai Be
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. a cute  DUE TO (OR )	My	not enter that scard	900 mode of dying, an	uch aa ca			intarvai Be
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A	AS A CONSEQUENCE	o not enter that secured of:	900 mode of dying, an	uch aa ca			intarvai Be
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE	o not enter that secured of:	900 mode of dying, an	uch aa ca			intarvai Be
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CCUTC DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE	onot enter that second of:	mode of dying, and	uch aa cau			intarvai Be
甘	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CCUTC DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE	onot enter that second of:	mode of dying, and	uch aa cau	exet i	AUTOPSY	interval Be Onset and 12/30/
DICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CCUTC DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE	onot enter that second of:	mode of dying, and	uch aa cau	ereti	AUTOPSY Meg?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TCOMPLETION DF CA
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CCUTC DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE	onot enter that second of:	mode of dying, and	uch aa cau	24a. WAS AN PERFOR	AUTOPSY Meg?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION DF CA DF DEATH?
MEDICAL	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CCUTC DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	AS A CONSEQUENCE	onot enter that second of:	mode of dying, and	uch aa cau	24a. WAS AN PERFOR	AUTOPSY Meg?	24b. WERE AUTOPSY FIN AVAILABLE PRIDE TI COMPLETION DF CA
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CCUTC DUE TO (OR A  C. DUE TO (OR A  d. Dons contributing to deat	AS A CONSEQUENCE	on not enter that such displayed to the control of	mode of dying, and	In Part I.	24a. WAS AN PERFOR 1   YES 2	AUTOPSY Meg?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION DF CA DF DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditions of the conditions of the cause of the conditions of the con	DUE TO (OR /	AS A CONSEQUENCE	onot enter that second of the	mode of dying, and all all all all all all all all all al	in Part I.	24a. WAS AN PERFOR	AUTOPSY Meg?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION DE CA
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	DUE TO (OR /	AS A CONSEQUENCE OF AS A C	Protection of the underly of the und	mode of dying, and all all all all all all all all all al	in Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b, WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION DE CATHY?  1 YES 2 No.
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of the conditions of the conditions of the cause of the conditions of the con	DUE TO (OR A  DU	AS A CONSEQUENCE OF AS A C	OF):  OF):  OF):  OF):  OF):  OF):  OF):  OF):  ME OF  A   Nursing    ME OF    UURY    M   1	mode of dying, and an analysis of the second	in Part I.	24a. WAS AN PERFOR 1 U YES 2	AUTOPSY MED?	Interval Be Onset and 12/30/
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicida 6 Could not be	DUE TO (OR A  DU	AS A CONSEQUENCE OF AS A C	OF):  OF):  OF):  OF):  OF):  OF):  OF):  OF):  ME OF  A   Nursing    ME OF    UURY    M   1	mode of dying, and an analysis of the second	in Part I.  Check only o  28d. DE	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	Interval Be Onset and 12/30/
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions of th	DUE TO (OR A  DU	AS A CONSEQUENCE OF AS A C	OF):  OF):  OF):  OF):  OF):  OF):  OF):  OF):  ME OF  A   Nursing    ME OF    UURY    M   1	mode of dying, and an analysis of the second	in Part I.  Check only o  28d. DE	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b, WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA DF DEATH?  1 YES 2 N
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death) LAST  PART II. Other significant conditions in death last conditions in the condition	DUE TO (OR A  DU	AS A CONSEQUENCE OF AS A C	OF):  OF):  OF):  OF):  OF):  Street, factory, o	mode of dying, and all of the place of DEATH (6 forms 5   Residence INJURY AT WORK?   YES 2   NO ffice	in Part I.  Check only o  6  Other  28d. DE	24a. WAS AN PERFOR 1 YES 2  or (Specify) SCRIBE HOW IN CATION (Street a or Yown, State)	AUTOPSY MED? NO NJURY OCCUI	Interval Be Onset and 12/30/
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death) LAST  PART II. Other significant conditions in death last conditions in the condition	DUE TO (OR A  DU	AS A CONSEQUENCE OF AS A C	onot enter tha	mode of dying, and an analysis of the second	in Part I.  Check only o  6 G Other  28d. DE	24a. WAS AN PERFOR 1 YES 2  PER (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? NO  NJURY OCCUI	24b. WERE AUTOPSY FIN AWAILABLE PRIOR T COMPLETION DF CA DF DEATH?  1 YES 2 No
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death) LAST  PART II. Other significant conditions in death last conditions in the condition	DUE TO (OR A  DU	AS A CONSEQUENCE OF AS A C	onot enter tha	mode of dying, and an analysis of the second	in Part I.  Check only o  8 G Other  28d. DE  28f. LOC City	24a. WAS AN PERFOR 1 YES 2  PER (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCUI	24b. WERE AUTOPSY FIN AWAILABLE PRIOR T COMPLETION DF CA DF DEATH?  1 YES 2 No

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAN 02 1992

Central Margland

THE DESIGN OF THE RESIDENCE

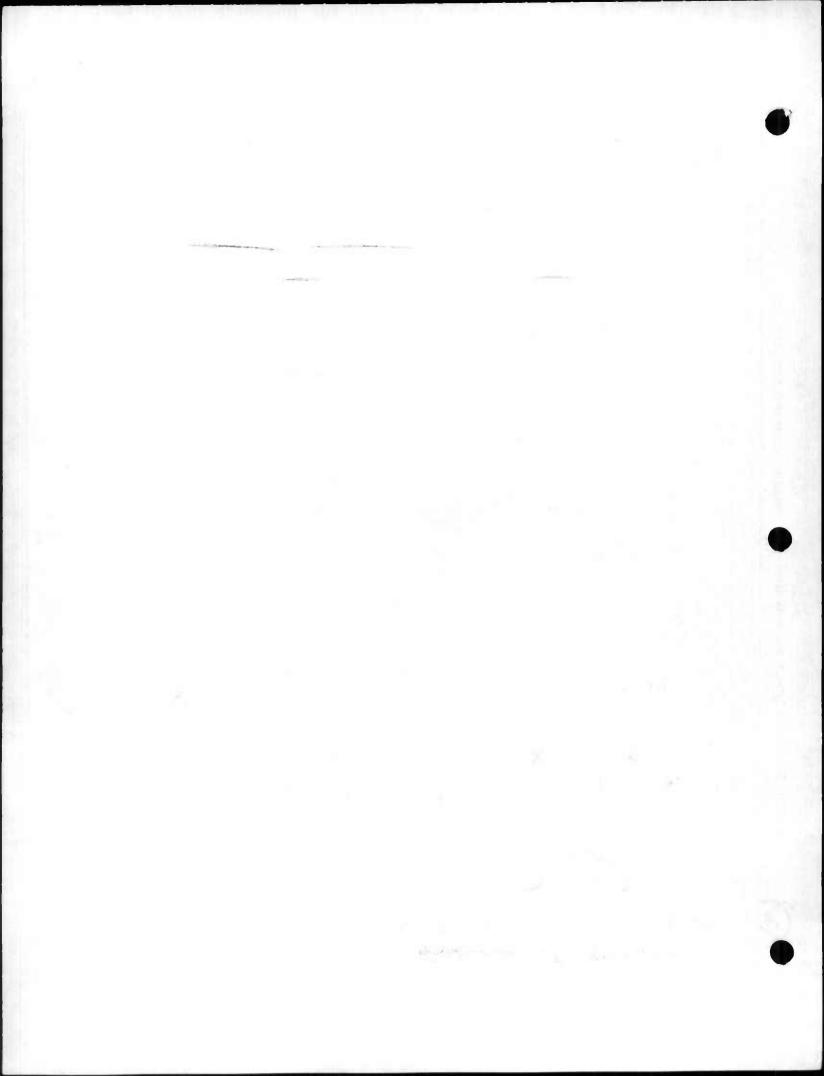
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transft narmit Panes 1.2.3 sevaled	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been sign	be not within 72 hours after death with the State Dept. of Hea	IMPORTANT: It item 28 is marked, or item 23 shows

												9	36282
	FOR STATE REGISTRAR	STATE OF M	IARYLANI	D / DEPAR	RTMEN	T OF I	HEALTH	AND I	MENTAL		VE		00
	1. DECEDENT'S NAME (First, Middle, Last)			CLITTI	ICAI	EUI	DEA	<u> </u>	2. DATE O	REG. NO	). 	T.	3. TIME OF DEATH
	ISABEL FELDMAN								12 26			YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	yrs. last birthday) IF UNDER 1 YEAR			IF UNDER	24 HRS.	7. DATE OF		0	7	06 45 a M
	219 32 0427	1 🗆 M 2 🙀 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	12	Country)	MARYLAND
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CIT	ry, TOWN	OR LOCATI	ON OF DE		04 0	<del>-</del>	TY OF DEA	
E E	GREATER BALTIMORE	MEDICAL	CENTE	:D							ALLEN YER		
DIRECTOR	RESIDENCE OF DECEDENT	PILDICAL	CENTE	.K		10	WSON					BALT	IMORE
R	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION	DAT	TIMOR	E.		1	Od. INSIDE CITY
	MD BALTI	MORE						DAL	TIMOR	.E			LIMITS?
FUNERAL	10e, STREET AND NUMBER	7219 PA	RK HEI	GHTS	AVE.	10	f. ZIP COD	E			10g. CITIZ	ZEN OF WH	AT COUNTRY?
Ä			4	th FL	OOR			-	21208				USA
5	11. MARITAL STATUS 12. WAS DECEDENT EX			ARMED	13	. WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN?	Specify Ya	a or No-	14. RACE -	- American Indian,
ВУ	1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE W	TES ZALINO If yes, sp					n, Maxica Specify		an, etc.)		Specify:	White, atc.
													WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ompleted)	18a.	(Give kind of life. Do NOT us	work done	during me	DN ast of working	g	16b. K	IND OF BU	SINESS/INDI	USTRY	
2 -	Elementary/Secondary (0-12)	College (1-4 or 5+)				WIFE					AT F	OME	
ME	17. FATHER'S NAME (First, Middle, Last)	2		П	OUSE	PMTLE							
		CHWARTZM	IΔN				18. MOTH		ME (First, Mic ANN		Surname)		
BE	19a. thFORMANT'S NAME (Type/Print)	CIIVANIZI	16.317.4										
2				19b. MAILING								Code)	
	MR. FRANK NAVIASKY 2319 MELINDA DR., OWINGS MILLS, MD 21117									17			
	1 Dariel 2 Cremation 3 Removal from State Commetery, crematory or other place)  At Populate 5 Other (Seatth)												
	21 SIGNATURE OF FINERAL SERVICE LICENSES. BETH TFILOH CONG. 12-27-91 BALTIMORE, MD												
	21. SIGNAL OF FUNERAL SERVICE LICE		22	. NAME AI	ND ADDRES	S OF FAC	SC YTLL	OL LE	VINSC	N & I	BROS., INC.		
	Joel L	) Obju	vis		6	010	REIS!	rers:	LOMN 1	RD.,	BALTO	)., MI	D21215
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
	IMMEDIATE CADSE (Final	lat only one caus	e on eech i	ine.									interval Between Onset and Death
	IMMEDIATE CADSE (Final disease or condition CONGESTIVE HEART FAILURE									Onset sind Destin			
			OR AS A CON										
Z		ERE AORT	IC ST	ENOSIS									İ
RTIFICATION	Sequentieily ilst conditions, if eny, lesding to immediate	DUE TO (	OR AS A CON	SEQUENCE OF	F):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury												
핕	that initiated events	DUE TO (	OR AS A CONS	SEQUENCE OF	7):								
H	resulting in death) LAST d.												
CEI	PART II. Other algnificant conditions	contribution to	do ath hut me	A									
BY PHYSICIAN: MEDICAL	RENAL FAILU	7 5	Jeans Dut 110	it resulting i	n the u	nderiying	g cause g	iven in i	Part I. 24	la. WAS AN PERFOR			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
	- COOKE TIMEON								_   1	YES 2	NO		OMPLETION DF CAUSE F DEATH?
Σ									_			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												*
<u> </u>	EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	ck only one)				
¥ S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 -			4 🗆 Nu	raing Hom		Idenca 6	Other (S	(pecify)			
<u>a</u>	1 Natural 5 Pending	28a. DATE OF II (Month, Da)		28b, TIMI	URY		RK?		28d. DEŞCR	IBE HOW I	NJURY OCCI	JRED	
B	2 Accident Investigation	20- 71 405 05	the seament and		М		'ES 2 _						
	3 Suicida 8 Could not be 4 Homicide datarmined	28a. PLACE OF building, at	tc. (Specify)	noma, tarm, a	treet, fac	tory, office	•		281, LOCATE City or 1	ON (Street a fown, State)	and Number o	r Rural Roul	te Number,
<u> </u>	And OFFICE												
린	(Check only 1 X CERTIFYING PHYSICI	AN: To the best of m	ny knowledge,	death occurre	d at the t	time, data	and placa,	and dua t	o the cause	a) and mar	mer as state	d.	
COMPLETED	one) 2 MEDICAL EXAMINER:	On the besis of axa	mination and/	or investigation	n, In my o	opinion, de	eath occure	d at the t	lme, data an	d placa, an	d due to the	cause(s) ar	nd manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE						onth, Day, Year)
OB	VVV						17	30	ME			1261	
- 18							1	J	- 4	- 1		-1 1	3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOURTO P. KORA, MD GRMC 31. DATE FILED (Month, Day, Year)
JAN U 2 1992 32. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68789

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifically in example with 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending process. The artending process are also also the first of pages 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Debt, of Health and Mental Hygiens processing.	IT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the 5	IMPORTANT: If Item 28 is marked,

31. DATE FILED (Month, Day, Year)
JAN 0 2 1992

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND		TMENT OF I				36203		
	1. DECEDENT'S NAME (First, Middle, Last) Franklis MAR	rances Mary G	oodri		DEATH	2. DATE OF E	EG. NO. DEATH DAY	YEAR 3. TIME OF DEATH		
		M 2 XF 62	yns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	WHITH ( Vear)/29	8. BIRTHPLACE (State or Foreign Country)			
TOR	9a. FACILITY NAME (If not institution, give street as  Mercy Hospic RESIDENCE OF DECEDENT	tal		Balfu	DR LOCATION OF D	EATH M		UNTY OF DEATH		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland =====			town on Local	TION			10d. INSIDE CITY LIMITS? 1 VES 2 NO		
VERAL	111 E. West Stree		101	21230			TIZEN OF WHAT COUNTRY?  S.A.			
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	MAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X FYES, GIVE WAR OR DATES	MED NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 X NO Speci	en, Puerto Ricen	pecify Yea or No , etc.)	14. RACE — American Indian, Black, White, atc. Specity: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compilementary/Secondary (0-12) 12th Grade	eted) (G life (He	CEDENT'S I ive kind of w Do NOT use	JSUAL OCCUPATION of done during monor retired.)	ON at of working		or Business/in			
BE CON	17. FATHER'S NAME (First, Middle, Last) Beri	nard Thuman			18. MOTHER'S NA Hel		, Maiden Sumame) Chimmel			
70	19a. INFORMANT'S NAME (Type/Print) A.L. Goodrich	19	111	ADDRESS (Street a E. West	nd Number or Rural Street			Maryland 21230		
	20a. METHOD OF DISPOSITION 1 Deurial 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	rom State cemetery, cre	matory or oth	s Cemete	ery	1-2		ore, Maryland		
	Heory &	once		Georg	pe J. Go Ritchie	nce Fun	eral Ho	me P.A.		
	23. PART I. Enter the disease or complete ahock, or heart intere. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Icationa that caused the de only one cause on each line Respurati	ath. Do no	ar	de of dying, aud	h sa cardiac	or reaplicatory a	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  B. Lateral promotion / ARDS  DUE TO (OR AS A CONSEQUENCE OF):  C. Wetastatic ero my o sarcoma  DUE TO (OR AS A CONSEQUENCE OF):									
CERTI	resulting in death) LAST									
PHYSICIAN: MEDICAL	PART II. Other aignificant conditiona con	tributing to death but not r	esulting in	tha underlying	cause given In		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HO!	SPITAL:	□ DOA	OTHER:	ACE OF DEATH (Ch		olf.			
ВУ РНУ		28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJI	JRY AT		E HOW INJURY OC	CURED		
							(Street and Numbern, State)	r or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 1	To the best of my knowledge, de the basis of examination and/or i	ith occurred	at the time, date	end place, and due	to the cause(a) time, data and p	and manner as sta	ited. he couse(a) and manner oa stated,		
TO BE C	296 SIGNATURY AND TITLE OF CERTIFIER	12 - SV	Mg!	dent	29c. LICENSE NUI			2/30/9/		
	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM	1 27) (Type, F	Print)		Λ.	/	. 6		

DIVISION OF VITAL RECORDS P.O. BOX 68760

	REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF ERTIFICATE O	HEALTH AND F DEATH	MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)	( )			2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5	GREEN			(2)		43
		SEX 6. AGE (In yrs. Ia	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreig Country)
	9a. FACILITY NAME (If not institution, give stree	05	YRS.		12-15-	26	MARY/ANJ
œ	CI A	t and number)	96. CITY, TOWN	OR LOCATION OF D		9c. COUNT	TY OF DEATH
CTOR	RESIDENCE OF DECEDENT	465PITA	ISA	HMORS	CITY		
뿐	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOC	ATION			10d. INSIDE CITY
D	MARXIAND		BALTIMO	DRZ			LIMITS?
ERAL	100. STREET AND NUMBER	1	1	101. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
NE	311 CHERRY	IANG		21061			ISA
FUN	11. MARITAL STATUS / 12 1 Never Married 2 Married	P. WAS DECEDENT EVER IN U.S. AF		ECENDENT OF HISPAI specify Cuban, Mexics	NIC ORIGIN? (Specify )	es or No- 1	4. RACE — American Indian, Black, White, etc.
B√	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 YE	ES 2 NO Specif	y:		Specify:
8	15. DECEDENT'S EDUCAT		CEDENT'S USUAL OCCUPAT	TION	16b. KIND OF B	IISINESS/IMDI	ITRO HMOT
H.	(Specify only highest grade con Elementary/Secondary (0-12)		ive kind of work done during n . Do NOT use retired.)	most of working			/
P P	7	(7	eneral S	SPRUK	0011.56	NOF	CR. MPAIL
COMPLET	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	0 01 1010
BE	CRNEST GRAD	N SE.		LAURA	Wh	1te	
2	19a. INFORMANT'S NAME (Type/Print)	V4/	b. MAILING ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip C	code) 21061
	20a. METHOD OF DESPOSITION	· /Y	317 Cha	RRY LA	NQ (9/8)	NBU	PANE Md.
	1 K Surtal 2 C Cremation 3 Removal	from State 20b.PLACE cemetery_cre	AND DATE OF DISPOSITION (I	Name of	DATE 20c. 1	OCATION — CI	ty or Town, Stata
- 1	4 □ Donation 5 □ Other (Specify)			COM.OI	-3.42 6	EN BI	URNIE MO
	11. 1/1/2	911	La rame	AND ADDRESS OF FA	FUNER	H In:	omé
_	23. PART I. Enter the diseases, or com	1180/	1	300 EU	taw Pla	355	21217
	ahock, or haart failura. Lief IMMEDIATE CAUSE (Final disease or condition reaulting in death)	DUE TO (OR AS A CONSEC	ic lung	Carcino			at, Approximata interval Betwo Onaet end Da
CATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	DUENCE OF):				
ERTIFIC	that initiated eventa reaulting in deeth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
G	PART II. Other aignificent conditions of	ontributing to death but and	- Int of the second				
MEDICAL		to deed but file ?	esulting in the underlyii	ng ceuse given in		RMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL						
2	EXAMINER?	OSPITAL:	OTHER:	PLACE OF DEATH (Che	eck only one)		
Ĭ,	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY		me 5 🗆 Realdenca			
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED
	2 Accident Investigation 3 Suicide 6 Could not be datarmined datarmined 4 Homicide datarmined 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State)						Rural Route Number,
MPLET	29a. CERTIFIER (Check only one)	f: To the best of my knowledge, de	ith occurred at the time, date	e end place, and due	to the cause(a) and me	nner aa stated.	
Š	2 MEDICAL EXAMINER: O	n the basis of examination and/or i	nvestigation, in my opinion,	death occured at the	time, date end place, a	nd dua to the c	cause(a) and manner as atated
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	CEN 20	sident	29c. LICENSE NUM	BER	29d. DATE S	GIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)				•
	ELIAS MA		St Agues	Hospito	1		

oge, was the table to the test of the prosperior through daily of Logistics March 1995 March 1997 at the second reach that a produce \$195-700 years are of treations. The State of the S

	5	ام
P	5	9
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the present certificate be executed within 24 h	TO THE FUNERAL DIRECTOR. After this certificate has been significant and completely filled
	ecuted	nd co
,	6	2
)	e D	Sicia
)	ificat	Sec
	tert	Sand
	Ŧ,	٧è
ı	ž	٦
И	Ŧ	ğ
9	Б.	£
Ľ	ø	3
1	res	Sing
	redu	PAPI
	WE	as h
	The	the h
	N	ific
	SIC	CAL
	PHY	this
	SING	After
	EN	S
	A	E
	8	DIR
	M	A
	SP	NFF
	오	1
	ᆂ	보
	2	F

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HE	ALTH AND	MENTAL HYGIEI		35285		
	1. DECEDENT'S NAME (First, Middle, Lest) Edith Gibbs					2. DATE OF DEATH MONTH December	DAY	3. TIME OF DEATH 4:25 P M		
	4. SOCIAL SECURITY NUMBER 222 09 1966	1 🗌 M 2 🎇 F	71 YRS.	MONTHS DAYS	F UNDER 24 HRS.			BIRTHPLACE (State or Foreign Country) ORTH CAROLINA		
TOR	90. FACILITY NAME (If not institution, give  Maryland Ge RESIDENCE OF DECEDENT	street and number) neral Hospita		Baltimo		EATH	9c. COUNT	Y OF DEATH		
DIRECTOR	MARYLAND 10b. COUNT	Υ	1 200	TOWN OR LOCATION	OWN OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS?  1 Y YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 2434 LAKEVIEN	AVENUE		101, 2	1P COOE 21217			N OF WHAT COUNTRY?  S. OF A.		
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 TYES 1F YES, GIVE WAR OR OA	2 T NO	I1 yee, speci	DENT OF HISPAN ty Cuben, Mexice	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	90 or No — 14	I. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementery/Secondary (0-12)	JCATION s completed) College (1-4 or 5+)	16s. DECEDENT'S US (Give kind of wo iffe. Do NOT use DOMESTIC	ork done during most of working or retired.)			DENCE DENCE			
BE COM	17. FATHER'S NAME (First, Middle, Last)  MR. HERBERT BOWN				6. MOTHER'S NA	R'S NAME (First, Middle, Meiden Surname)  EVE WILLIAMS  Flural Route Number, City or Town, State, Zip Code)				
2	19a. INFORMANT'S NAME (Type/Print) MR. CLYDE GIBBS			LAKEVIEW				RYLAND 21217		
	20e, METHOO OF DISPOSITION  XX Burlet 2	corn State 20b	PLACE AND DATE OF	DISPOSITION (Name	1/4/9			y or Town, State MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LI	WIS THE	r. GWYNN	LEWIS		NN FUNERA		21215-6393 IMORE,MARYLAND		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate	Bilateral P  OUE TO (OR AS A  Respiratory  DUE TO (OR AS A	neumonia consequence of: Distress consequence of:	s ck	of dying, suci	h aa cardiac or reap	liratory arres	t, Approximate interval Between Onset and Death		
BY PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	a contributing to deeth be	ut not resulting in	the underlying c	euse given in	Part i. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	E OF DEATH (Che					
/ PHY	27. MANNER OF OEATH  1 Anatural 5 Pending	1 30   InpetIent 2   ER/Outpatient 3   DOA   4				8 Other (Specify) 28d. OESCRIBE HOW	REO			
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide City or Town, State)  M 1 YES 2 NO  28e. PLACE OF INJURY — At home, 1erm, street, 1ectory, office City or Town, State)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(a) end menner as attated.								
TO BE	29b. SIGNATURE AND TITLE OF CEPTIFIES	i k	OCS 15	M.D.	c. LICENSE NUM	IBER	29d. DATE SIGNEO (Month, Day, Year)  12/31/91			
	T. KOCSIS, M	O COMPLETED CAUSE OF OEA	yland Gen	eral Hos	pital					
	JAN 0 2 1992 Ju	32. REGISTRAR'S SIGNA	ATURE							

SELLS IN THE COURT OF STREET

BROWLET

A Tracell

cadi Ha .

THE LANGUEST AMERICA DESIGNATION OF THE PARTY OF THE PART

GENERAL SECTION SERVICE SERVIC

THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. THE PARK BELGATS AVE. MALTE DAY, CARTANA

permit. Pages 1, 2, 3 should

he h	deta		one
by	8		at
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the h	FIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain		: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onc
be	ge 5		9
may	r, pa		st b
9 8	ecto		E
Pag	di di		ner
death,	e funera		exami
after	y th	nova	cal
CLIS	d iii	r rer	ped
24 110	/ filled	1.72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	the m
dthin	letel	rema	ut,
w pa	DWO:	al, CI	eve
ecut	DQ C	bung	atic
96	an a	ot 1	E
ate t	ysic	prio	r tr
rtific	o bu	Jiene	the
th ce	endir	H	-
dea	e att	lenta	À,
the	y th	S Dr	Ē
thal	a pai	th a	any
uires	Sign	Hea	XX.
req	need	, of	sho
WE	las l	Dept	23
Ţ	ate	tate	tem
CIAN	ertific	he S	10
1XSI	iis ce	ith 2	ed,
G P	ler th	ath w	nark
NON	I. Aft	r dea	Is I
TE	CTOR	afte	28
OR /	DIRE	OULS	tem
A	PAL	72	=

MPORTANT: If Item

2

uto

JAN UZ 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE - - william- Pandelle

91 36286 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Andrew John Gaetano YEAR 12 3/ 0822 AM 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign DAYS HOURS 215-07-3563 1XXM 2 | F 83 YRS 2-04-1908 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial HOspital Baltimore City RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 K YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21211 806 Union Avenue U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yas or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2 X NO Specify Specify: 3 Widowed 4 Divorced White COMPLETED 16a. OECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INQUISTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 8th Nield Baking Company Baker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) James Vincent Gaetano BE Carmela Detorie Gaetano 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr & Mrs Frank E. Donelson 7607 Hillsway Avenue Baltimore, MD 21234 20s. METHOD OF DISPOSITION
14 Burlai 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Lorraine Park Cemetery 1/3 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY BURGEE-HENSS FUNERAL HOME 3631 Falls Road Baltimore, MD Diense 21211 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intervai Batween IMMEDIATE CAUSE (Final **Oneat and Death** disease or condition INTRACEREBRAT HOMORNITHEE </ DAY resulting in death) QUE TO (OR AS A CONSEQUENCE OF). ASCUD YEMES CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: inpatient 2 ER/Ouipatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, stc. (Specify) 3 Sulcide BE COMPLETED 6 Could not be 4 Homicide datarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL MINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE 2000 TITLE OF CERTIFIER

29c. LICENSE NUMBER

D28812

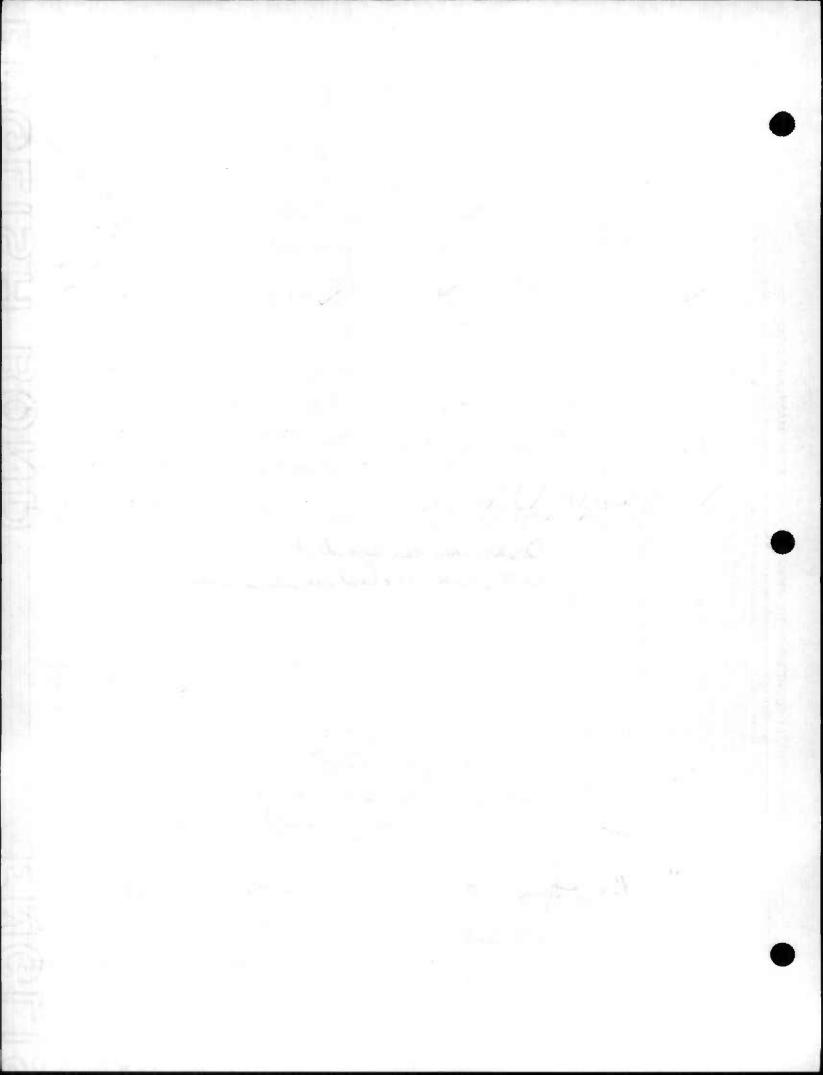
29d. DATE SIGNED (Month, Day, Year)



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.			
	DECEDENT'S NAME (First, Middle, Last)	HELEN D	• GEORGE			2. DATE OF DEATH MONTH DEC.	29.199	3. TIME OF DEATH 10:00 P		
	4. SOCIAL SECURITY NUMBER 219-36-2233	5. SEX 6. AGI		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea SEPT . 18	r)	CANADA		
OR	9a. FACILITY NAME (If not institution, give so BROADMEAD	treet and number)	9		R LOCATION OF DE		BALTIMORE			
DIRECTOR	10a. STATE 10b. COUNTY MD . B7	ALTIMORE	10c. CITY, 1	OWN DR LOCAT	DR LOCATION COCKEYSVILLE			10d. INSIDE CITY LIMITS? 1  YES 2 NO		
FUNERAL D	100. STREET AND NUMBER 13801 YORK ROA			101. ZIP CDDE  21030  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify from specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				10g. CITIZEN DF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS  Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR DR	S 2 NO				Yes or No. 14. RACE — American Indian,			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATH k done during mo etired.)	ON st of working	18b. KIND DF	BUSINESS/INDUS	USINESS/INDUSTRY		
MPL	12 17. FATHER'S NAME (First, Middle, Last)	5+	STATI	ATISTICIAN STAT				TE OF MARYLAND		
BE C	MARWOOD GEORG	<del>S</del> E				BELLE H				
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural I					
	GEORGE HART		20b. PLACE AND DATE O	F OISPOSITION	(Name	DATE 200	LOCATION — CI	MD. 21030 ty or Town, Stata		
	M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	S	T.JOHNS	CH CE	METERY	1/2 B	ALTIMO	RE, MD. 21218		
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE	1					ROAD 21212 S.,BALTO,MD		
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Bintarval Be Onset and Caude A Consequence of:  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								Onset sind Death		
SERT	resulting in death) LAST	d								
MEDICAL	PART II. Other significent condition	but not resulting in	tha undariyin	PERFORMED?  1   YES 2   NO OF D			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PVALMIPPA								
PHYSICIAN:	1  YES 2 NO	1 Inpatient 2 ER/O	utpatiant 3 DOA 4		ne 5 Residence			IREO		
BY PF	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) INJUF	ME OF 28c. INJURY AT WORK?  M 1 YES 2 ND		28d. OESCRIBE HOW INJURY OCCUREO		ineo		
	3 Suicide 6 Could not be determined 28e. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or to City or Town, State)							r Rural Route Number,		
COMPLETED	CONSTRUCTION OF THE CONSTR	ICIAN: To the best of my kn						d. cause(s) and menner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WH	PCOMPLETED CAUSE DF	DEATH (ITEM 27) (Type, P	rint)	D5.2	750		2/30/91		
	WALTER HEPNE	R	3313 PA		LL ROAD	. PHO	DENIX,	MD. 21131		
	JAN 0 2 1992 9	THE STREET OF THE PARTY OF THE	ANA TREES							



BOX 13146, BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within 🚁 rours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	sd, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified st once.
SION OF VITAL RECORDS, P.O. BOX 13146,	ENDING PHYSICIAN: The law requires that the death certificate be executed within 23	DR: After this certificate has been signed by the attending physician and completely filled in by the is the death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	im 28 is marked, or item 23 shows any injury, or other traumatic event, the
SINIG	TO THE MISPITAL OR ATTE	THE FLIVERAL OIRECTO	IMPORTANT: If Item 28

Y

30. NAME AND ADDRESS OF PERSON

JAN 02 1992

	FOR 1 STATE	STATE OF MARYL				MENTAL HYGIEN		36288		
	REGISTRAR		CERTIF	ICATE (	OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  DAVID		GREEN	J		2. DATE OF DEATH MONTH D	AY OYE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 200-20-5083	5. SEX 8. AGE (	In yrs. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/14/19	25	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA		
	9a. FACILITY NAME (If not institution, give stre	eet and number)		96. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY	OF DEATH		
DIRECTOR	BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN BALT									
	MARYLAND 106, COUNTY BA	ALTIMORE	10c. CIT	Y, TOWN OR L	OCATION ALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	7 POMONA NORTH,	APT. 1			10f. ZIP CODE	21208	109. CITIZEN USA	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If ye	DECENDENT OF HISPAI is, specify Cuban, Mexice YES 2 X NO Specifi	n, Puerto Ricen, atc.)	a or No— 14.	RACE — American Indien, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondery (0-12)	(Specify only highest grade completed)				OCCUPATION   16b. KIND OF BUSINESS/INDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last)  MAX GREEN  18. MOTHER'S NAME (First, Middle, Meiden Surname)  LINA BERGER									
TO B	190. INFORMANT'S NAME (Type/Print)  MRS. BLANCHE GRE	EN			NORTH, APT					
	20e, METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place)  20c. LOCATION — City or Town, State other place)									
	BETH TFILOH 12/30/91 BALTIMORE, MD  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 212									
	23. BART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between interval Between									
	IMMEDIATE CAUSE (Fine)  disease or condition resulting in death)  a. CONGESTIVE HEART FAILURE							Onset end Death		
Z	DUE TO (OR AS A CONSEQUENCE OF):									
ATIC	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE to (OR AS A CONSEQUENCE OF):  RENAL FEILURE.								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	-	CONSEQUENCE O				12			
	PART II. Other significant conditions	contributing to death b	out not resulting	In the unde	rlying couse given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
EDIC/		MAMER	01646	TV		1 □ YES		COMPLETION OF CAUSE OF DEATH?		
N: M	74 6 6 7 1			7				1 TYES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C/					
BY PHYSICIAN: MEDICAL	27. MANNER-OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 26	g Home 5 Residence Ic. INJURY AT WORK?	8 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCURED			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	r — At home, farm,		1 YES 2 NO	Rural Route Number,				
COMPLETED	anal comp	CIAN: To the best of my know						ause(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Re M	. 0		29c. LICENSE NU			IGNED (Month, Day, Year)		
5	30 NAME AND ADDRESS OF PERSON WHO			_	- 11	~ -				

6-61+

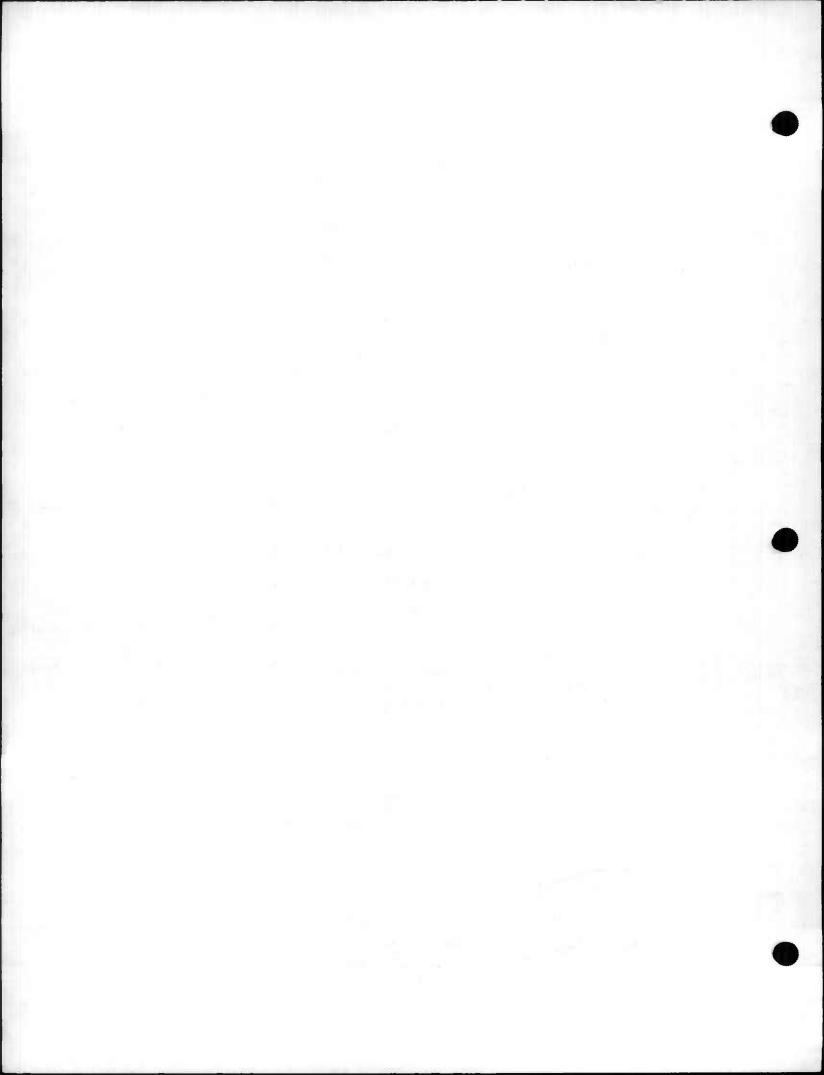
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
JUNA DAY GOON- Mandale

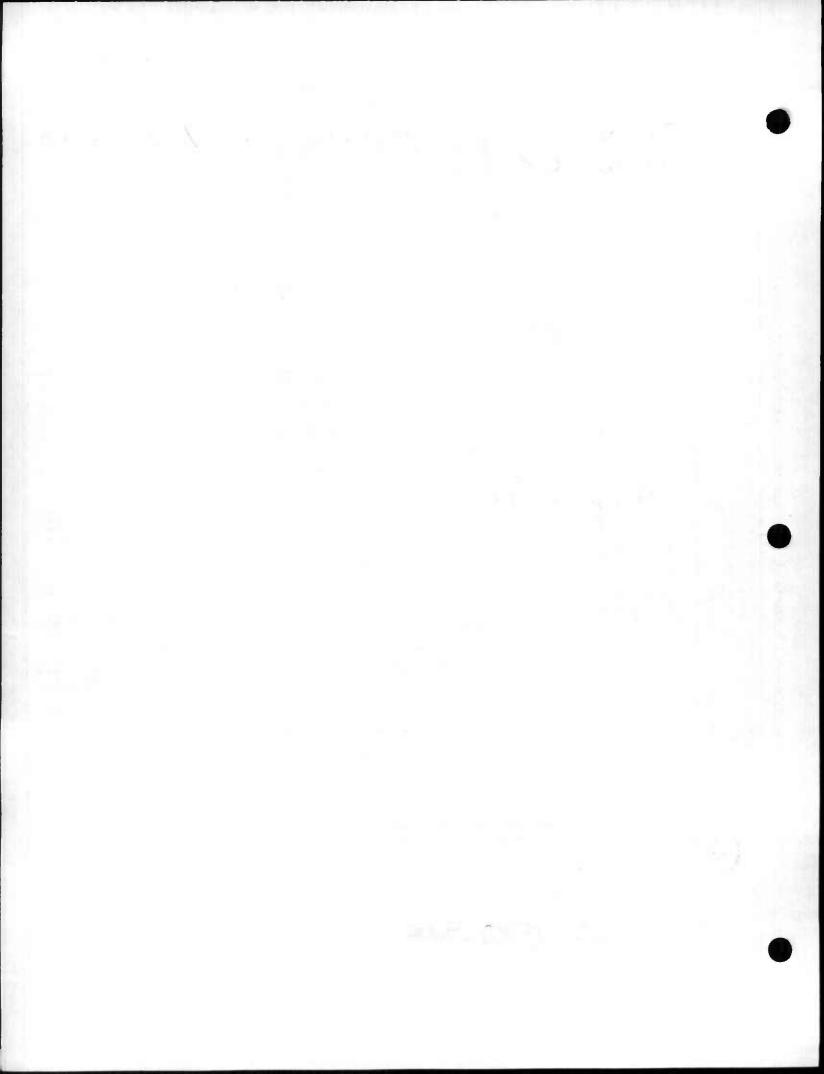
LER

05

æ

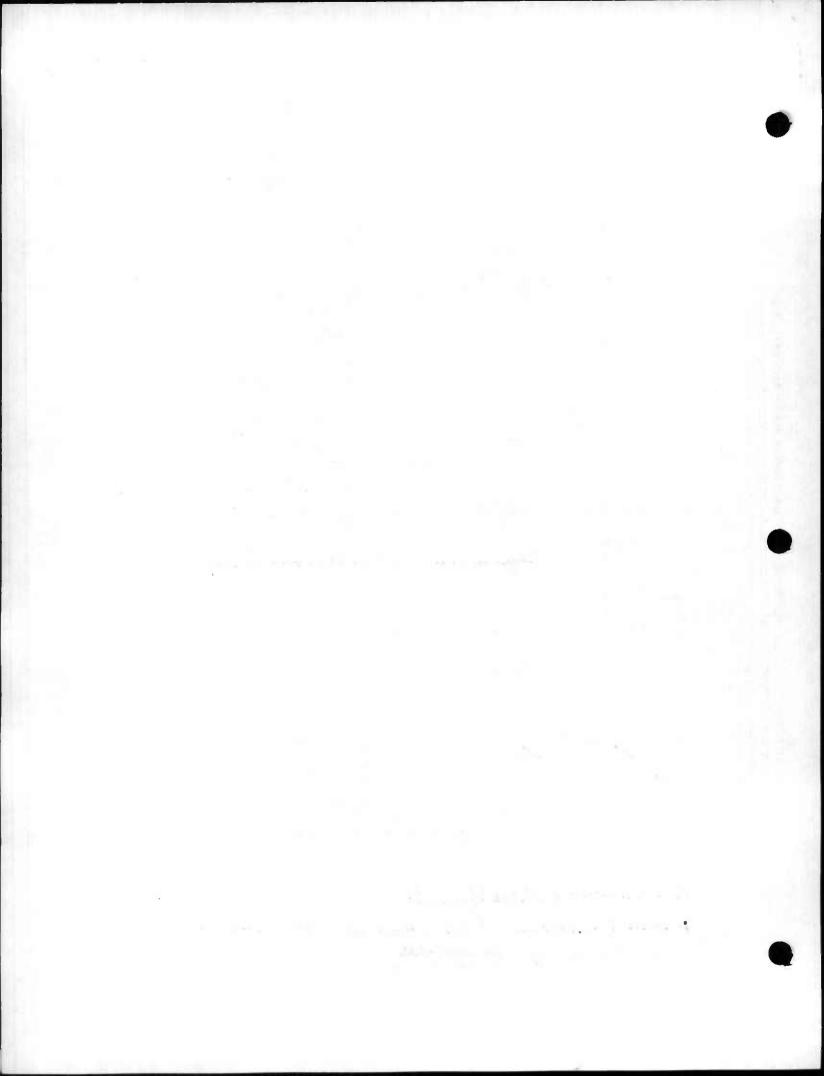


	1. DECEOENT'S NAME (First, Mic. Last	)						T 2	. DATE OF DEA	. NO.	, T	3. TIME OF DEATH
	James .	I HOMAS	3	HE	1DE	RSC	SN		MONTH 12	128/	5	6:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. 7	Month, Day, Ye		8. BIRTHP Country)	LACE (State or Foreign
	90. FACILITY NAME (If not institution, give			17 YRS.			- 234,	I P	Aug 15	1944	1	Marvland
H	828 Eutaw Str				96. CITY,			ON OF DEAT	Н	9c. COUN	TY OF DE	ATH
2	RESIDENCE OF DECEDENT						<u>ltin</u>	nore				
DIRECTOR	Market 1 and	TY			TY, TOWN O		ION				1	10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER			Ba	<u>ltim</u>		ZIP CODE					1 X YES 2 NO
FUNEHAL	3307 Winterbo	urne Road	d			101.	ZIF CODE	2121	6	10g. CITIZ		AT COUNTRY?
5	11. MARITAL STATUS	12. WAS OECEDENT FORCES? 1	EVER IN U.S.		13. V	MAS DECI	ENDENT O	F HISPANIC	ORIGIN? (Speci	fy Yea or No—	USZ 14. RACE -	- American Indian
	1 Never Married 2 Married 3 Wildowed 4 Olvorced	IF YES, GIVE WAI					2 NO		varto Rican, et	c.)	Specify:	wnite, atc.
	15. DECEDENT'S ED	UCATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	N.		16h KINO O	F BUSINESS/INDU	OTPM	Black
COMPLE	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of life. Do NOT u	work done a se retired.)	during mos	st of working	9	100. KINO U	P BUSINESS/INDU	SIHY	
		College	Vi	ce-Pr	es.	Cit:	iban	k NY	Bar	king/F	ina	nce
	17. FATHER'S NAME (First, Middle, Last)	n							(First, Middle, M.	alden Surname)		
0	James 19a. INFORMANT'S NAME (Type/Print)	Frisbee	9	19b MAII INC	AAABERG	(Com a) a			Hend	erson		
2	Thomas Hairsto	on		3307				ne R				21216
	20e. METHOD OF DISPOSITION 1			CE AND DATE	OF DISPOSI		_	ne n		Balto, c. LOCATION — CI		21216 n, State
	4 Donetion 5 Other (Specify)	ntombment	t Woo	dlawr	n Cer	mete	ery		1/2 B	altimo:	re C	Co., MD
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	1-4-		22. N	NAME AN	D ADDRES	S OF FACILI	"Nutt	er Fune	ra1	Homes Ir
Ĭ	Herber	- Mu	lles		l i	250. Bali	timo	ynns re.	MD 2	s Parki 1216	<i>l</i> ay	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on auch i	line.						reapiratory arres	st,	
	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CON	SEQUENCE OF	n: 515 (		ebra	τρ				interval Between
)	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (O  DUE TO (O  C. OUE TO (O  DUE TO (O	R AS A CONTRACTOR	SEQUENCE OF	FI: FI: TIS ( FI:	Car	ebra	Clane	4541	Arcine		Approximate Interval Between Onset and Dea
	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (O  DUE TO (O  C. OUE TO (O  DUE TO (O	R AS A CONTRACTOR	SEQUENCE OF	FI: FI: TIS ( FI:	Car	ebra	Clane	14 548 TI. 24a. WA		24b. W	Suppose
MEDICAL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (O  DUE TO (O  C. OUE TO (O  DUE TO (O	R AS A CONTRACTOR	SEQUENCE OF	FI: FI: TIS ( FI:	Car	ebra	Clane	14 548 TI. 24a. WA	1 Arome	24b. W	Interval Betwee Onset and Dea
SICIAIN. MEDICAL CENTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions.	DUE TO (O)  b	R AS A CONTRACTOR	SEQUENCE OF	FI: FI: TIS ( FI:	Cay (	ebra Def	CIQUE	1	1 Aroma	24b. W	Interval Betwee Onset and Deal Suppose
	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O  DUE TO (O  C. OUE TO (O  DUE TO (O	R AS A CONTRACTOR AS A CONTRAC	SEQUENCE OF	F):  F):  Thy ()  In the unc	GY (  Gerlying  26. PLA	Deficeuse gl	TO LIGHT (Check of ATH (Check	1   24a. WA PEI	S AN AUTOPSY PRORMED?	24b. W	Interval Betwee Onset and Dea
	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 700  27. MANNER OF DEATH	DUE TO (O  DUE TO (O  C. DUE TO (O  d. DUE TO (O  d. DUE TO (O  HOSPITAL:	RAS A CONTRACTOR AS A CONTRACT	SEQUENCE OF SEQUEN	F):  F):  T S ( F):  T M ( A)  OTHER:  4 HRIVER  F):  THE ST S S S S S S S S S S S S S S S S S S	derlying  26. PLA  : ng Home 28c. th/JU	Detailed Course gland Course gl	Ven in Per	t I. 24a. WA. PEI 1 VE	S AN AUTOPSY PRORMED?	24b. W AN CO O 1	Interval Betwee Onset and Dea
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (O  DUE TO (O  C. DUE TO (O  d. DUE TO (O  HOSPITAL;  1   Inpatient 2   E  28e. OATE OF IN.	R AS A CONTRACTOR AS A CONTRAC	SEQUENCE OF SEQUEN	OTHER:	26. PLA: ing Home 28c. INJUNE WOR 1 YE	Detailed Course gland Course gl	Ven in Per	t I. 24a. WA. PEI 1 VE	S AN AUTOPSY REFORMED? S 2   NO	24b. W AN CO O 1	ZUV S  ZERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLANI	D / DEPAR CERTIF	TMENT	OF H	EALTH DEA	AND	MENT	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		ARRIE							TE OF DEATH	) 19	9 YEAR	3. TIME OF DEATH 5:35 PM M
	4. SOCIAL SECURITY NUMBER 218-18-0797	1 🗌 M 2 😿 F	6. AGE (In yrs. 7 5	s. last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	(Me	TE OF BIRTN onth, Day, Year)		a. BIRTH Countr	IPLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	IO NWO	LOCATI	ON OF D		V . J		NTY OF D	
DIRECTOR	St. Agnes Hos:						nore	9					
1 1	Maryland 106. COUNT	Y			y, town on ltimo:		ON						10d. INSIDE CITY LIMITS?  1 VES 2 NO
FUNERAL	3939 Colchester	Rd., Apt.	369				ZIP COD 2122	_				ZEN OF V	VHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	EVER IN U.S.	<b>⊠</b> NO	I It's	yes, spec	NDENT Colly Cubi	m. Maxica	n, Puerl	GIN? (Specify Yea to Rican, etc.)	or No—	14. RACE Black Speci	— American Indian, c, White, atc.
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)		DECEOENT'S (Give kind of w life. Do NOT use	USUAL OCC vork done dui se retired.)	UPATION	t of working	ng	1	16b. KIND OF BUS	SINESS/INO	USTRY	
COMPL	9th grade 17. FATHER'S NAME (First, Middle, Last)	course (1-4 or 6.1)		Home	maker								
BE CC	ELMER	MOONEY						A	NNA		VER		
TO E	19s. INFORMANT'S NAME (Type/Print) Shirley Helwig			19b. MAILING 5554	South	Street and	d Number Ster	or Rural I	Route Nu	mber City or Town	n, State, Zip LMOTE	Code)	21227
	20e. METHOD OF DISPOSITION t	novel from State	20b. PLAC	CEANDDATEO	OF DISPOSITI	ION /Nam	e of		_	ATE 20c. LOC	CATION —	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LI	1 Bran	· uroi	wski	22. NA Geo 400	rge 1 R	ADDRE:	ss of FA Gond	GLITY E E Igwy	uneral Balt	Home	, P.	
	23. PART i. Enter the diseases, or ehock, or heart failure.  iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	e.	e on each I	e deeth. Do no line.							ratory erro	eet,	Approximata interval Setween Onset and Death
NO	Sequentially list conditions,	b	DH AS A CON	VSEOUENCE OF	-): 					1			
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C		SEQUENCE OF									
CERT	resulting in deeth) LAST	d											
MEDICAL	PART II. Other aignificent condition	ns contributing to de	eeth but no	ot reaulting in	n the unde	riying	ceuae g	lven in	Part I.	24a. WAS AN / PERFORI	MEO?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLA	CE OF DI	EATN (Che	eck only	one)			
YSI	1 TES 2 NO	1 Inpatient 2 E	ER/Outpatient		OTHER:	g Nome	5 🗆 Re	aldenca	6 🗆 Ott	her (Specify)			
ву РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,		28b. TIME INJU	URY	Bc. INJUF WORK 1 YE		NO	28d. D	EŞCRIBE HOW IN	JURY OCC	URED	
0	3 Suicide 8 Could not be datermined	28e. PLACE OF II building, etc	NJURY — At c. (Specify)	home, tarm, at	treet, factory.	, office			28f. LO	CATION (Street ar ty or Town, State)	nd Number (	or Rural R	bute Number,
COMPLET	2 MEDICAL EXAMINE		y knowledge, mination and/	death occurred	d at the time	, data ar	nd place, th occur	end due	to the c	euse(a) and menr te and place, and	ner as state	d. cause(a)	and manner as stated.
TO BE	P. TUMINELLO	5Khughl	del.	hul.		2	P9c. LICE	NSE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Year)
	PAOLA TUMIN	1	F OEATH (IT	TEM 27) (Type, F			G,	- ^	C 14	TON			
	31. OATE FILEO (Month, Day, Year)  JAN 0 2 1992	32 REGISTRAN'S	S SIGNATURE	E	10 6 2		70		0 20	100			



must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aims TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removed DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medies!

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAI ERTIF	RTMENT OF	HEALTH F DEA	I AND I	MENTAL HYGIEN REG. NO	Ε		36291
	1. DECEDENT'S NAME (First, Middle, Last)	June	Hi1de	hann	ما			2. DATE OF DEATH DATE OF DEATH	AY	YEAR	3. TIME OF DEATN
					ıa			12 3	1 19	991	2:00 A.
	4. SOCIAL SECURITY NUMBER 217 38 5651	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	MONTHS DAY		R 24 HRS. MiN.	7. DATE OF BIRTH (Month, Day, Year) 4/4/1941		Country	PLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give s 8554 Bay Road RESIDENCE OF DECEDENT	street and number)			96. CITY, TOW RiVie	or Locat			9c. COUN	TY OF O	**
DIRECTOR	Maryland Ani	ne Arunde	1		ry, town on Lo iviera						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 8554 Bay Road					101. ZIP COD	1,22			S.A.	HAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	MED (O	If yea,	ECENDENT specify Cub	an, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No-	14. RACE Black Specif	- American Indian, White, atc.
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th Grade	CATION completed) College (1-4 or 5 +	(Gi	CEDENT'S We kind of Do NOT u	work done during se retired.)	TION most of world	ing	16b. KIND OF BUS			
BE COI	17. FATNER'S NAME (First, Middle, Last)	Edwin We	1sh			16. MOT	HER'S NA	ME (First, Middle, Maiden a Brown	Sumame)		
5	19a. INFORMANT'S NAME (Type/Print) Allen Hilderbran	nd	198		4 Bay R			iera Beach			d 21122
	20a. METHOD OF DISPOSITION 1		cemetary, crei	matory or o	of disposition other place) ematory				cation — c		n, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	LE Z	Yone	e	Geo		. Go	nce Funera Hwy. Balt	1 Hom	e P.	Α.
	23. PART I. Enter tha diseases, or o shock, or haart failure.  IMMEDIATE CAUSE (Final	complications that List only ona cau	caused tha da se on each line	ath. Do	not antar tha r	noda of dy	ing, sucl	h as cardiac or respi	ratory arre	st,	Approximata Interval Between Onset and Daath
	disease or condition resulting in death)	a. ME DUE TO	OR AS A CONSEC	DUENCE O		PNO	CA	neinom	A		4 mont
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSEC	DUENCE O	F):						
ERTIFI	that initiated evanta resulting in death) LAST	DUE TO	OR AS A CONSEC	UENCE O	F):						
AL C	PART II. Other significant condition	a contributing to	death but not re	asuiting	in tha underly	ng cause	given in I	Part I. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA ence 6 Other (Specify) 27. MANNER OF DEATH

1 Natural 5
2 Accident 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28a. PLACE OF INJURY — building, atc. (Specify) 3 Suicide At home, farm, street, factory, offica 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date

2 MEDICAL EXAMINER: On the basis of examination

SIGNATURE	AND TITLE OF CE	RTIFIER	c //	. /		
10	luce		>//	11	4	_
NAME AND A	DDRESS OF PERS	ON WHO COMP	LETED CAUSE	OF DEATH (I	TEM 27) (Type, Pr	rint)

29c. LICENSE NUMBER 22

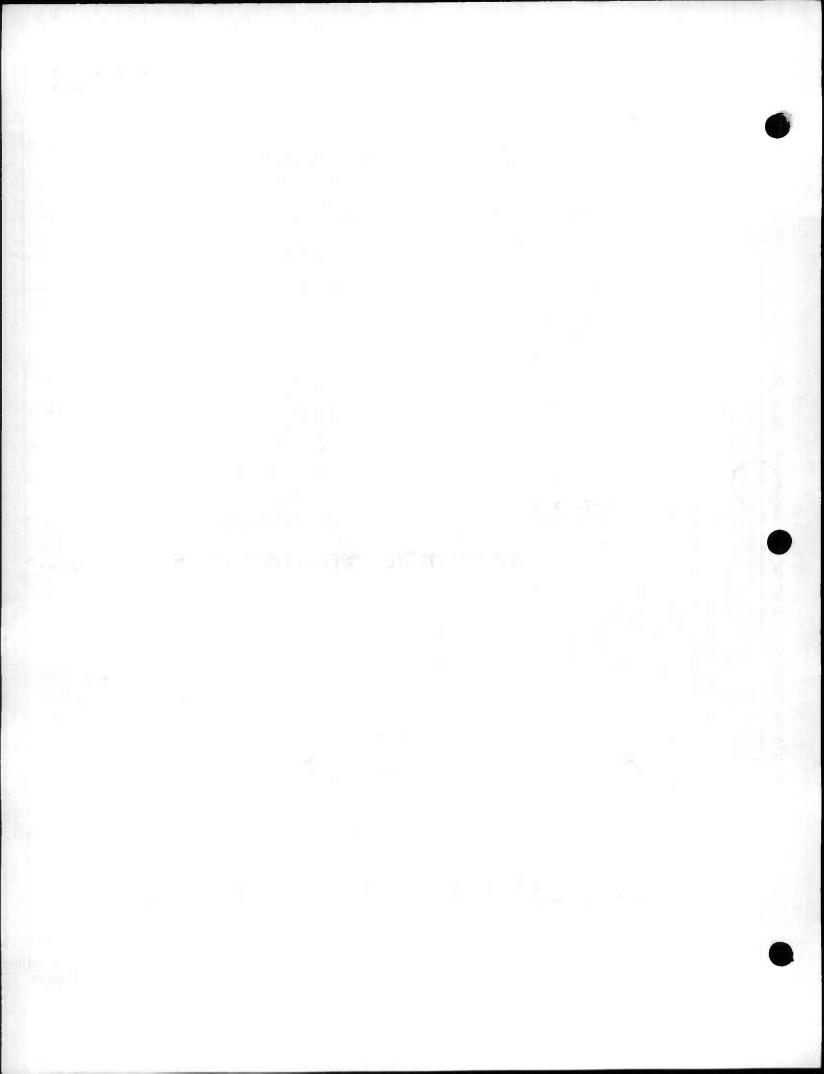
MCMULLEN THE MEDITAL M lesen a

2106

31. DATE FILED (Month) Day. "1992

29b. SIEMATURE AND TITLE OF CERTIFIER

30.



	1 - STATE REGISTRAR	SIMIE UP MA					DEAT		MENIA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)				14		<u> </u>			E OF DEATH			3. TIME OF DEATH
	ELMER	N.		HA	RDY				MON 12			991	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
		1√XM 2 □ F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	19-06		Countr	id.
	9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CIT	r, town o	R LOCATIO	ON OF D		10 00		NTY OF DI	
OR	1042 BRANTLEY	STREET			BAL	ТІМ	ORE	CIT	rv				
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			T 40. 007				0 2 3	1				
DIRECTOR	Md.			10c. un	Y, TUWN	OR LOCAT	юм ltin	ore					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER						ZIP CODE				-		1 X YES 2 NO
FUNERAL	1042 Brantley	Avenue				101	212					JSA	HAT COUNTRY?
BY FU	1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1 1 IF YES, GIVE WAR	YES 2 N			If yes, spe	ENDENT O	n, Mexica Specif	n, Puerlo	N? (Specify Yee Rican, etc.)	or No-	Black	— American Indian, , White, etc.
	3 Widowed 4 Divorced		42-45				20,110	opecin	<b>y</b> .			Specifi	lack
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a, DE(	CEDENT'S	USUAL O	CCUPATIO	N st of workin	10	180	. KIND OF BUS	INESS/INC		
Ž	Elamentery/Secondary (0-12)	College (1-4 or 5+)		il H				-			ъ.	_	- 1
MO	17. FATHER'S NAME (First, Middle, Lest)		Ma.	T T L	and	тег						aı	Service
	Isaac HARD	Y							ME (First,	Middle, Maiden	Sumame) IBNE	210	
BE	19e. INFORMANT'S NAME (Type/Print)		T 196	MAILING	ADDRES	P (Street o				ber, City or Town			
2	Mrs. Gloria Ha	rd											
	20e. METHOD OF DISPOSITION	*	20b. PLACE A	NDDATE	RO DEDISPOS	SVII	n AV	enu	Le B	alto.		City or Toy	
	1 Number 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	al from State	cemetery, crer	matory or or	ther place)				1			,	les Mdd
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE		2 W (1.5)	22.	NAME AN	D ADDRES	S OF FA	CILITY		***		LOS MOG
	· James	0. 2	nap	The same of						ton &			
	23. PART J. Enter the diseases, or col	molications that co	nusad the day	ath Do n	ot antar	17(	) 1 I	aur	ens	S+	Balt	0.	Md 2121
	iMMEDIATE CAUSE (Final	ARTERIOS	on each lina.							uiac or raspii	ratory arr	·est,	Approximata interval Batwean Oneat and Daeth
-			AS A CONSEO			-	****		34.				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEO	UENCE OF	7:								
S	CAUSE (Disease or injury												!
늗	that initiated eventa	DUE TO (OR	AS A CONSEO	UENCE OF	7:								
<b>#</b>	d.												
	PART ii. Other significant conditions	contributing to de	ath but not ra	sulting i	n the un	derlying	cause g	iven in	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PARKINSON'S DISEAS	SE, MAN	2 DEPR	ESSIL	E					PERFORI		- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE										,	110		OF DEATH?  1 YES 2 NO
z													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ock only or	10)			
YSI	1X YES 2 □ NO 1	☐ Inpetient 2 ☐ ER	VOutpatient 3	□ DOA	OTHER 4 Nun		5X Res	sidence	8 🗆 Othe	r (Specify)			
표	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJ (Month, Day, )		28b. TIME	E OF URY	28c. INJU WOF			28d. DES	CRIBE HOW IN	JURY OCC	URED	
à	2 Accident Investigation				М	1 🗌 Y	ES 2 🗌	NO					
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At hom (Specify)	ne, farm, s	trasi, fect	ory, office			281. LOC City	ATION (Street ar or Town, State)	nd Number	or Rural Ro	oute Number,
ן ב	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the beat of my	knowledge, des	th occurre	d at the ti	me date e	and place	and due	to the cou	en(a) and man			
S O	one) 2 MEDICAL EXAMINER:	On the beels of exami	nation and/or in	vestigation	n, In my o	pinion, de	ath occure	d at the	time, data	and place, and	due to the	ea. e couse(e)	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						e - characterin
BE	Nonald & Wrig	W MD									<b>.</b>		(Month, Day, Veer)
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE O	F DEATH (ITEM	27) (Туре,	Print)		0 . C .	M E			1-	-	992
	DONALD G. WRIGHT,	MD DOM	E	11 P	ENN	STI	ም ዝ ዝ	R A	דייד	MODE	MADE	7 T A 3 T 1	D 21201
	31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S	SIGNATURE			01.	انبي			HUKE.	MAKY	LAN	u 21201
	JAN 0 2 1992 gul	of wavidson-v	an location										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the death certificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene processor and the processor of the BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

h\_ 189

s teral parata

10 3 17 7 7 7

BACTUMORE, MARYLAND 21215-0020	24 hours aff the may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ment of the contract of the burishment parmet. Proceeds to a present of the contract of the burishment parmet.	On, of femore	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours afine the property of strength or stre	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely to	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- STATE REGISTRAR	STATE OF N		CERTIF	ICALE	OF DEATH		REG. NO	).		
I. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH	DAY	V	3. TIME OF DEATH
HILDÆGARD		HA	AWKIN	S		12	2		YEAR	5:53
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	-		s. 7. DA	E OF BIRTH		S. BIRTH	PLACE (State or Foreign
526-68-7327	1 M 2X F	67	YRS.	MONTHS	DAYS HOURS M	' 24	-14-24	B	Country	in Gem
Da. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR LOCATION O	F DEATH		9c. COUN		
1812 EAST E.	AGER STR	REET			BALTIMOR	E.				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT						F				
	*				R LOCATION					10d. INSIDE CITY LIMITS?
MD 60. STREET AND NUMBER			E	Baltin	nore					1 YES 2   NO
					10f. ZIP CODE					HAT COUNTRY?
1812 E. Eager S				1	21205			0.8	S.A.	
1. MARITAL STATUS  Never Married 2 A Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	ARMED	13. V	WAS DECENDENT OF HIS yes, specify Cuban, Me	PANIC ORK	GIN? (Specify Ye	s or No-	14. RACE	- American indian, White, atc.
Widowed 4 Divorced	IF YES, GIVE W					ecify:	o Arcan, arc.)		Specifi	ly:
15. DECEDENT'S EDU	ICATION .	La							Wh	t.
(Specify only highest grade	e completed)		Give kind of	Work done d	CUPATION uring most of working	1	6b. KIND OF BU	SINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	nı nı	irse's	aic	-		nurs	ino		
7. FATHER'S NAME (First, Middle, Last)										
Hans Flatauer					18. MOTHER'S	NAME (Firs	t, Middle, Malder	Surname)		
					Ella F					
9e. tNFORMANT'S NAME (Type/Print)					(Street and Number or Ru				Code)	
Albert Hawkins		]	1812 E	E. Eag	ger St. Ba	lto.	MD 212	05		
0a. METHOD OF DISPOSITION  ☐ Burlet 2 1 Cremation 3 ☐ Rem	novat from State		CE AND DATE		TION (Name of	D	TE 20c. LC	CATION - CI	ity or Tov	vn, State
□ Donation 5 □ Other (Specify)		Metro	Crem	natory	Inc.	12-20	-91 Ba	lto. M	ID I	
1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7.1		22. N	AME AND ADDRESS OF	FACILITY	Feten	Rros	Fun	oral H
23 PART I. Enter the diseases, of shock, or heart teliore.  MMEDIATE CAUSE (Final disease or condition equiting in death)	complications that that only one cause	XXOSC	LERC	not enter t	300 Eutaw	P1. B	rdiac or reap	Md 212	217 et,	Approximata interval Batw
AMEDIATE CAUSE (Final disease or condition essuiting in death)  Gequantiality list conditions, any, leading to immediate ause. Enter UNDERLYING	complications that Use only one cause  a. APTE  DUE TO (	se on each ii	LERC BEOUENCE O	not enter t	BOO Eutaw	P1. B	alto.	Md 212	217 et,	Approximata interval Bate
23 PART I. Enter the diseases, of shock, or heart tallore.  MMEDIATE CAUSE (Final disease or condition equiting in death)  Sequentially list conditions, tary, leading to immediate	a. APTE DUE TO (	COR AS A CONS	DERCE OF SEQUENCE OF	not enter t	BOO Eutaw	P1. B	alto.	Md 212	217 et,	Approximata interval Batw
AND I. Enter the diseases, on shock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition equiting in death)  Gequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury heat initiated events.	a. DUE TO (	OR AS A CONS	DENCE OF	not enter to	BOO Eutaw the mode of dying,	P1. B	alto.	Md 212 Iratory arred USEAS	217 et,	Approximate interval Batw Onset and D Onse
AND AND THE CAUSE (Final lightese or condition eaulting in death)  Gequantially list conditions, a any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST	a. DUE TO (	OR AS A CONS	DENCE OF	not enter to	BOO Eutaw the mode of dying,	P1. B	alto.	Md 212 Iratory arred USEAS	217 at,	Approximate interval Bate Onset and D
AND AND THE CAUSE (Final lightese or condition eaulting in death)  Gequantially list conditions, a any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST	a. DUE TO (	OR AS A CONS	DENCE OF	not enter to	BOO Eutaw the mode of dying,	P1. B	alto.	Md 212  Iratory arred  USEAS  AUTOPSY IMED?	217 at,	Approximata interval Batwo Onset and D Ons
ART II. Other significant condition	a. DUE TO (	OR AS A CONS	DENCE OF	not enter to	BOO Eutaw the mode of dying,	P1. B	alto.	Md 212  Iratory arred  USEAS  AUTOPSY IMED?	217 at,	Approximata interval Batwoonset and Donest a
ART II. Other significant conditions is equaliting in death)  ART II. Other significant conditions is sure. Enter UNDERLYING CAUSE (Disease or injury hat initiated events equaliting in death)  ART II. Other significant conditions is sure. Enter UNDERLYING CAUSE (Disease or injury hat initiated events equaliting in death) LAST	a. DUE TO (	OR AS A CONS	DENCE OF	not enter to	BOO Eutaw the mode of dying, state of the mode of dying, state of the mode of	P1. B	24a. WAS AN PERFOR	Md 212  Iratory arred  USEAS  AUTOPSY IMED?	217 at,	Approximata interval Batwoonset and Donest a
ART II. Other significant conditions in the condition of	DUE TO (  DUE TO	OR AS A CONS OR AS A CONS OR AS A CONS Description	SEQUENCE OF	not enter to  STC  F):  F):  OTHER: 4 □ Nursii	BOO Eutaw the mode of dying, state of the mode of dying, state of the mode of	P1. B	24a, WAS AN PERFOR	Md 212  Iratory arred  USEAS  AUTOPSY IMED?	217 at,	Approximata interval Batw Onset and D Onse
ART II. Other significant conditions in the cauting in death)  ART II. Other significant conditions.  ART II. Other significant conditions.  ART II. Other significant conditions.  ART II. Other significant conditions.  ART II. Other significant conditions.	DUE TO (	OR AS A CONS  OR AS A CONS  death but not  ER/Outpetlent	SEQUENCE OF	not enter to  STC  F):  F):  OTHER: 4 □ Nursii	BOO Eutaw the mode of dying, statement of the mode of dying, statement of the mode of the	P1. B	24a, WAS AN PERFOR	Md 212  Iratory arrest  ISEAS  AUTOPSY  MED?  I NO	217	Approximata interval Batw Onset and D Onse
ART II. Other significant conditions in the condition of	DUE TO (  DUE TO	(OR AS A CONS  OR AS A CONS  OR AS A CONS  ER/Outpetlent  INJURY  (1967)	SEQUENCE OF TENNING	OTHER: 4   Norsh	BOO Eutaw the mode of dying, statement of the mode of dying, statement of the mode of the	P1. B	24a, WAS AN PERFORM 1 YES 2	Md 212  Iratory arrest  ISEAS  AUTOPSY  MED?  I NO	217	Approximata interval Batw Onset and D Onse
ART II. Other significant conditions in death)  ART II. Other significant conditions are selected by the selec	DUE TO (  DUE TO	(OR AS A CONS  OR AS A CONS  OR AS A CONS  ER/Outpetlent  INJURY  (1967)	SEQUENCE OF TENNING	OTHER: 4   Norsh	BOO Eutaw the mode of dying, statement of the mode of dying, statement of the mode of the	P1. B	24a, WAS AN PERFOR 1 YES 2 CATION (Street	AUTOPSY IN NO NUMBER OF COLUMN NUMBER OF COLUMN NO NUMBER OF COLUMN NUMBER	217 at,	Approximata interval Batw Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D O
ART II. Other significant condition  Taximiner  Taximin	DUE TO (  DUE TO	(OR AS A CONS (O	SEQUENCE OF TENNING	OTHER: 4   Norsh	BOO Eutaw the mode of dying, statement of the mode of dying, statement of the mode of the	P1. B	24a. WAS AN PERFORM 1 YES 2	AUTOPSY IN NO NUMBER OF COLUMN NUMBER OF COLUMN NO NUMBER OF COLUMN NUMBER	217 at,	Approximate interval Batw Onset and D Onse
ART II. Other significant conditions acausting in death)  ART II. Other significant conditions.	DUE TO (  DUE TO	(OR AS A CONS (O	SEOUENCE OF SEOUENCE OF TENSION OF THE SEOUENCE OF THE SEOUENC	not enter to	BOO Eutaw the mode of dying, state and a final distribution of the mode of dying, state and stat	P1. B such as ca SCUL  In Part I.  (Check only the B of Other Check on	24a, WAS AN PERFOR 1 YES 2  CATION (Street y or Town, State)	AUTOPSY BMED?  In and Number or	217 at, 24b. RED	Approximata interval Batw Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D O
ART II. Other significant conditions around in the significant condition of the significant condition o	DUE TO (  DUE TO	(OR AS A CONS (O	SEOUENCE OF SEOUEN	not enter to state of the und street, factor at the time at the ti	BOO Eutaw the mode of dying, state and place, and place	P1. B such as ca SCUL In Part I. Check only 28d. Di 28f. LO Ch	24a. WAS AN PERFOR 1 VES 2  CATION (Street y or Town, State)	AUTOPSY RMED?	217 at, 24b.	Approximata interval Batw Onset and D Onse
ART II. Other significant condition  EXAMPLE (Pises or injury heat initiated eventa eaulting in death)  ART II. Other significant condition  EXAMINER?  IX YES 2 NO  MANNER OF DEATH  Natural S Pending investigation  Suicide Could not be determined  CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (  DUE TO	(OR AS A CONS (O	SEOUENCE OF SEOUEN	not enter to state of the und street, factor at the time at the ti	larlying cause given  28. PLACE OF DEATH  THE WORK?  1 YES 2 NO  No, office	P1. B such as ca SCUL  In Part I.  Check only 28f. LO Ch tue to the che time, de	24a. WAS AN PERFOR 1 VES 2  CATION (Street y or Town, State)	AUTOPSY RMED?	217 at, 24b.	Approximata interval Batw Onset and D Onse
ART II. Other significant conditions around in the significant condition of the significant condition o	DUE TO (  DUE TO	(OR AS A CONS (O	SEOUENCE OF SEOUEN	not enter to state of the und street, factor at the time at the ti	BOO Eutaw the mode of dying, state and place, and place	P1. B such as ca SCUL  In Part I.  Check only 28f. LO Ch tue to the che time, de	24a. WAS AN PERFOR 1 VES 2  CATION (Street y or Town, State)	AUTOPSY IMED?  In NO  NURY OCCUPANT AUTOPSY IMED?	217 at, 24b.  PRED RED Cause(a)	Approximata interval Batw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
ART II. Other significant condition  Examiner  ART II. Other significant condition  A	DUE TO (  DUE TO	(OR AS A CONS  OR AS A CONS  OR AS A CONS  death but not  ER/Outpettent INJURY (y, 'ber')  Tinjury — At inc. (Specify)  my knowledge, demination and/or	SEOUENCE OF TESTING TO THE SEOUENCE OF THE SEO	not enter to some street, factor at the time at the ti	larlying cause given  28. PLACE OF DEATH  THE WORK?  1 YES 2 NO  No, office	P1. B such as ca SCUU  In Part I.  (Check only) 281. LO Cit  281. LO Cit  UMBER	24a. WAS AN PERFOR 1 VES 2  CATION (Street y or Town, State)	AUTOPSY AUTOPSY AMED?  I NO  NUMBER OF THE STATE	217 at, 24b. PRED Rural Ro	Approximata interval Batw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
ART II. Other significant condition  EXAMPLE (Pises or injury heat initiated eventa eaulting in death)  ART II. Other significant condition  EXAMINER?  IX YES 2 NO  MANNER OF DEATH  Natural S Pending investigation  Suicide Could not be determined  CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (  DUE TO	(OR AS A CONS  OR AS A CONS  OR AS A CONS  death but not  ER/Outpettent INJURY (y, 'ber')  Tinjury — At inc. (Specify)  my knowledge, demination and/or	SEOUENCE OF TESTING TO THE SEOUENCE OF THE SEO	not enter to some street, factor at the time at the ti	larlying cause given  26. PLACE OF DEATH  19 Home 5 & Residen  28c. INJURY AT  WORK?  1	P1. B such as ca SCUU  In Part I.  (Check only) 281. LO Cit  281. LO Cit  UMBER	24a. WAS AN PERFOR 1 VES 2  CATION (Street y or Town, State)	AUTOPSY AUTOPSY AMED?  I NO  NUMBER OF THE STATE	217 at, 24b. PRED Rural Ro	Approximate interval Batw Onset and Dr. Onse

no other fit is all

grg X 19 .... 0 5°° )

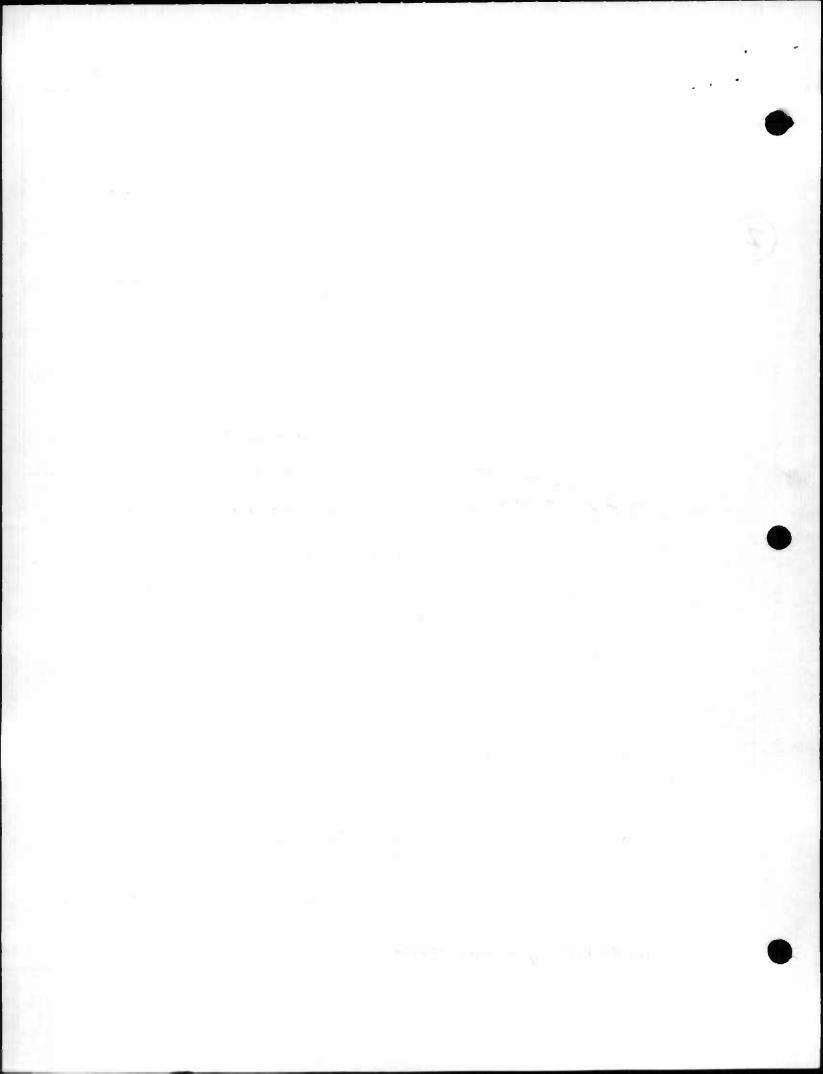
The state of the s

6-214 o w stranstont - m

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGIOTRAN			CHILL	ICALE	UF	DEA	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	J. GENE			HARDI	EE			2. DATE	OF DEATH	29	91	300 P DEATH
									12	2	9 19	991	09:22 a.m.
	4. SOCIAL SECURITY NUMBER	1	B. AGE (In yrs. la	sl birthday)	IF UNDER	DAYS	IF UNDER		7. DATE C	Day, Year)		8. BIRT	NPLACE (State or Foreign
	239-40-8895	1 🙀 M 2 🗌 F	56	YRS.	months	DATE	HOURS	MIN.	04	17 19	35		TH CAROLINA
	9a. FACILITY NAME (II not institution, give s NORTH ARUNDEL H	TOUR PURPOR	SSOCTA	TTON	9b. CITY	TOWN	R LECATE	SN DE DE	ATH	1.7 1.7		NTY/OF I	REATHCOUNTY
DIRECTOR	NORTH ARONDEL I	OSITIAL A	DOUCIA.	LION	,	יוידורון	DOL	MILL				11.1	i. COONII
5	RESIDENCE OF DECEDENT							-			_		
2	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
	MD ANNE A	RUNDEL		SE	VERN								LIMITS? 1 YES 2 W NO
AL	10e. STREET AND NUMBER			1 01	V ISICIV	101	ZIP COD	E			10a, CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1444 WATTS AVENU	IF					011/	,					
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AS	PMED	1 12 14	MS DEC	2114		10.0010111	(Specify Yea	U.	S.A.	
	1 Never Married 2 X Married	FORCES? 1	YES 2 X	NO	117	yes, sp	ecify Cuba	n, Mexicar	n. Puarto R	(Specify Yeal can, atc.)	or No-	14. RAC Blec	E — American Indian, k, White, etc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAF	R OR DATES		1	YES	2 🔀 NO	Specify				Spec	
۵	15. DECEDENT'S EQU	CATION	16a DE	CEDENTIO	1								WHITE
COMPLETED	(Specify only highest grade	completed)	(G	CEDENT'S live kind of a Do NOT us	vork done di	uring mo	et of working	ng	18b.	KIND OF BUS	SINESS/IN	DUSTRY	
ا ج	Elementary/Secondary (0-12)	College (1-4 or 5+)											
Ž I	17. FATNER'S NAME (First, Middle, Last)	0	II	NSPEC	TOR					WEST		USE	
							16. MOTH	NER'S NAM	WE (First, M.	iddle, Maiden	Surname)		
BE	NEWSON HARDEE								TH S				
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Numbe	r, City or Town	n, State, Zip	Code)	
	JOYCE A. HARDEE			144	4 WAT	TS	AVE.	SE	VERN	MD	2114	4	
	20a. METNOD OF OISPOSITION 1 D Buriel 2 Cremation 3 Remo		20b. PLACE	ANDDATE	F DISPOSIT				OATE		CATION —		own, Stata
	4 Donation 5 Other (Specify)	ovar from State	cemetery, cre	matory or of	S ME	MOD	TAT (	TAGAS	PMC 1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N	AME AN	D ADDRES	SS OF FAC	CINO I	-Z M	דחחדי	CKIV	ER, MD
	> 1) NS	41			SIN	GLE	TON	FUNE	RAL I	HOME			
	23. PART i. Enter the diseases, or o	attes			1 5	ECO	ND A	VE.	S.W.	GLEN	BURN	TE.	MD 21061
CERTIFICATION	disease or condition resulting in death)  Sequentisity list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION O	QUENCE OF			No	1	Pel	Non	A		8mos-
EDICAL CE	PART II. Other eignificent condition	d. e contributing to de	eth but not r	eaulting i	n the und	eriying	cause g	lven in F		PERFORI	MED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ									_				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00.01							, ,
3	EXAMINER?	HOSPITAL:	214 1 1 2 2 5 1	_	OTHER:				ck only one)				
=	27. MANNER OF DEATH	1 Inpetient 2 E			4 🗆 Nuralı								
2 2	Natural 5 Pending 2 Accident investigation	28a. DATE OF IN. (Month, Day,	Year)	26b. TIME INJU	JRY M			-	28d. DESC	RIBE HOW IN	JURY OC	CUREO	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF II building, ato	NJURY — At hor (Specify)	me, farm, s	reet, factor	y, offica			261. LOCAT City or	ION (Street ar Town, State)	nd Number	or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of my	knowledge, de	eth occurre	d at the Ilm	e, data i	and place,	end due t	o the cause	e(a) and mens	ner es stat	ed.	
3	2 MEOICAL EXAMINER	: On the basis of exem	ination and/or i	nvestigation	, in my opi	nion, de	sth occure	d at the fi	lme, data a	nd place, end	due to th	e cause(a	and manner as stated.
2	296. SIGNATURE KNO TITLE OF CENTIFIER	1. 18		ia			1/2	NSE HUME	BER	/	29d. DATI	SIGNED / 2	(Mopth, Day, Year
	KUSSELL OF THE WIC	UCAPLETIO CAPSE	91960001TE	RATH	PHIGH	WAY	, SW	SUI	TE 41	.O/GLE	N BU	RNPE	, MARYLAND
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S			-								
	JAN U 2 1992	1	work-Har	delle									



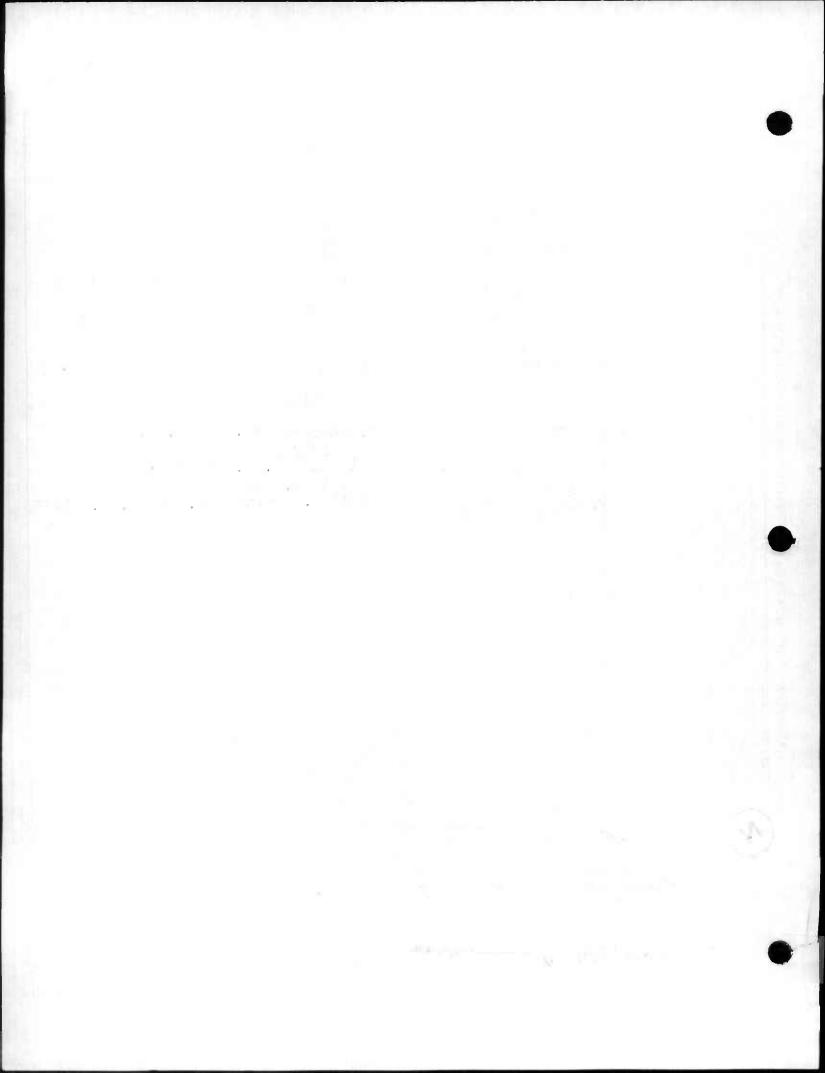
TO THE HOSP TO THE FUN be filed with

31. DATE FILED (Month, Day, Year)

JAN 0 2 1992

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTIF				) MEN	ITAL HYGIEN		and the same of th	36295
	1. DECEDENT'S NAME (First, Middle, Last) JANICE HARPER						2. U	PATE OF DEATH	w 199	9YEAR	3. TIME OF DEATH 08:45a
	4. SOCIAL SECURITY NUMBER 218 52 3612	5. SEX	6. AGE (In yrs. lest birthday) 42 YRS.		DAYS	IF UNDER 24 HRS HOURS MIN	o	MATE OF BIRTH Month, Day, Year) 9 24 194		Country	MARYLAND
DIRECTOR	9a. FACILITY NAME (If not institution, give s  GREATER BALTIMOR RESIDENCE OF DECEDENT		CENTER	9b. CITY, T		ISON	DEATH		9c. COUN		MORE
	MD RALT	Y IMORF CI		BALTI	MORE				Υ		10d. INSIDE CITY LIMITS?  1) XYES 2 NO
FUNERAL	5019 ST GEORGES					21212			Uni	ted	States
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	lt y	res, spec		ican, Pu	RIGIN? (Specify Yearto Rican, atc.)	e or No-	Specif	-American Indian, white, etc.B
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade  Elementary/Secondary (0-12)  12th grade r		)	s usual occ work done dur ise retired.)	ring most	of working		Bethle		USTRY	el Co.
	17. FATHER'S NAME (First, Middle, Lest) Charlie Harpe			A TAC		18. MOTHER'S		irst, Middle, Meiden Hogan		500	er oo.
TO BE	19a. INFORMANT'S NAME (Type/Print)		1	ADDRESS (S	Street end	Number or Rui	rel Route	Number, City or Tox			
	Marjorie Harpe  20e METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE	OF DISPOSITI	ON (Nam	73/92	2		CATION — C	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LA	ENSEE	Maryland	) 22 NA	ME AND	ADDRESS OF n B. E. Pr	FACILITY SC]	ruggs 1	uner	al	ryland Home Md. 21213
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIO-	PULMONARY A	not enter th	s mode	of dying, s	uch ss	cardisc or resp	iratory srre	est,	Approximats interval Bstween Onset and Dasth
N	Sequentially list conditions.	MASSIVE	BLEEDING F	ROM ?	LUN	G OR G	I TF	RACT			
CERTIFICATION	if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NON-SMA	OR AS A CONSEQUENCE OF	CINOMA	OF	THE L	UNG	WITH ME	TASTA	TIC	DISEASE
MEDICAL C	PART II. Other significant condition	s contributing to	desth but not resulting	in the unde	erlying (	csuse given	in Part	i. 24e. WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLAC	CE OF DEATH (	Check on	ly one)			
PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF (Month, O			g Home Sc. INJUR WORK	5 Residence RY AT C?		Other (Specify) DESCRIBE HOW	NJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	26s. PLACE Of building,	F INJURY — At home, ferm, etc. (Specify)			S 2 NO	281.	LOCATION (Street City or Town, State)	end Number o	or Rural A	oute Number,
COMPLET			my knowledge, death occur amination and/or investigati								and manner so stated
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	A. Ap	nei f			DO 11	UMBER		29d. DATE	SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM 27) (Type	, Print)							<u> </u>



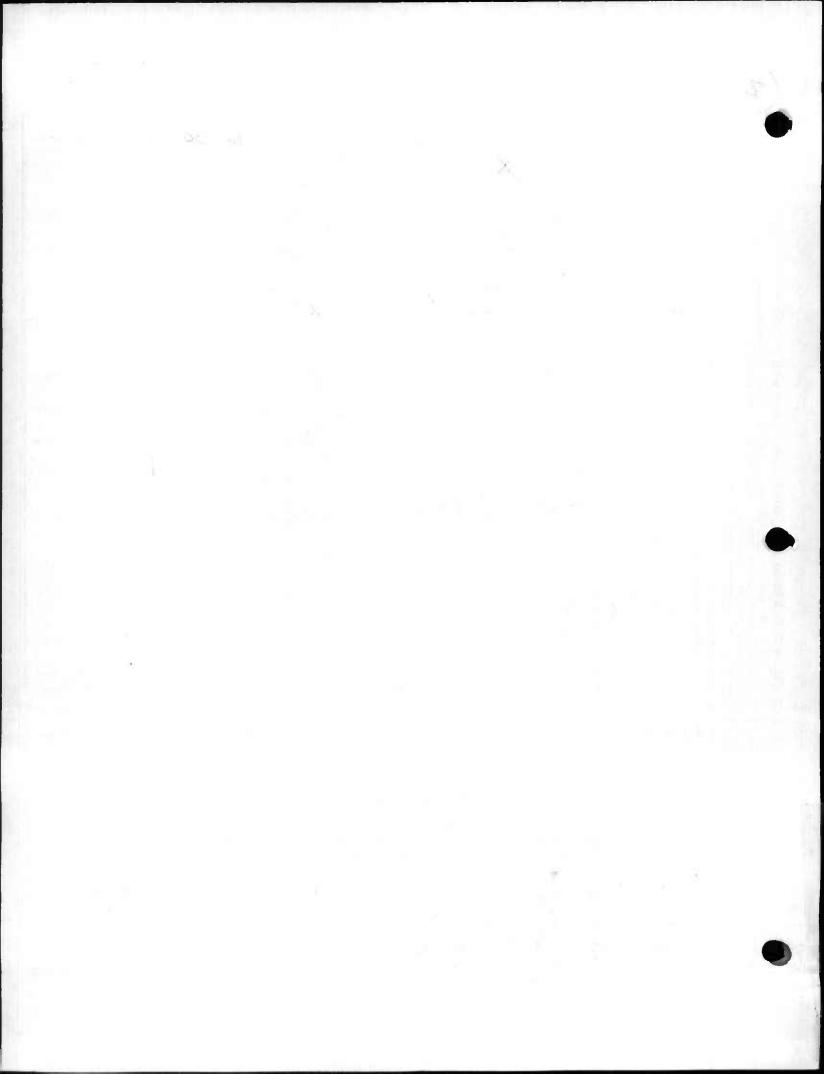
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -

	TIEGIOTTIFAT		- CI	THI	ICALL	UF	DEATE		REG. NO.			
1.	DECEDENT'S NAME (First, Middle,	Last)	LEA	4	HUL	NICK			2. DATE OF DEATH	Y <	7 YEAR	3. TIME OF DEATH
	ocial security number 066–38–2064	5. SEX	6. AGE (In yrs. les 92	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	MN.	7. DATE OF BIRTH		6. BIRTH Countr	PLACE (State or Foreign V) NEW YORK
	PIKESVILLE N	* *			9b. CITY		R LOCATION			9c. COU	INTY OF D	EATH
5 1	ESIDENCE OF DECEDEN											
E E	MARYLAND 106. CC		IMORE	10c. CIT	Y, TOWN C		IMORE					10d. INSIDE CITY LIMITS? 1 YES 2 NO
< 1	•. STREET AND NUMBER  4617 TALMAN RD	).				101	. ZIP CODE	212	208	10g. CIT	IZEN OF V	HAT COUNTRY?
m 3	MARITAL STATUS  Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. AR YES 2 1 R OR DATES 2	MED IO		If yes, sp-	city Cuban,	HISPANIC Maxican, Specify:	ORIGIN? (Specify Yea Puerto Rican, atc.)	or No—	14. RACE Black Speci	— American Indian, , White, atc.
	15. DECEDENT'S	EDUCATION	16a, DE	CEOENT'S	USUAL O	CCUPATIO	IN .		16b. KIND OF BUS	INESS/IN	OLISTOV	
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	HOUS	work done is retired.)	during mo	st of working			AT H		
S 17	FATHER'S NAME (First, Middle, Las	d)				-						
	REUBEN DAVI	7						JE		GMAN		
0 "	MRS. RUBY EISE	NBACH		4617					ute Number, City or Town	212		
10	a. METHOD OF DISPOSITION  Burlet 2 Cremation 3 (X)  Donation 5 Other (Specify)		BETH					NEER	S INC.) 1	2/31	City or To	wn, State LMONT, LI,N
21.	SIGNATURE OF FUNERAL SERVICE	CE LICENSEE		D	22. S	OL L	D ADDRESS EVINS	OF FACIL	BROS., I	NC.		
i N	B. PART I. Enter the diseases shock, or heart fall IMEDIATE CAUSE (Final sease or condition suiting in death)	a. Acu	a on each line	ER	EBF				An A			Approximata interval Batweer Onset and Daati
FICAL P.O. P.	equantially list conditions, any, leading to immediata suse. Enter UNDERLYING AUSE (Disease or Injury at Initiated eventa sulting in death) LAST	DUE TO (C	OR AS A CONSECUTIVE AS	UENCE OF	F):							
11	ART II. Other significant cond	litions contribution to d		andal and								
	Alzhe	MER	1 ) -	me	-		cause giv	an in Pa	PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25.	WAS CASE REFERRED TO MEDICA	AL				26. PL	ACE OF DEAT	TH (Check	( only one)			
ś II	EXAMINER?	HOSPITAL:	FR/Outpetlant 3	( DOA	OTHER	E:						
	MANNER OF DEATH  Natural 5 Pending	28s. OATE OF the (Month, Day,	JURY	26b. TIMI		28c. INJI WO	JRY AT	2	Other (Specify)	JURY OC	CURED	
	2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28s. PLACE OF building, et	INJURY — At hor	ne, farm, s	treet, facto				61. LOCATION (Street as City or Town, State)	nd Number	r or Rural A	oute Number,
294		HYSICIAN: To the beat of m										and manner as stated.
200	GNATURE AND TITLE OF CERT	TIFIER				Т	29c. LICENS	E NIIMBO	5B	204 047	E CIONEO	44
	Tasuaeus NAME AND ADDRESS OF PERSON	Lalena	nn	1)	212		Dres	195		DAT	2/30	(Month Day, Year)
30.	CAINEEM	CAKHAT	of GEATH (ITEM		PAR	K	Her	नमर	Are,	B	ALPO	MD21208
31.	JAN 0 2 1992	Jula Davidson	s signature									



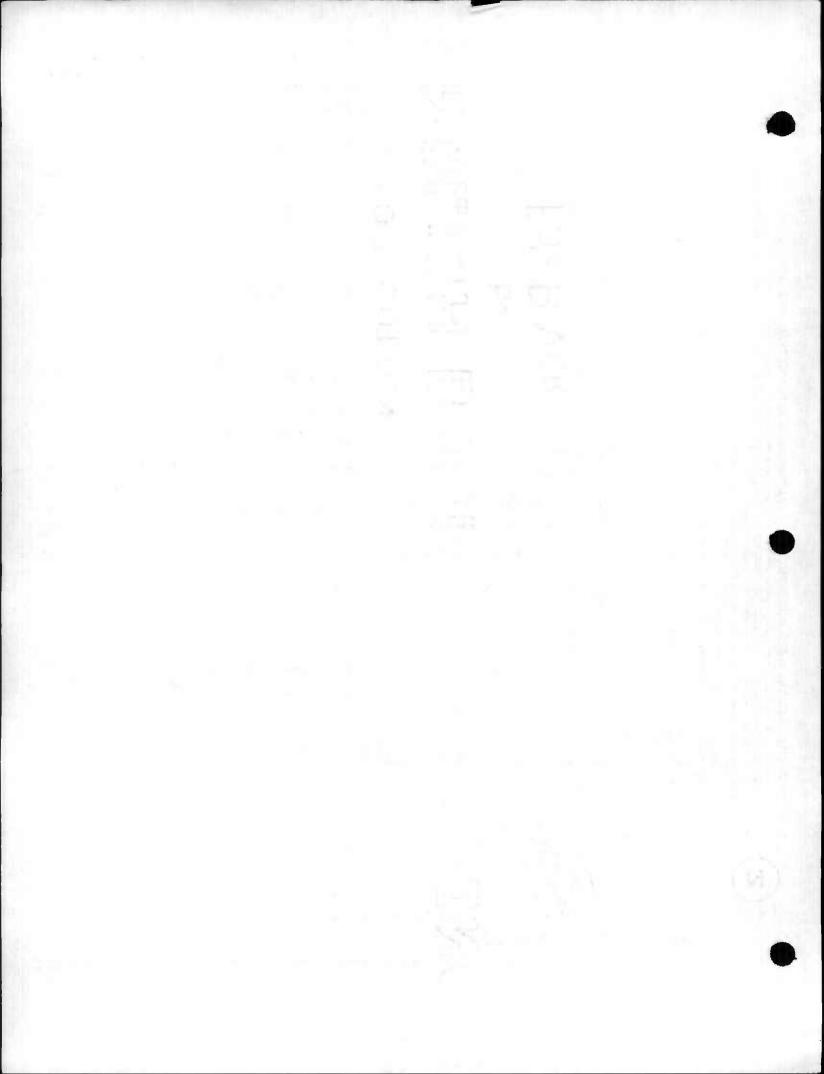
UNITY CHEETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Tanning after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. lurs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 THE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THI Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (Fit	st, Middle, Lasi)								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Liane	Her	ring							12-		1991	YEAR	2:00 A.
4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDE	A 24 HRS.		OF BIRTH	MILE.	8. BIRTH Countr	PLACE (State or Foreign y)
213-32-889		1 🗆 M 2 🛣 F	60	YRS.					6-2	2-1931			nany
9a. FACILITY NAME (# not					9b. CITY	TOWN	OR LOCAT	ION OF DI	EATH		9c. COU	NTY OF D	EATH
3435 Libert	y Park	way			Dı	unda	alk				Ba	1tim	ore
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY
Md.	Balt	imore		D	unda]	lk							LIMITS?
10e. STREET AND NUMBE	R	36	- 11/7	1		10	H. ZIP COO	Œ			10g. CIT	IZEN OF	VHAT COUNTRY?
3435 Libert	y Park	way	1.50	1			2122	2			U.	S.A	•
11. MARRITAL STATUS  1 Never Married 2 3 3 Wildowed 4 Di	-	FORCES?	NT EVER IN U.S. AT 1 YES 2 WAR OR DATES		N 16 1	If yes, s		an, Mexica	in, Puarto	Y? (Specify Ye Rican, etc.)	s or No—	Spec	E — American Indian, k, White, etc. liy: ite
15. DI (Specify of	CEDENT'S EDU	JCATION le completed)	16a. Di	ECEDENT'S Sive kind of a Do NOT us	USUAL O	CCUPAT during m	ION lost of work	ing	168	. KIND OF BU	SINESS/IN	DUSTRY	
Elamentary/Secondary		College (1-4 or 5	+)					•					
Unknown  17. FATHER'S NAME (FIRST.	10110			Homen	naker		To the second			Own			
Karl Scha									, ,	Middle, Meider Schaaf	,		
19a. INFORMANT'S NAME			T 10	h MAILING	Anners	S (Street				ber, City or Tow		n Cordei	
Edward		ring								k. Md.			
20a. METHOD OF DISPOS	ITION		20b. PLACI	E AND DAT	E OF DISP	OSITIO			DAT		CATION -		own, Stata
1X Burial 2 Crema 4 Donation 5 Oth		noval from Stata	of cometant	v cremator) Lawn	Ceme	tar	y	1-3	-1992	2 Bal	to. N	1d.	
21. SIGNATURE OF FUNE	PAL SERVICE L	CENSEE	. 77		22.	NAME A	AND ADDR	ESS OF FA	CILITY				_
14,40	Lo x	Harly	moos	1	21	-au1	Ley = A	SILO	n ru	neral	Home	, In	Md. 21222
Sequentisily list condification in cause. Enter UNDERI CAUSE (Disease or in that initiated events	nediate YING	с	O (OR AS A CONSE	OUENCE O	0F):	' Dong	4						15000
resulting in death) L	AST	d											
PART II. Other signific	cant condition	ons contributing t	o death but not	resulting	In the u	nderiyi	ng cause	given in	Part I.	24a. WAS A		24	. WERE AUTOPSY FINDING
										PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
													OF DEATH?  1 YES 2 NO
	N												
25. WAS CASE REFERRED	TO MEDICAL						PLACE OF	DEATH (C	heck only o	ne)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		me 5 2 1	Residence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH  1 Natural 5 (	Pending investigation		DE INJURY Day, Year)	26b, TII	ME OF JURY M	W	YURY AT YORK? YES 2	□ NO	26d. DE	SCRIBE HOW	INJURY O	CURED	
3 Suicide 8 (	Could not be determined		OF INJURY — At h g, etc. (Specify)	ome, farm,	street, fac	tory, off	lica			CATION (Street or Town, State		or or Rural	Route Number,
(Critical Crity		SICIAN: To the best											a) and manner as stated.
296, SIGNATURE AND THE	-d/Su	2	Q-70					330				12 -3	D (Month, Day, Year)
30. NAME AND ADDRESS	3 MARA	HO COMPLETED CA	L/12 0 V.	EM 27) (Typ	e, Print)	15%	7346,	m	2/22	2			
JAN 0 2	192	full 32 Days	PAR'S SIGNATURE	e.									



ORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	LEAST TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	FILM FAL DIRECTOR: After this certificate has been signed by the attending physician and and are 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burn	ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic

CHURCH HOSPITAL  RESIDENCE OF DECEDENT  100. STATE  100. STATE  100. STREET AND NUMBER  7 YOrkway  (Former)  11. MANITAL STATUS  1 Naver Merried  12. WAS DECEDENT SUBJECT OF HISPANIC ORIGIN? (Specify Yes or No-  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-  14. Yes, specify cuben, Maxican, Puerio Rican, etc.)  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16. KINO OF BUSINESS//R  16. KI	Black, White, etc. Specify: White INDUSTRY Steel Co.
4. SOCIAL SECURITY NUMBER 2 13-07-6187  1	9/ 10:35 A  8. BIRTHPLACE (State or Foreign Country)  Sparrows Pt.,  OUNTY OF OEATH  10d. INSIDE CITY LIMITS? 1
213-07-6187  1	8. BIRTHPLACE (State or Foreign Country)  Sparrows Pt.  10d. INSIDE CITY LIMITS? 1  YES 2 NO  CITIZEN OF WHAT COUNTRY?  J. S. A.  14. RACE — American Indien, Black, White, etc. Specify: White INDUSTRY  Steel Co.
99. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL  RESIDENCE OF DECEDENT  109. STATE 109. ST	Sparrows Pt., OUNTY OF OEATH  10d. INSIDE CITY LIMITS? 1  YES 2 NO CITIZEN OF WHAT COUNTRY? U.S.A.  14. RACE — American Indien, Black, White, etc. Specify: White INDUSTRY  Steel Co.
Se. FACILITY NAME (If not institution, give street and number)  CHURCH HOSPITAL  BALTIMORE CITY  BALTIMORE CITY  10c. CITY, TOWN OR LOCATION OF GEATH  BALTIMORE CITY  Md.  Baltimore  10c. CITY, TOWN OR LOCATION  DUNdalk  10c. CITY, TOWN OR LOCATION  Baltimore  10d. ZIP CODE  21222  10d. CITY, TOWN OR LOCATION  DUNdalk  10d. STREET AND HUMBER  7 YORKWAY  (FORmer)  11. MARITAL STATUS  1 Never Married 2 Married 5 PORCES? 1 SECONDER OR SECONDER OF THE PARKE CRIGHTY (Specify Yea or No-  1 Yes, GIVE WAR OR DATES  11. MARITAL STATUS  1 Never Married 2 Married 5 PORCES? 1 SECONDER OR DATES  11. MARITAL STATUS  1 Never Married 2 Married 5 PORCES? 1 SECONDER OR DATES  11. MARITAL STATUS  1 Never Married 2 Married 5 PORCES? 1 SECONDER OR DATES  11. MAS DECEMBENT OF HISPANIC CRIGHTY (Specify Yea or No-  1 Yes, GIVE WAR OR DATES  11. WAS DECEMBENT OF HISPANIC CRIGHTY (Specify Yea or No-  1 Yes, GIVE WAR OR DATES  11. WAS DECEMBENT OF HISPANIC CRIGHTY (Specify Yea or No-  1 Yes, GIVE WAR OR DATES  11. WAS DECEMBENT OF HISPANIC CRIGHTY (Specify Yea or No-  1 Yes, GIVE WAR OR DATES  12. WAS DECEMBENT OF HISPANIC CRIGHTY (Specify Yea or No-  1 Yes, GIVE WAR OR DATES  10d. KINO OF BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of BUSINESS/IN  1 Second Working 10d. Kino Of Business Ind.  1 Second Working 10d. Kino Of Business Ind.  1 Second Working 10d. Kino Of Business Ind.  1 Second Working 10d. Kino Of Business Ind.  1 Second Working 10d. Kino Of Business Ind.  1 Second Working 10d. Kino Of Business Ind.  1 Second Working 10d.	10d. INSIDE CITY LIMITS?  1  YES 2 NO  ENTIZEN OF WHAT COUNTRY?  J. S. A.  14. RACE — American Indien, Black, White, atc.  Specify: White INDUSTRY
RESIDENCE OF DECEDENT  106. STATE  106. COUNTY  Md.  Baltimore  106. CITY, TOWN OR LOCATION  DUndalk  106. STREET AND NUMBER  7 Yorkway  11. Marital Status  12. Mas DECEDENT EVER IN U.S. ARMED  13. MAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—  14. Mary Married 2   Married  3 X Midowed 4   Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16. KINO OF BUSINESS/IN  (Gline kind of work done during most of working  16. Do NOT use relired.)  16. MOTHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Malden Surmane)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surmane)  18. MOTHER'S NAME (Fi	LIMITS?  1 YES 2 NO  CITIZEN OF WHAT COUNTRY?  J. S. A.  14. RACE — American Indien, Black, White, etc.  Specify: White INDUSTRY  Steel Co.
10e. STREET AND NUMBER 7 YOrkway (Former) 11. MARITAL STATUS 1 Naver Merried 2 Married 3 X Not dowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, apecify Cuben, Markean, Puerio Rican, etc.) 1 YES 2 NO Specify 15. DECEDENT'S EDUCATION (Specify Only highest grade completed) 16e. DECEDENT'S EDUCATION (Specify Only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (First, Middle, Melden Surname) 19e. INFORM	LIMITS?  1 YES 2 NO  CITIZEN OF WHAT COUNTRY?  J. S. A.  14. RACE — American Indien, Black, White, etc.  Specify: White INDUSTRY  Steel Co.
10e. STREET AND NUMBER 7 YOrkway (Former) 11. MARITAL STATUS 1 Naver Married 2 Married 3 Married 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES 2 NO If YES 2 NO Specify Cuben, Markean, Puerto Rican, etc.)  15. DECEDENT'S EDUCATION (Specify Only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 17. FATHER'S NAME (First, Middle, Lest)  18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 17. FATHER'S NAME (First, Middle, Lest)  18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 17. FATHER'S NAME (First, Middle, Lest)  18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 17. FATHER'S NAME (First, Middle, Lest)  18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify Ves or No- 11 yes 2 NO Specify Usuan, Markean, Puerto Rican, etc.) 18e. DECEDENT'S USUAL OCCUPATION (Specify Ves or No- 18e. DECEDENT'S USUAL OCCUPATION (Specify Ves or No- 18e. DECEDENT'S USUAL OCCUPATION (Specify Ves or No- 18e. DECEDENT'S USUAL OCCUPATION (Specify Ves or No- 18e. DECEDENT'S USUAL OCCUPATION (Specify Only highest grade or Occupation (Specify Only highest grade or Occupation (Specif	LIMITS?  1 YES 2 NO  CITIZEN OF WHAT COUNTRY?  J. S. A.  14. RACE — American Indien, Black, White, etc.  Specify: White INDUSTRY  Steel Co.
10e. STREET AND NUMBER 7 Yorkway (Former) 11. MARITAL STATUS 1 Never Merried 2 Married 3 X Middwed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO If YES 2 X NO If YES 2 X NO Specify Yes or No-If Yes, apecify Cuben, Mexican, Puerio Rican, etc.) 15. DECEDENT'S EDUCATION (Specify) only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify) only highest grade completed) 17. FATHER'S NAME (First, Middle, Lest) 19e. INFORMANT'S NAME (First, Middle, Lest) 10e. INFORMANT'S NAME (First, Middle, Lest) 11e. MOTHER'S NAME (First, Middle, Medicen Surname) 19e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Lest) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medicen Surname) 10e. INFORMANT'S NAME (First, Middle, Medice	J.S.A.  14. RACE — American Indien, Black, White, etc. Specify: White INDUSTRY  Steel Co.
1	J.S.A.  14. RACE — American Indien, Black, White, etc. Specify: White INDUSTRY  Steel Co.
1	Black, White, etc. Specify: White INDUSTRY Steel Co.
1	Specify: White INDUSTRY Steel Co.
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Unknown  16. Kino of Business/N  Glive kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Lest)  Fowler  19a. INFORMANT'S NAME (Type/Print)  Vernon M. Pasapae  19b. Mailing address (Street and Number or Rural Route Number, City or Town, Stelle, Z  7919 Wise Ave., Dundalk, Md. 21222  20b. PLACE AND DATE OF OISPOSITION (Name of complete)  19b. Mailing address (Street and Number or Rural Route Number, City or Town, Stelle, Z  7919 Wise Ave., Dundalk, Md. 21222  20b. PLACE AND DATE OF OISPOSITION (Name of complete)  19b. Mailing address (Street and Number or Rural Route Number, City or Town, Stelle, Z  7919 Wise Ave., Dundalk, Md. 21222  20b. PLACE AND DATE OF OISPOSITION (Name of complete)  19c. Information of Other (Specify)  21. SIGNATURE OF (Uneral Service Licensee)  22. NAME AND Address of Facility  22. NAME AND Address of Facility  22. NAME AND Address of Facility  23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory of shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)	White INDUSTRY  Steel Co.
196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  197. INFORMANT'S NAME (Type/Print)  198. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z  7919 Wise Ave., Dundalk, Md. 21222  209. METHOD OF DISPOSITION 1	Steel Co.
196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  197. INFORMANT'S NAME (Type/Print)  198. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z  7919 Wise Ave., Dundalk, Md. 21222  209. METHOD OF DISPOSITION 1	)
196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  197. INFORMANT'S NAME (Type/Print)  198. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z  7919 Wise Ave., Dundalk, Md. 21222  209. METHOD OF CISPOSITION 1	)
196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  197. INFORMANT'S NAME (Type/Print)  198. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z  7919 Wise Ave., Dundalk, Md. 21222  209. METHOD OF CISPOSITION 1	
19e. INFORMANT'S NAME (Type/Print)  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2 7919 Wise Ave., Dundalk, Md. 21222  20e. METHOD OF CISPOSITION  1 Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF CISPOSITION (Name of cometery, crametory or other place)  Oak Lawn Cemetary  12c. NAME AND ADDRESS OF FACILITY  Bradley-Ashton Funeral Home 213/4 Willow Spring Rd. Dund 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory and places or condition.	
Vernon M. Pasapae  7919 Wise Ave., Dundalk, Md. 21222  20s. METHOD OF CISPOSITION 1X Burlet 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF TUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Bradley-Ashton Funeral Home 21. A Willow Spring Rd. Dund 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory eshock, or heart fellure. List only one cause on each line.	
20a, METHOD OF CISPOSITION  1	Zip Code)
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Bradley-Ashton FUneral Home 21.3/4 Willow Spring Rd. Dund  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory entered the mode of dying, such as cerdiec or respiratory entered the mode of dying.	Oh T Oh.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Bradley—Ashton FUneral Home 21. 3/4 Willow Spring Rd. Dund 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory entered the mode of dying, such as cerdiec or reepiretory entered the mode of dying.	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory established the complete of the complete of the complete or condition.  IMMEDIATE CAUSE (Final disease or condition)	) MQ.
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiretory established the complete of the complete of the complete or reepiretory established the complete of the complete or condition.	e. INc.
IMMEDIATE CAUSE (Final	erreat, Approximate
Sequentially list conditions, if smy, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  S. CAROIAC DYSRHYTHMIA  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):	Intervel Betwee
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  OTHER:  1 Injury Injury ON Injury At Work (Month, Day, Year)  28b. DIME OF Residence 6 Other (Specify)	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpetient 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY  28. TIME OF 28. INJURY AT 28d. DESCRIBE HOW INJURY OF	OCCURED
M 1 YES 2 MO	- CONTED
	er or Rural Route Number,
3 Suicide 4 Homicide 5 Homicide 6 Set. LOCATION (Street and Number City or Town, State)  298. CERTIFIER 7 (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as street, factory, office 281. LOCATION (Street and Number City or Town, State)  282. LOCATION (Street and Number City or Town, State)	tsted. the cause(s) and manner as stated.
II 29h SIGNATURE AND TITLE OF CERTIFIED A	ATE SIGNED (Month, Day, Year)
1 / While N. Mark . M. D. 1040547	2/28/41
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  MICHAEL D. PRESSE, M.D. CHERCH HOSPITAL, 100 N. BROADWAY, BRUT., MD. 2  31. DATE FILED (Month, Day, Year)  JAN 0 2 1992 Julia Davidson-Rendelle	, -0///

Aced committee

the state of the property will be a second of the second o

**BALTIMORE, MARYLAND 21215-0020** 

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires mat present certificate to execute within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been some the property process and process and the funeral director, page 5 should be detached for use as the huntal-transfer arms.		ed at once.	
( )	leath. Page 6 may be reta	funeral director, page 5 s		xaminer must be not	
	ed within 24 nours after d	ompletely filled in by the	il, cremation, or removal.	event, the medical ex	
	MED certificate be execute	menting physician and o	at Hypere prior to buris	a oclother traumatic	
	law requires that the	as been signed from	Dept. of Health and see	23 shows and Injur	
	TENDING PHYSICIAN: The	OR: After this certificate h	fter death with the State	8 is marked, or item	
	TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECTL	be filed within 72 hours after death with the State Dept. or Health Independ Hypnes proc to bursh, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows and important traumatic event, the medical examiner must be notified at once.	

	91-7755-510 FOR 1-STATE	STATE OF N	MARYLAND	/ DEPAI	RTMFA	IT OF I	HFAITH	AND	MENT	Al HYGIFI	9	1 3	6299
_	REGISTRAR			ERTIF						REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	TE OF OEATH	DAY	YEAR	3. TIME OF GEATH
	Ira	0,			7	orda	n		12				':48 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. It		IF UND	DAYS	IF UNDER	R 24 HRS.	7. OAT	E OF BIRTH		8. BIRTHE Country	LACE (State or Foreign
	244-56-6996	1 🔀 M 2 🗌 F	- (	53 YRS.					3-14	4-1928			CAROLINA
~	9a. FACILITY NAME (If not institution, give :				9b. C/1	TY, TOWN	OR LOCATI	ON OF O	EATH		9c. CO	UNTY OF DE	ATH
0	2421 Guilford	Avenue			Ва	Iti	more	2					
DIRECTOR	10a. STATE 10b. COUNT			10c, CIT	Y. TOWN	OR LOCA	TION						10d. INSIDE CITY
1 15	MARYLAND					ALTIM						- 1	LIMITS?
	10e. STREET AND NUMBER				_	10	1. ZIP COD	F			100 CF		AT COUNTRY?
FUNERAL	2421 GUILFORD	AVENUE					21218						INI COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13				NIC OBIG	IN? (Specify Ye		JSA.	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	"	If yes, sp	ecify Cubs	ın, Mexica	en, Puert	o Rican, etc.)	s or No —		- American Indian, White, atc.
BY	3 Widowed 4 Divorced		AIT ON DATES			1 [] 123	2 X NO	Specif	Ŋ.			Specify BLACK	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL (	OCCUPATIO	ON of weekly		-10	66. KIND OF BU	SINESS/IN	IDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	Give kind of a. Do NOT u			at or works	ng.					
COMPLET			C	ITY F	EMPL(	OYEE							
8	17. FATHER'S NAME (First, Middle, Last)									, Middle, Malder	Surname)		
BE	MATT JORDAN									JORDAN			
0	19e. INFORMANT'S NAME (Type/Print)									mber, City or Tox			
	EDROW JORDAN		5	310 5	ST.	GEOR	GE AV	/ENU!	Е, В	ALTO.	MD.	21212	
20s. METHOD OF DISPOSITION 1											n, Stata		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		MT.	ZIOI	-								ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	)		J 22	OSEPI	H H	BRO	WINTY	R. FUN	ERAL	HOME	P.A.
	- Charles	a Xu	Dan		19	913 W.	BALT	TMORE	E ST.	BALTO.	MD. 2	1223; 1	P.O. BOX 4433
	23. PART I. Enter the diseasee, or o	complicatione that	ceused the d	eeth. Do	not ente	r the mo	de of dy	ing, auc	h aa ca	rdiec or reep	iratory a	rreet,	Approximete
	ahock, or heert feilure.  IMMEDIATE CAUSE (Finel	List only one caus	se on each lin	e.									Intervel Between Onset end Death
	disease or condition recuiting in death)	DUE TO	Post us	DOT	20	CAS	2010	AVC	SCL	ILAN.	DICE	FDSF	
		DUE TO	OR AS A CONSE	OUENCE O	F):					41310	()	3,	1
Z	Sequentially list conditions.	ь.											
ERTIFICATION	If any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE O	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	C											
Ē	that initieted events resulting in deeth) LAST	DOE TO	OR AS A CONSE	OUENCE O	F):								
S		d											-
12	PART II. Other significant condition	s contributing to	deeth but not	resulting	in the u	nderlying	ceuse g	lven in	Pert I.	24s. WAS AN		24b, V	VERE AUTOPSY FINDINGS
MEDICAL										PERFO	1		MAILABLE PRIOR TO COMPLETION OF CAUSE
AEC	<u></u>									1 123	· DINO		F DEATH?
										TURE	TION	'   '	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DI	EATH (Ch	eck only o	nnel			
SIC	EXAMINER?  1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4   No	R:			_	ner (Specify)			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	sidelice	_	SCRIBE HOW	NJURY OC	CURED	
BY F	1 Natural 5 Pending	(Month, Da	ly. 10ar)	INJ	URY	WO	RK? (ES 2	NO					
	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								28f. LO	CATION (Street	and Numbe	r or Rural Roo	ite Number,
	4 Homicide determined	bullang, e	ис. (эрвспу)						City	y or Town, State,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of s	my knowledge de	ath occur	ed at the	time dat-	and plac-	and A	40.45	munada) : : 4	May 50%	.e	
MO	one) 2 X MEDICAL EXAMINE	R: On the basis of ax	emination and/or	investigatio	n, in my	opinion, de	seth occun	ed at the	time, dat	te and place, er	nd due to #	ned. ha causala) -	nd manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUN		,			
BE	WOLL TO DOU	1110									•		fonth, Day, Year)
임	30 NAME AND ADDRESS OF BERSON WAL	COMPLETED CALLS					0.0	С.М.	E			2 28	1991

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

J. W. 11

32: REGISTRAR'S SIGNATURE

FUND DE MANAGEM - MATTER

aman

10-117-11

gii fi 18 ti an fi ti an ti an ti an ti an ti an ti an ti an ti an ti an ti an ti an ti an ti an ti an ti an ti

grant the same of the first

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEP/	ARTMENT OF	HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	William Go		aun		2. DATE OF DEATH MONTH	MY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220 05 4975	1 € M 2 □ F	n yrs. last birthda	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/20/192	Co	ATHPLACE (State or Foreign unity)  Maryland		
TOR	90. FACILITY NAME (If not institution, give s St. Agnes Hosp RESIDENCE OF DECEDENT			96. CITY, TOWN Balti	OR LOCATION OF	City	9c. COUNTY OF	F DEATH		
L DIRECTOR	Maryland ===	Y		CITY, TOWH OR LOCA Baltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	2802 Hoffman Av			11	21227		F WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 12 YES IF YES, GIVE WAR OR DA WORLD WAR	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Spec	ANIC ORIGIN? (Specify Yellow), Puarto Rican, stc.)	ACE — American Indian, ack, Whita, atc. eccity: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KINO OF BUSINESS/INOUSTRY								
	17. FATHER'S NAME (First, Middle, Last)	7:11: 12				AME (First, Middle, Maiden	.,			
BE	19s. INFORMANT'S NAME (Type/Print)	Villiam Kaun	105 MAH II	NG ADDRESS (Street		ie C. Simo:				
2	Dolores Kaun			2 Hoffma				land 21227		
	20e. METHOD OF DISPOSITION 1 5 Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State ceme C1	tery, crematory o	r other place)  n Memoria			cation - city or 1timore,	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Don	æ	Geor 4001	Ritchie	nce Funera Hwy. Balt	imore, N			
	23. PART I. Enter the disease, or c shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition	List only one ceuse on ee	ch line.	not enter the me	ode of dying, au	ch as cardlec or resp	ratory arreat,	Approximate interval Between Onset and Death		
z	resulting in death)	DUE TO (OR AS A	CONSEQUENCE	greata	di ma	faction di	seese	peundo		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE	OF):				7000		
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):						
MEDICAL O	PART II. Other significent conditions	s contributing to deeth bu	t not resulting	g in the underlyin	g cause given in	Part I. 24e, WAS AN PERFOR	IMED?	Nb. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	ACE OF PÉATH (C	heck only one)				
YSK	1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpet	tlent 3 DOA	OTHER:		8 Other (Specify)				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation					28d. DEŞCRIBE HOW II	NJURY OCCURED			
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY = building, atc. (Specifi	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) t CERTIFYING PHYSIC CHECK ONLY 2 MEDICAL EXAMINES	CIAN: To the best of my knowles.  3: On the basis of examination.	dge, death occu and/or investigat	rred at the time, data tion, in my opinion, o	and piece, end du	to the cause(s) and men	ner es stated. d due to the cause	(a) and manner as stated.		
TO BE	296 SIGNATURE AND TITLE OF CERTIFIER TELLIAND	Dund my	D		29c. LICENSE NU	MBER	≥ 12	0 (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Tyr.	De, Print)	ANNAI	011(40)		NAME HAD		

JAN 0 2 1992

32 REGISTRATS SIGNATURE Randall

directing page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ign 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

**WOORE, MARYLAND 21215-0020** 

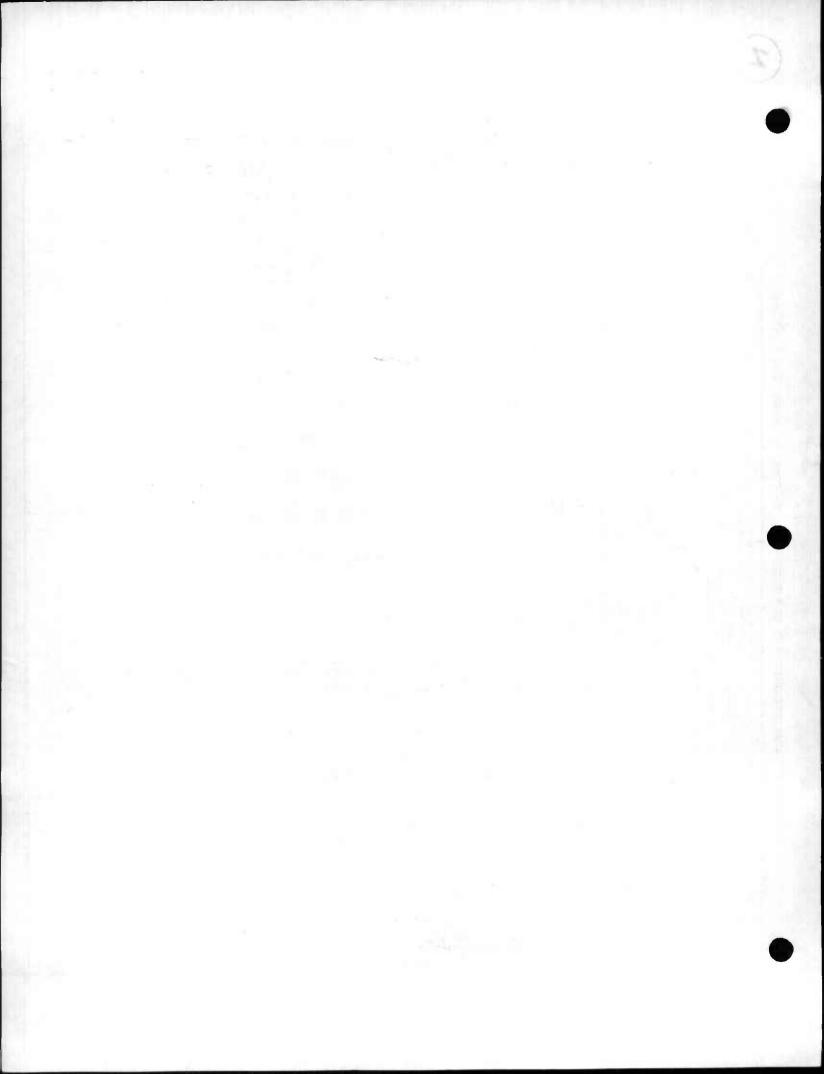
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mon. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the befiled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or in DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

and the laboration of the labo 

91 36301

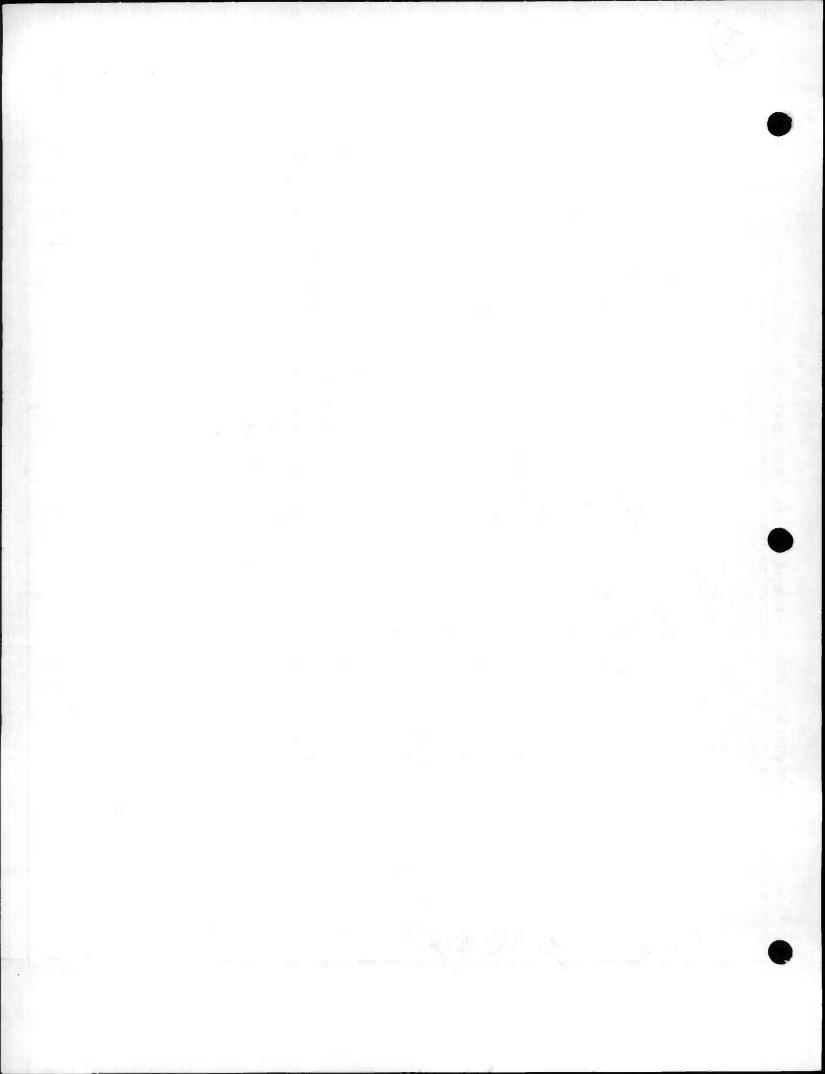
	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	TMENT OF H	EALTH AND DEATH		YGIENE EG. NO.	36301
1	1. DECFOENT'S NAME (First, Middle, Last)	MILDRE		KERN		2. DATE OF D		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  2 (9 - 32 - 4580)  98. FACILITY NAME (If not institution, give s	10 M 2 M F 95	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	Mone)	BIRTHPLACE (State or Foreign Country) MISSISSIPPI
CTOR	NAI HOS	PITAL			T IMC		9c. COUNT	Y OF DEATH
- DIRECTOR	10a. STATE 10b. COUNT	Y		BALT	IMOR	E		10d. INSIDE CITY LIMITS?  1 LIMITS 2 NO
FUNERAL	100. STREET AND NUMBER 7 12   PARK	HEIGHTS AL		507	2121		l	N OF WHAT COUNTRY?
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES :	2 NO	II yes, spi	ENDENT OF HISPA Holfy Cuban, Maxico 2 14-NO Specia	en, Puerto Rican,	ecify Yes or No— 14 etc.)	4. RACE — American Indian, Black, White, atc. Specify: HITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 Completed) 16 College (1-4 or 5+)	Sa. DECEDENT'S L (Give kind of we life. Do NOT use		st of working	16b. KIND	OF BUSINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Last) HENRY EHRMA	aN		HOU	SEWIFE  18. MOTHER'S NA  SARA		Maiden Surname)	-
TO BE	19s. INFORMANT'S NAME (Type/Print) MRS. ELAINE LEHM	IANN	19b. MAILING A 222 LC	ADDRESS (Street at	DOVILLE I	RD. NA	ty or Town, State, Zip Co TCHEZ, MS	39120
	20a. METHOD OF DISPOSITION 1	oval from State cemeter	ry, crematory or oth	ITY CEME	TERY 12	/31/91	20c. LOCATION — CIT	•
	21. SIGNATURE OF FUNERAL SERVICE LIC	Levens	0	6010	REISTE	RSTOWN		O., MD 21215
NC	IMMEDIATE CAUSE (Final	a. CARDIOV  DUE TO (OR AS A CO  RESP. A	ASCU PASCUENCE OF HRR C3	LAR			or reapiratory arrea	Approximata Interval Batween Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	RES					
PHYSICIAN: MEDICAL	PART II. Other eignificant condition  H/O ATRIAL	a contributing to death but of FIBRI LUAT	not resulting in	the underlying	cause given in	1281	WAS AN AUTOPSY PERFORMED? YES 2 - NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie		OTHER:	ACE OF DEATH (Ch		264	
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJU	RY AT		HOW INJURY OCCUR	IED .
TED BY	2 Accident Investigation 3 Suicida a Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — Journal of the building, etc. (Specify)	At home, farm, str			281. LOCATION City or Town	(Street and Number or in, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED	CIAN: To the beat of my knowledge.  R: On the beats of examination and	e, death occurred	at the time, data :	and place, and due	to the cause(s) :	and manner as stated.	suse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			IGNED (Month, Day, Year)
10	BEHRAN	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	erine)	OSPIT.	A(_		1-11
	JAN 0 2 1992 g	32. REGISTRAR'S SIGNATURA DAVIDON-MONO	E. R.					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR		CE	KIIIF	CALE	: UF	DEAL	н	REG. N	IO.		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
		KRONTHAL							DECEMBE			11:03 PM
	4. SOCIAL SECURITY NUMBER 157-18-2837	5. SEX 6.	AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign y)
R	9e. FACILITY NAME (If not institution, give 2215 SUGARCONE	street and number)	0.5			LTO	OR LOCATIO	N OF DE			JNTY OF DI	
6	RESIDENCE OF DECEDENT					110					DALI	.0
DIRECTOR	10e. STATE 10b. COUNT			10c, CITY	, TOWN C		ION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	BALTO			BAL	_	. ZIP CODE			10g CI	TIZEN OF W	1 TYES 2 THO
FUNERAL	2215 SUGARCONE R							208			US	SA
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 NO DR DATES KORE	0	1	f yes, spe	ENDENT OF Cuben	, Mexicer	IC ORIGIN? (Specify 'n, Puerto Ricen, etc.)	— American Indian, , White, etc. fy:		
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade	JCATION Completed	16e. DEC	EDENT'S	USUAL OC	CUPATIO	ON .		16b. KIND OF E	USINESS/IN		HITE
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	e retired.)		st of working	,				
MP		2		PRO	PRIE	TOR			CARRY	OUT I	RESTA	URANT
	17. FATHER'S NAME (First, Middle, Leat)								ME (First, Middle, Maid			
BE	HYMAN KRONTHA	L							RED BARRO			
5	MRS. INA KRONTHA	г.	19b.						BALTO., M			
	20e, METHOD OF DISPOSITION		20b.PLACEA					OAD			1209	
	1 X Buriel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)		cemetery, cren	natory or oth	ner placel			м 1	2-30-91	OCATION —		wn, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					D ADDRES					D BROS., INC
	23. PART DEnter the diseases, or	170	rus	2	60	10 F	EIST	ERST	OWN RD. I	BALTO.	,MD.	21215
	immediate Cause (Final disease or condition resulting in death)	. HERAS		C VENCE OF	4	70	2,0	An	υ'			Interval Between Onset and Death
ATION	Sequantially list conditions, if any, leading to immediate cause, Enter UNDERLYING	bDUE TO (OR	AS A CONSEOU	UENCE OF	):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSECU	JENCE OF	):							
	PART II. Other algnificant condition	na contributing to da	eth but not re	sulting in	the un	derivina	cause oi	ven in F	Part I 24a WAS A	N AUTOPSY	24h	WERE AUTOPSY FINDINGS
EDICAL						, ,				ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	BRAIN	4ドラン ー	5017	ONE	, A	1/50	ram	. •	_	1		DF DEATH?  1  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			-		26 PL	ACE OF DE	ATH /Cho	ck only one)			
SIC	EXAMINER?	HOSPITAL:	VOutpetient 3 F		OTHER	:	1/					
PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJ (Month, Day, )	URY	26b. TIME INJU	OF	28c. INJU	JRY AT		Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
red BY	3 Suicide 6 Could not be determined	26e. PLACE OF IN building, etc.	JURY — At hom (Specify)	e, ferm, st	reet, fecto				261. LOCATION (Stree City or Town, State	t and Number	or Rural Ro	oute Number,
۳	290. CERTIFIER 11 CERTIFYING PHYS	CIAN: To the heat of my	knowledge deal									
COMPLETED	(Check only one) MEDICAL EXAMINE	ICIAN: To the best of my IR: On the bests of exami	nation end/or in	vestigation	, in my op	olnion, de	end place, o	and due 1	in the cause(s) end m	enner as star and due to th	led. ne ceuse(s)	end manner ea stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	1 00	2				29c. LICEN			29d, DAT	E SIGNED	(Month, Day, Year)
2	38. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM	27) (Type. 5	Print)		9-	20	492.	,	15/21	0/91.
	1 Story					777	CE.	1500	CHADWA	RD.	24	יחת פרצי
	JAN 0 2 1992 9	who Davidson-	Panda 2						CHAPWA		2	1208'



THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hispital or attending physician.

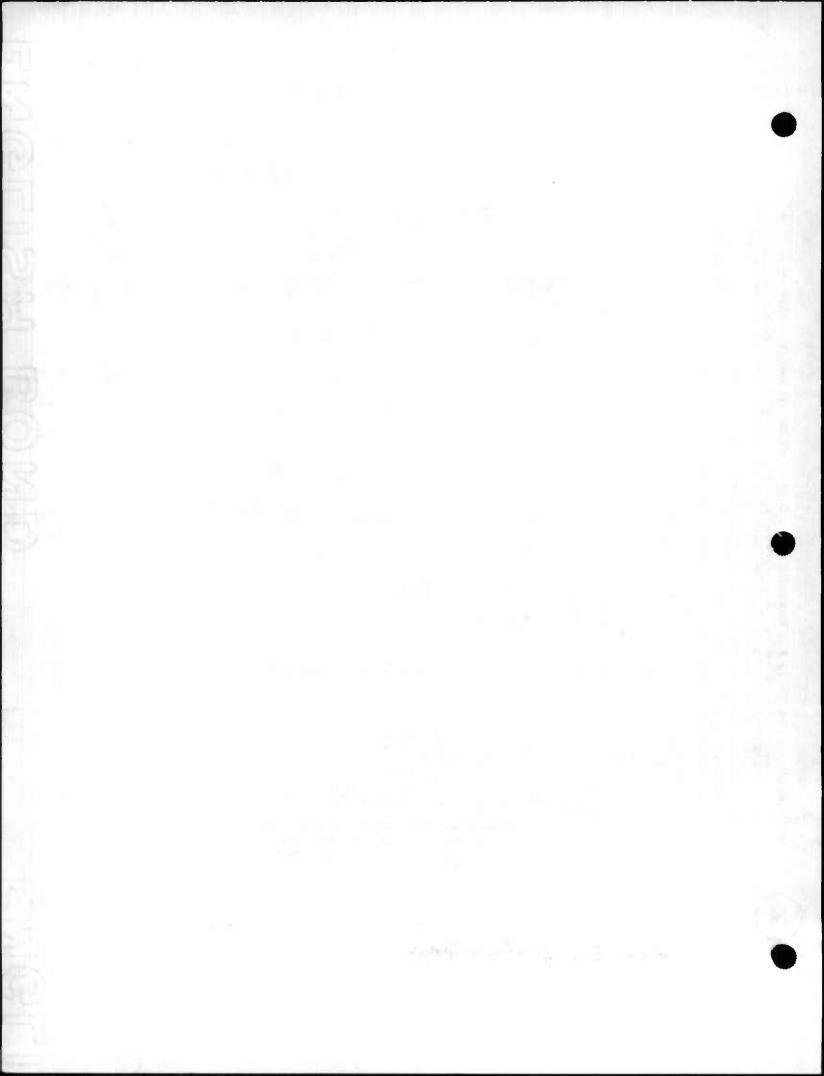
THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF M	С	FUIII	ICATI	E OF	DEAT	п		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) ROSLY								2. DATE MONTE			YEAR	3. TIME OF DEATH 6:10 P
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH		Count	IPLACE (State or Foreign
220-22-6938 9a. FACILITY NAME (If not institution, give	1 M 2 F street and number)	63	YRS.			OR LOCATION		9-	17-192	9c. COUNT		ARYLAND
GREATER BALT	IMORE MEDI	CAL CEN	VTER	L	Т	OWSO	N				В	ALTIMORE
MARYLAND (0	CARROLL		10c. Cf	TY, TOWN		TION LLER	C					10d. INSIDE CITY LIMITS? 1 V YES 2 □ NO
100. STREET AND NUMBER	CHUODD					. ZIP CODI				10g. CITIZE	EN OF	WHAT COUNTRY?
2623 BECKLEYSVI						2	1107				US	A
11. MARITAL STATUS  1 Never Married 2 Married  3 Nidowed 4 Divorced	12. WAS OECEOENT FORCES? 1   IF YES, GIVE WI						nn, Puerto Rican, atc.)			14. RACE — American Indian, Black, Whita, atc. Specify: WHITE		
15. DECEDENT'S ED (Specify only highest grad	de completed)	(0	ECEDENT'S Give kind of le. Do NOT of	'S USUAL C f work done use retired.)	OCCUPATE during mo	ON ost of worldi	ng	16b	KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	2			RETA				ENGI	NEERI	NG	co.
17. FATHER'S NAME (First, Middle, Last)							HER'S NA	ME (First,	Middle, Maiden	Surname)		
SAMUEL	ALEC K	LEIN						REBE		LANDA		
19a. INFORMANT'S NAME (Type/Print)	n amme								ber, City or Tow			7
MR. JAMES DAVIS	S. ATTY.	_		TE OF OIS			WEST	DAT	STER,	CATION — CI	115	
1 N Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	movel from State	of cemetar	v. cremator		place)		12-	Į.		ROSEDA		-
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE A						SS OF FA	CHITY				
23. PART Enter the diseases, or shock, or/heart/ailure	r complications that b. List only one caus	se on each lin	18.	6 not ente	O10 or the mo	REIS	TERS	S NWOTS	RD.,	BALTO	٠,	MD 21215 Approximate Interval Between
shock, or/heart failure	a. DUE TO	ceused tha d se on each lin	EOUENCE	In factorial of the office of	O10 or the mo	REIS	TERS	S NWOTS	RD.,	BALTO	٠,	MD 21215 Approximate Interval Between
shock, or/heart/failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	coused that do se on each line CCV (OR AS A CONSI	EQUENCE	orpi:	SOLO  The mo	REIS  ode of dy  fun  ease	TERS	STOWN	RD.,	BALTO iratory srre	st,	MD 21215  Approximate Interval Betwee Onset and De
shock, or/heart/ailure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	coused that do se on each line CCV (OR AS A CONSI	EQUENCE	orpi:	Olo  Ave Discondenistration	REIS  ode of dy  fun  ease	TERS	STOWN sh as carr	RD., diac or resp	BALTO iratory srre	st,	Approximate Interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and De
shock, or/heart/sillure IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially life conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  Or a Series	a. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	coused that does on each line (OR AS A CONSI	EQUENCE (	OF):  OF):  OTHE	Olo  The mo	REIS  ode of dy	TERS	STOWN th as carr  Part I.	RD., diac or resp	BALTO iratory srre	st,	Approximate Interval Betwee Onset and Dea
shock, or/heart/ailure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WNO  27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO  DUE TO	coused the dese on each line (OR AS A CONSI	EQUENCE (EQU	OF):  OF):  OTHE	D: J. J. J. J. J. J. J. J. J. J. J. J. J.	REIS  de of dy  fun  g cause	TERS	Part I.	RD., diac or resp	BALTO Iratory srre	24	Approximate Interval Betwee Onset and Dec On
shock, or/heart/ailure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 WNO  27. MANNER OF DEATH	DUE TO  DUE TO  DUE TO  DUE TO  C.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A.  DUE TO  A.  DUE TO  A.  DUE TO  A.  DUE TO  DUE TO  A.  DUE TO  A.  DUE TO  DUE TO  A.  DUE TO  DUE TO  DUE TO  DUE TO  A.  DUE TO  DU	coused the dese on each line (OR AS A CONSI	EQUENCE ( EQUENCE ( TOBUITING TOBUITING	OF):  OF):	26. PER: uning Horizon  28c. IN  28c. IN  1	REIS  de of dy  fun  g cause  LACE OF II  me 8 = R  JURY AT  ORK?  YES 2 [	TERS	Part I.	RD., diac or resp  24a. WAS AN PERFO  1 □ YES :	RALTO Iratory srre	24l	Approximate Interval Betwee Onset and Decons
shock, or/heart/sillure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VNO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not b 4 Homicide 1 CERTIFYING PHY (Check only) 1 CERTIFIER (Check only) 1 CERTIFYING PHY	DUE TO  DUE TO	coused that does not account that the country of th	EQUENCE (COUNTY OF THE PROPERT	OF):  OF):	D: J. J. J. J. J. J. J. J. J. J. J. J. J.	REIS  de of dy  fun  g cause  LACE OF I  me 8   R  JURY AT  ORK?  YES 2 [  ce	TERS ing, succession, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, succession, successi	Part I.  Peck only o  8 Oth  28d. DE	24a. WAS AN PERFOI 1 YES :	BALTO Iratory sme  A AUTOPSY RMED?  2 NO INJURY Occi	24l	Approximate Interval Betwee Onset and Decided Property of the Interval Betwee Onset and Decided Property of the Interval Betwee Onset and Decided Property of the Interval of
shock, or/heart/sillure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VNO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not b 4 Homicide 1 CERTIFYING PHY (Check only) 1 CERTIFIER (Check only) 1 CERTIFYING PHY	DUE TO  DUE TO	coused that does not account that the country of th	EQUENCE (COUNTY OF THE PROPERT	OF):  OF):	D: J. J. J. J. J. J. J. J. J. J. J. J. J.	REIS  ode of dy  fun  g cause  LACE OF the 8 R R JUSTY AT ORK?  YES 2 Coe  a and place death occur  29c. LIC	TERS ing, succession, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, succession, successi	Part I.  Part I.  281. LOChy a to the ca	RD., diac or resp  24a. WAS AN PERFOI  1 YES:  OF (Specify)  SCRIBE HOW  CATION (Street or Town, State  DUBE(a) and ma a and place, a	RALITOPSY RMED? 2 NO INJURY OCCI and Number of	24l  URED  Cause Signe	Approximate Interval Betwee Onset and Deal Onset an
shock, or/heart/sillure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   VAO  27. MANNER OF DEATH 1   Natural 5   Pending   Investigation 2   Accident 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMIN	DUE TO DU	coused that do se on each line on each line of the coused that do se on each line of the coused that coused the coused the coused that coused the coused the coused the coused that coused the co	EQUENCE ( EQUENCE ( Treaulting)  3 DOA 28b. Till home, farm	OF):  OF):	D: J. J. J. J. J. J. J. J. J. J. J. J. J.	REIS  ode of dy  fun  g cause  LACE OF the 8 R R JUSTY AT ORK?  YES 2 Coe  a and place death occur  29c. LIC	TERS ing, succession, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, successing, succession, successi	Part I.  Pack only o  B Oth  281. LOC  City  a to the ca	RD., diac or resp  24a. WAS AN PERFOI  1 YES:  OF (Specify)  SCRIBE HOW  CATION (Street or Town, State  DUBE(a) and ma a and place, a	RALITOPSY RMED? 2 NO INJURY OCCI and Number of	24l  URED  Cause Signe	Approximate Interval Betwee Onset and Decided Interval Betwee Onset



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAR			ENT OF H				YGIENE			
1. DECEDENT'S NAME (First, Middle,	Last)	OLIT	11 107	TIL OI	DEA		2. DATE OF D				3. TIME OF DEATH
Randolph	М			Lin	+ 0 =		MONTH 12	2.6	1.0	YEAR	10:00 P M
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthd	ay) IF U	INDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH		8. BIRTH	IPLACE (State or Foreign
219 40 9751	1 🔀 M 2 🗆 F	48 YR	S. MONT	THS DAYS	HOURS	MIN.	6/17/			Counti	aryland
9e. FACILITY NAME (If not institution,	give street end number)		9b.	CITY, TOWN	OR LOCATI	ON OF DE		-	9c. COU	NTY OF D	
North Arunde	1 Hospital		0	len	Burn	ile			Apr	Α Δ	rundel
RESIDENCE OF DECEDEN	T	100		WN OR LOCA							10d. INSIDE CITY
Maryland A	Anne Arundel		Pasadena								LIMITS?
10e. STREET AND NUMBER				10	r. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
4471 Mountair	n Road		21122						U.	•	
11. MARITAL STATUS	12. WAS OECEDENT EVI FORCES? 1 7						IIC ORIGIN? (Sp.		r No—	14. RACI Black	E — American Indian, k, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O		İ		2 X NO			010.7		Spec	
15. DECEOENT'S	EDUCATION	160. OECEDEN	T'S USU	AL OCCUPATION	ON		16b, KIND	OF BUSIN	NESS/INI	DUSTRY	***************************************
(Specify only highest Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NO	or work o	done during mo red.)	ost of workir	ng					
12th Grade		Pres	sman	t			Pa	inti	ng		
17. FATHER'S NAME (First, Middle, Las	·				16. MOT	HER'S NA	ME (First, Middle	, Maiden St	urneme)		
	Charles Lin						nerine				
190. INFORMANT'S NAME (Type/Print) Gladys Linton							Paga 6			are a series	ad 21122
20e. METHOD OF DISPOSITION		20b. PLACE AND DA	_	founta		Jau	Pasac	20c. LOCA	_		nd 21122
1 Donation 5 Cremation 3 4 Donation 5 Other (Specify)		Glen Ha	or other n	lace!		ark	1				e, Maryland
21. SIGNATURE OF PUNERAL SERVI	CE LICENSEE			22. NAME A	ND ADDRE	SS OF FAC	CILITY				*
teka	del	no					nce Fun Hwy. E				
23. PART I. Enter the disesses	, Dr complications that csu	sed the death. I	o not e				_				Approximata
iMMEDIATE CAUSE (Final	lure. List only one cause of										Interval Between Onset and Death
disesse or condition resulting in death)	AKTERIOS	CLEPOT	10	CAR	DOX	1480	ULAR	DISC	JA8	E	
	OUE TO (OR	AS A CONSEQUENC									
Sequentially list conditions,	bOUE TO (OR	AS A CONSEQUENC	E OF):								
if any, leading to immsdiste cause. Enter UNDERLYING											
CAUSE (Disease or Injury that initiated events	OUE TO (OR	AS A CONSEQUENC	E OF):								
resulting in death) LAST	d										
PART II. Other significant cond	ditiona contributing to dea	th but not result	ng in th	e underlyin	g cause	given in	Part I, 24s.	WAS AN A	UTOPSY	241	. WERE AUTOPSY FINDINGS
								PERFORM	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							— ∣'∖	YES 2	NO		OF DEATH?
											1 TYES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL			26. P	LACE OF C	EATH (Che	eck only one)				
EXAMINER?  1 X YES 2 NO	HOSPITAL: 1   Inpatient 2   XER/	Outpatient 3 🗆 DO		HER: Nursing Hon	ne 5 🗆 Re	esidence	6 Other (Spe	ecity)			
27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye		TIME OF	28c. IN.	JURY AT		28d. DESCRIB		JURY OC	CURED	
1 Natural 5 Pending 2 Accident Investiga			III OIII		YES 2	] NO					
3 Suicide 6 Could no	building, atc.	IURY — At home, fe (Specify)	rm, street	, tactory, offic	00		26f. LOCATION City or Tox	N (Street en vn, State)	d Numbe	or Or Rural	Floute Number,
AND OFFICER											
(Check only 1 GENTIFTING	PHYSICIAN: To the best of my li AMINER: On the beele of examin										a) and manner as stated
395, SIGNATURE AND TITLE OF CER		1	Co-conti			ENSE NUA					) (Month, Day, Year)
lu- =	Hall-	de vol				C.M			<b>D</b> 1 2	2 7 7	1991
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF	DEATH (ITEM 27)	Type, Print	1)		U . FI	· D ·		14	41	1771
MAKIO F. GO	LLE JR. 4	MP 111	Pen	n St	reet	. В	altimo	ore	Mar	v1a:	nd 21201
JAN 02 199	32 REGISTRARIS	SIGNATURE	2			100					
OAN 0 2 133	JL V		_								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



E 2 At Property

an unit a transport et 181 - Delita est die Meet in est

1 15 27 20 20

96

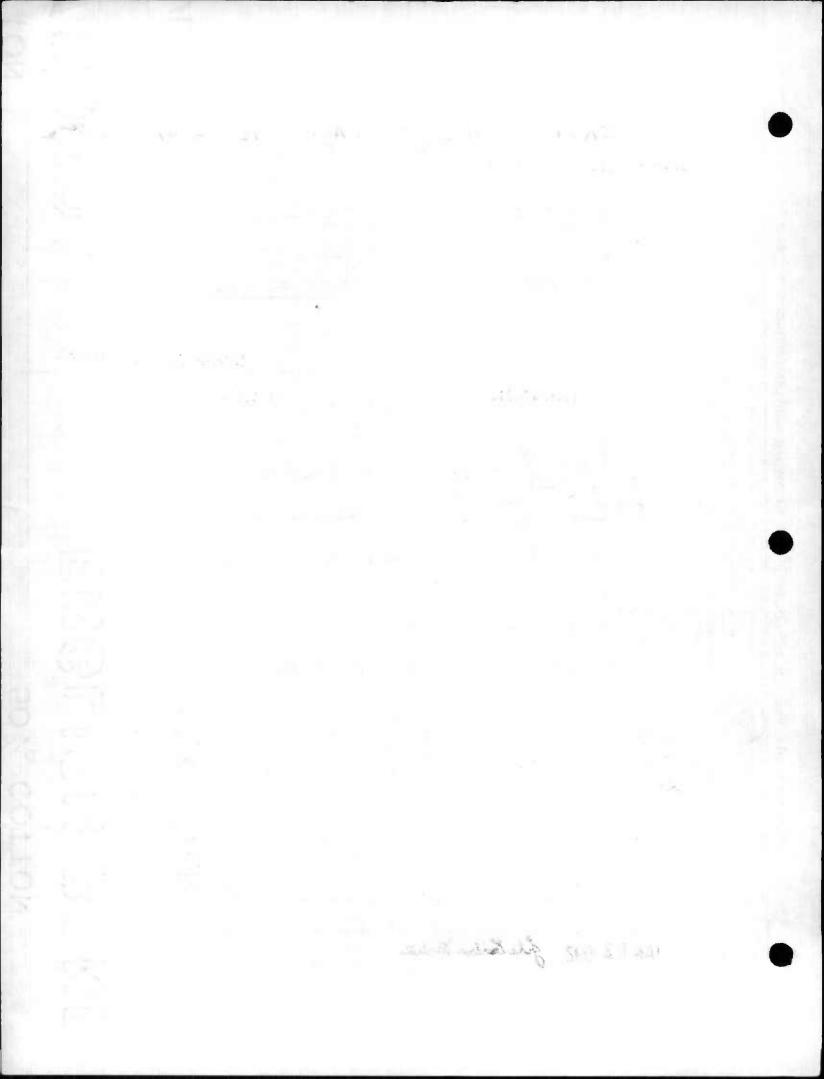
BALTIMORE, MARYLAND 21215-0020

spital or attending physici	ed for use as the burial-I		
sy be retained by the hos	page 5 should be detach		be notified at once.
irs after death. Page 6 ma	n by the funeral director,	removal.	edicai examiner must
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The performances that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	ian and completely filled i	ir to burial, cremation, or	IMPORTANT: It item 28 is marked, or liem 23 second and provided the medical examiner must be notified at once.
hat the death certificate b	thy the attending physici	and Mental Hygiene prio	ny injury, or other tra
ICIAN: The permentes	entification of the property	The State Company and	or Item 23 Movy a
L OR ATTENDING PHYS	L DIRECTOR: After this c	hours after death with	Item 28 is marked,
TO THE HOSPITA	TO THE FUNERAL	be filed within 72	IMPORTANT: If

DECEDENT'S NAME (First, Middle, Last)					DEAT			OF DE					ME OF DEATH
JAM	ES	HUBE	797	LA	NE		MONT 2	- 2	3	-91	YEAR	1 6	50 5
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	-	IF UNDER 1 YEAR	IF UNDER			OF BIR			8. Bif	HTHPLAC	E (State or Foreign
212-07-1121	1 M 2 □ F	82	YRS.	MONTHS DAYS	HOURS	MIN.		23		909		untry)	Caroli
e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION	ON OF DE			, -		A	F DEATH	OUL OIL
Liberty Medic	al Cente	r		Balti	more	2				3.0			
Liberty Medica						-							
	TY .		100	Y, TOWN OR LOCA									INSIDE CITY LIMITS?
Maryland  Oo. STREET AND NUMBER	1		<u> </u>	altimo.	re 1. ZIP CODI	-							YES 2 NO
				10	1100-110							ZEN OF WHAT COUNTRY?	
1616 West Nort		10 NT EVER IN U.S. ARI	MED	13. WAS DE	212		110 OP101	10.00	. M M		SA	105 1	
Never Merried 2 Merried	FORCES A WIND A					n, Mexica	n, Puerto			s or No—	В	lack, Whi	merican Indian, te, etc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE	MAR OR DATES		1 TYES	2 🔀 NO	Specif	<b>/</b> :				Sp	pecify:	Black
15. DECEDENT'S ED	UCATION	16a, DE6	CEDENT'S	USUAL OCCUPATI	ON	-	16	b. KIND	OF BU	SINESS/IN	DUSTR	Y	DIGCK
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+) (G/	Do NOT us	vork done during m se retired.)	ost of workin	g			_		-		1500
12th Grade			Pi	esser			1	IOR	141	YAN	C	LEP	NERS
7. FATHER'S NAME (First, Middle, Last)			100		18. MOTI					Sumame)			
UN	KNOWN					u	NK	NO	)W	V			
9e. INFORMANT'S NAME (Type/Print)	III TOTAL	194	b. MAILING	ADDRESS (Street	and Number	or Rural	Route Nun	nber, City	or Tow	rn, State, Z	(ip Code)	)	
Oueenie Lane		1	616	West N	orth	ı Av	re.	Ва	11t	imo	re,	MD	212
0a, METHOD OF DISPOSITION  M Burlel 2 Cremation 3 Rea	mount from Statu			or other place)	N (Name		DA	re :	0c. LO	CATION -	- City or	r Town, S	tate
□ Donation 5 □ Other (Specify)		- Arbu	tus	Memori	al E	Park	12/	30	Ba:	ltin	nore	e C	o, MD
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1		22, NAME A	ND ADDRE	SS OF FA	CILITY N	utt	er	F11	nor	a 1	Homes
* Ement 1	- Eme	Y -			-					~	HET	C4 .L	11011100
		SIN		2501	GWI	nns	Fa	118	3	Par	kwa	V	TOMES
23. PART i. Enter the diseases, or	complications the	at caused the de	eth. Do	2501 Balt	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	Approximata
ahock, or heart failure	complications the	at caused the de use on each line	eth. Do i	2501 Balt	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	
ahock, or heart feliure MMEDIATE CAUSE (Fine) disease or condition	complications the	at caused the de use on each line	eth. Do i	2501 Balt	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	Approximata Interval Betw
ahock, or heart failure  MMEDIATE CAUSE (Finei	complications the List only one ca	at caused the de use on each line	outh. Do i	2501 Balt	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	Approximata Interval Betw
ahock, or heart feliure MMEDIATE CAUSE (Fine) disease or condition	complications the List only one ca	at caused the de use on each line	oeth. Do i	2501 Balt	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	Approximata Interval Betw
ahock, or heart failure MMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions,	a. Curo	O OR AS A CONSEC	ouence o	2501 Balt not enter the m	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	Approximata Interval Betw
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Curo	O OR AS A COMSEC	elm OUENCE O	2501 Balt not enter the m	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	Approximata Interval Betw
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	a. DUE TO	O OR AS A COMSEC	DUENCE O	2501 Balt not enter the m	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	Approximata Interval Betw
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO	O (OR AS A CONSEC	DUENCE O	2501 Balt not enter the m	Gwy	nns	Fa Mar	118	nd	Par 2	kwa 121	V	Approximata Interval Betw
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. DUE TO  C. DUE TO  d.	O (OR AS A CONSEC	QUENCE O	2501 Balt not enter the mi	GWY imor	nns e, ing, auc	S Fa Mar haaca	11s y1a diac o	and reap	Par 2	kwa 121 Irrest,	¥ 6	Approximata Interval Betw Onset and D
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	a. DUE TO  C. DUE TO  d.	O (OR AS A CONSEC	QUENCE O	2501 Balt not enter the mi	GWY imor	nns e, ing, auc	S Fa Mar haaca	11.5 y 1 a rdiac of	r reap	Par 2	kwa 121 Irrest,	24b. WER	Approximata Interval Betw Onset and D
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. DUE TO  C. DUE TO  d.	O (OR AS A CONSEC	QUENCE O	2501 Balt not enter the mi	GWY imor	nns e, ing, auc	S Fa Mar haaca	11 s y 1 a rdiac or	S and	Par 2	kwa 121 Irrest,	24b. WER AWAI COM	Approximata Interval Betw Onset and Do  E AUTOPSY FINDI LABLE PRIOR TO PLETION DF CAUSE EATH?
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. DUE TO  C. DUE TO  d.	O (OR AS A CONSEC	QUENCE O	2501 Balt not enter the mi	GWY imor	nns e, ing, auc	S Fa Mar haaca	11 s y 1 a rdiac or	S and	Par 2 liratory a	kwa 121 Irrest,	24b. WER AWAI COM	Approximata Interval Betw Onset and Do  E AUTOPSY FINDI LABLE PRIOR TO  UPLETION DF CAUS
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. DUE TO  C. DUE TO  d.	O (OR AS A CONSEC	QUENCE O	2501 Balt not enter the mi	GWI imor	nns	Part I.	118 y 12 y 12 y 12 y 12 y 12 y 12 y 12 y	S and	Par 2 liratory a	kwa 121 Irrest,	24b. WER AWAI COM	Approximata Interval Betw Onset and De  E AUTOPSY FINDI LABLE PRIOR TO PLETION DF CAUS  EATH?
Ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate sause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant conditions  5. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  DOE TO	O (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION	QUENCE O	2501 Balt not enter the m	GW), i mo i	mns ce, ing, auc	Part I.	24a. I	Tresp	Par 2 liratory a	kwa 121 Irrest,	24b. WER AWAI COM	Approximata Interval Betw Onset and Do  E AUTOPSY FINDI LABLE PRIOR TO PLETION DF CAUSE EATH?
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant conditions  S. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  DOB TO	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTIO	QUENCE O	2501 Balt not enter the m	GWI imor	mns ce, ing, auc	Part I.	24a. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sand rreap	Par 2 liratory a	kwa 121 rrrest,	24b. WER	Approximata Interval Betw Onset and Do  E AUTOPSY FINDI LABLE PRIOR TO PLETION DF CAUSE EATH?
Ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate sause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant conditions  5. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  d.  HOSPITAL: 1284. DATE O	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTIO	QUENCE O	2501 Balt not enter the m	GW; imor	mns  e,  ing, auc	Part I.	24a. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sand rreap	Par 2 liratory a	kwa 121 rrrest,	24b. WER	Approximata Interval Betw Onset and De  E AUTOPSY FINDI LABLE PRIOR TO PLETION DF CAUS  EATH?
Abock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant conditions, or a sequence of the conditions of	DUE TO  d.  HOSPITAL:  Inpatient 2  208. DATE O (Month,	D (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	QUENCE O	2501 Balt not enter the mi	GWJ.imor	mns  e,  ing, auc	Part I.	24a. V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAS ANAS ANAS ANAS ANAS ANAS ANAS ANAS	Par 2 liratory a AUTOPSY RMEO? 2 \( \sum \text{NO} \)	kwa 121 Irrest,	24b. WER AMAI COM OF E	Approximata Interval Betw Onset and Do  E AUTOPSY FINDI LABLE PRIOR TO PLETION DF CAUS EATH?  YES 2 \( \sum \) NO
Ahock, or heart failure MMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 \( \) NO  7. MANNER OF DEATH  Vestural  The Cident  S \( \) Pending Investigation  3 \( \) Suicide  8 \( \) Could not by	DUE TO  DUE TO  DUE TO  DUE TO  DOB COntributing to  MOSPITAL:  Jungaliant 2  288. DATE O (Month,)  289. PLACE:	D (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	QUENCE O	2501 Balt not enter the mi	GWJ.imor	mns  e,  ing, auc	Part I.	24a. V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Treap	Par 2 liratory a  Autrops: RME07 2 No  and Numb	kwa 121 Irrest,	24b. WER AMAI COM OF E	Approximata Interval Betw Onset and D Onse
Abock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  7. MANNER OF DEATH  Wetural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO  DUE TO  DUE TO  DUE TO  DOB COntributing to  MOSPITAL:  Jungaliant 2  288. DATE O (Month,)  289. PLACE:	O (OR AS A CONSECTION OF INJURY — A1 ho	QUENCE O	2501 Balt not enter the mi	GWJ.imor	mns  e,  ing, auc	Part I.	24a. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Treap	Par 2 liratory a  Autrops: RME07 2 No  and Numb	kwa 121 Irrest,	24b. WER AMAI COM OF E	Approximata Interval Betw Onset and D D D D D D D D D D D D D D D D D D D
Ahock, or heart failure MMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 \( \) NO  7. MANNER OF DEATH  Vestural  The Cident  S \( \) Pending Investigation  3 \( \) Suicide  8 \( \) Could not by	DUE TO  DUE TO	D (OR AS A CONSECTION OF INJURY — A1 ho	QUENCE O	2501 Balt not enter the mi	GWI imor	given in	Part I.  Part I.  28d. Difference to the control of	24a. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MAS AN PERFO	Par 2 liratory a AUTOPSI RMEO? 2 NO INJURY O	kwa 121 170 ccuret,	24b. WER AWAI COM OF E	Approximata Interval Betwonset and Donset an

OF DEATH (ITEM, 27) (Type, Print) 31. DATE FILED (Month, Day, Voar)

JAN 0 2 199



91-7754-045 FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	- STATE REGISTRAR	C	ERTIF	ICATE O	F DEA	TH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DEATH			3. TIME OF DEATH
1		LeCates					MONTH 12	27		991	7:45 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF B	BIRTH			HPLACE (State or Foreign
	222-18-5898 1 □ M 2 💢 F	60	YRS.				5-13-1	1931		De.	
m.	9s. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOW	VN OR LOCATI	ION OF DE	EATH		9c. COL	UNTY OF D	DEATH
5	Peninsula General Hos	spital		Sali	sbury	<u>v</u>			Wi	comi	co
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI7	TY, TOWN OR LO							10d, INSIDE CITY
	Md. Wicomico			Delmar	gent .					1	LIMITS?
	10. STREET AND NUMBER	-		T	101. ZtP COD	E			10g, CI	T YES 21 NO	
ER	Rt.#4 Box 5057					875		USA			The overtime
FUNERAL	11. MARITAL STATUS 12. WAS DECEDE	ENT EVER IN U.S. AR	RMED	13. WAS /	DECENDENT C	OF HISPAN	NIC ORIGIN? (S	RIGIN? (Specify Yes or No. 14, RACE — American			E — American Indian,
BYF		1 YES 2 XN WAR OR DATES	10	tt yes,	tt yes, specify Cuban, Maxican, Puerto Rican, etc.)  Black, Whita, atc.  Puerto Rican, etc.)  Black, Whita, atc.  Specify:						k, White, etc.
						13.77.2.2				Wh	nite
H	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(GI	ECEDENT'S Give kind of v	WORK done during	ATION most of working	ing	16b, KINI	D OF BUS	SINESS/INI	DUSTRY	
PLE	Elementary/Secondary (0-12) College (1-4 or 5	0+)			Co		Down	11	01.0	-1	
COMPLETED	dat rerephone do. Tayrori creix										
	Isaac H. Melvin  Addie B. Chaffinch Melvin								_		
BE	19a. INFORMANT'S NAME (Type/Print)	19	- MAILING	G ADDRESS (Street							1
2	Arthur A. Lecates			4 Box						р Соан;	
	20a. METHOD OF DISPOSITION	20b. PLACE	AND DATE O	OF DISPOSITION	I /Name of	/01				- City or To	Osala.
	1XXSuriat 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	BLOOM	matory or of	ther plece) Cemeter	V		12-31				cg, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	-	22. NAME	E AND ADDRES	SS OF FA	CILITY				. 6, 11
	William UN IK	1th					Home, Delmar,			240	
	23. PART I. Entar the diseases, or complications the	ent caused the de	eth Do	T.U.	DUA Z	.U4 D	)elmar,	De.	177	140	4
	ahock, or heart failure. List only one car iMMEDIATE CAUSE (Final	uaa on each line	la .	Ot Giren a.c.	noue or ay.	ng, au	1 85 Carulac v	Of Tespu	ratory and	rest,	Approximata Interval Between
	disease or condition	TO PARTICIANY	A wide spir								Oneat and Death
		O (OR AS A CONSEO		F):							
z	6 b.										1
E	ii ony, radding to illimatiate	O (OR AS A CONSEO	DUENCE OF	F):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	TO THE POSITION									
	that initiated events resulting in death) LAST	O (OR AS A CONSEO	UENCE UP	ን:							
CE	d										
4	PART II. Other algnificant conditions contributing to				/ing cause ç	given in I	Part I. 24a.	. WAS AN A		24b.	. WERE AUTOPSY FINDINGS
	HYPERTENSIVE CARDIOVASO							PERFORM			AVAILABLE PRIOR TO COMPLETION DF CAUSE
ME							-   -	Mirro	L 110		OF DEATH?
							_				(30:20
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				. PLACE OF DE	EATH (Che	ock only one)				
PHYSICIAN:	1 X YES 2 NO 1 Inpettert 2	X ER/Outpatient 3	-		ome 5 🗆 Re		8 Other (Spec				
7	27. MANNER OF DEATH  1 Natural 5 Pending  28a. DATE OF (Month, D.)	F INJURY Day, Year)	28b. TIME tNJU	JURY Y	INJURY AT WORK?		28d. DESCRIBE	E HOW IN	JURY OC	CURED	
20	2 Accident Investigation	To the state of th			YES 2						
2	3 Suicide 8 Could not be determined 28a. PLACE C building,	OF INJURY — At hon i, etc. (Specify)	ne, tarm, a	treat, factory, or	fica		28t. LOCATION City or Tow	l (Street ar vn, State)	nd Number	or Aural A	loute Number,
COMPLEIED	00.00000000										
2	(Check only 1 CERTIFYING PHYSICIAN: To the beat of	I my knowledge, dea	ith occurre	d at the time, dr	ete and place,	, and due t	to the cause(a)	and menr	ner as stat	ted.	
	2 X MEDICAL EXAMINER: On the beals of a	xamination and/or in	rvestigation	n, in my opinion.	, death occure	ed at the ti	time, deta and p	place, and	I due to th	te cause(a)	) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICE	ENSE NUME	BER	$\top$	29d. DAT	E SIGNED	(Month, Day, Year)
	AVYIND				0.0	C.M.	Ε.		1	2 28	1991
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS										
-	31. DATE FILED (Month Day Year) 22 DECREPTS	ANS SIGNATURE	delle	enn Sj	treet	. В	altimo	ore	Mar	v1a	nd 21201
	JAN 0 2 1992	M'S SIGNATURE									
	IMIN U W :- IU										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at 100 miles of the law requires that the death of the attending physician and completely filled in by 100 miles of the page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the most be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumalic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6 may be retained by the hospital or attending physician.

The page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

The Good Styling

er grant it garage file of the state of the

The second state of the se

William W. Shit

1 1 1 23

Company as the preference of

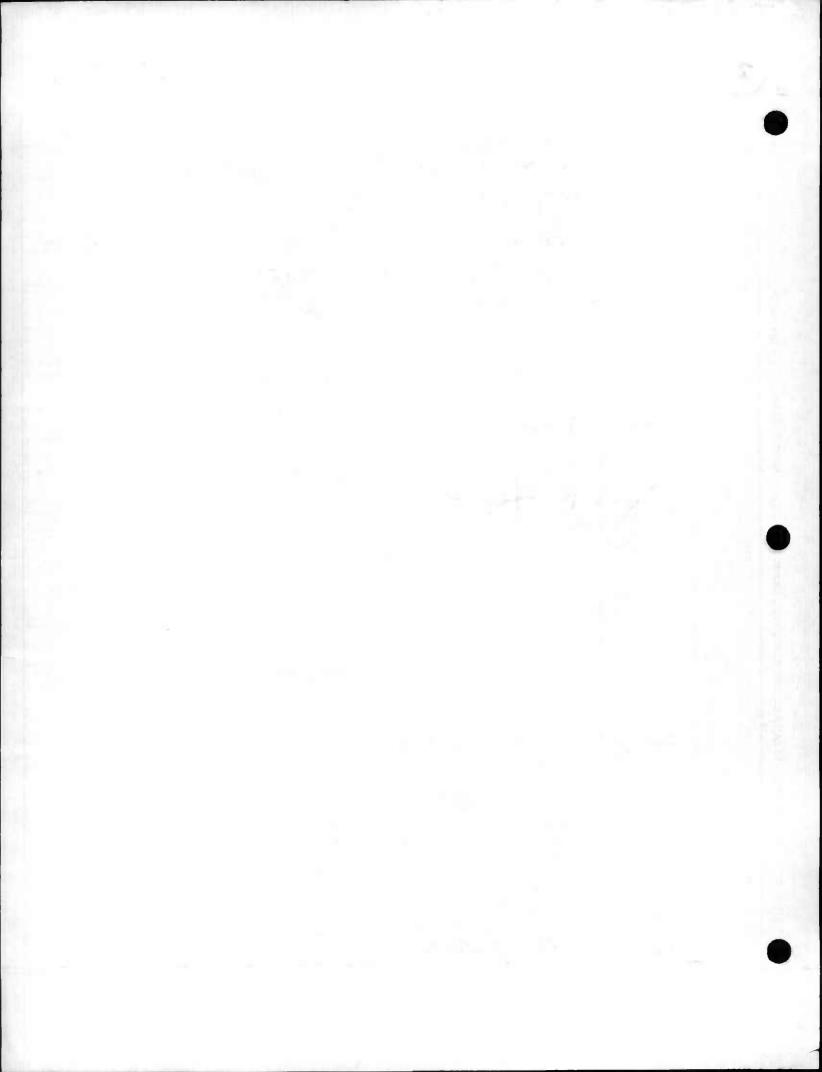


FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

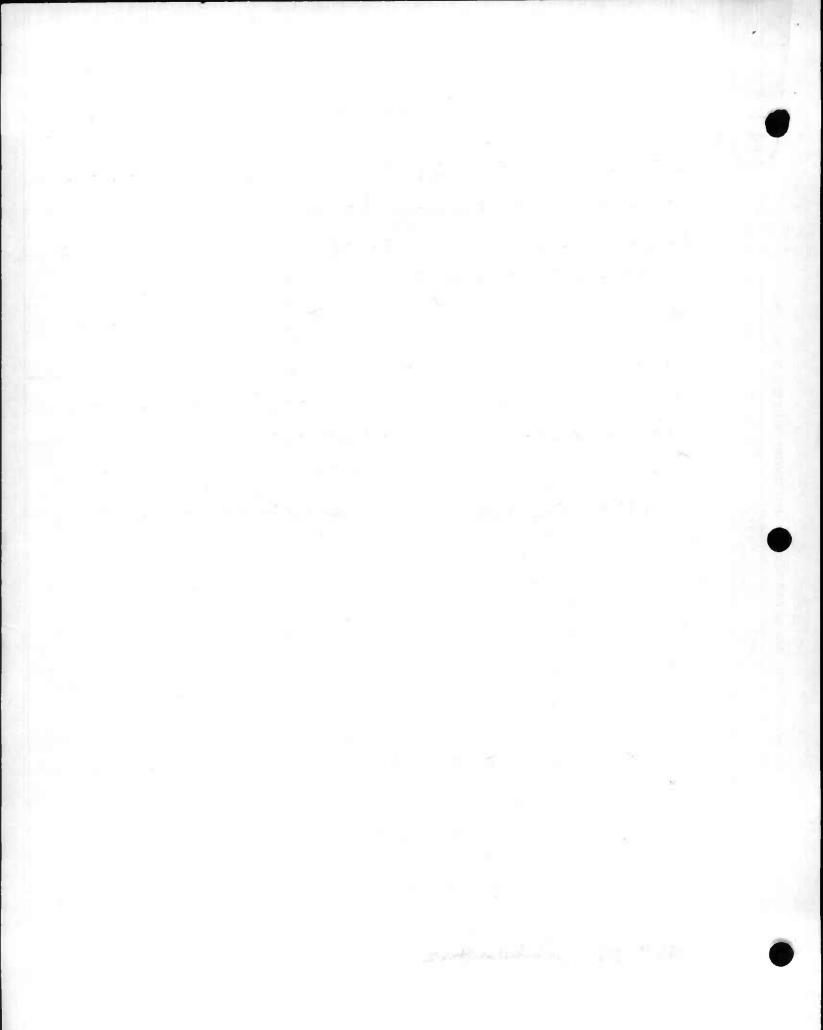
1. DECEDENT'S NAME (First Middle Lest)

1. DECEDENT'S NAME (First Middle Lest)

			CERTIFIC		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	ALLICA	(DAUTD M	TOUR ET TOUROUT	2. DATE OF DEATH DO	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX 6, AG		ICHAEL LONDON)	1.5-50		1200
	213051722	1 SM 2 🗆 F		F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	MARYLAND
TOR	9a. FACILITY NAME (If not institution, give st	eet and number)	9	Balton of D	EATH	9c. COUNTY (	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	0170	10c. CITY,	TOWN OR LOCATION BALT	MORE		10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER PUMY	kin Sc	ed Crt	101. ZIP CODE	0 0	10g. CITIZEN	DF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Farried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR WWII	R IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 Me Speci	nn, Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	18a, DECEDENT'S US (Give kind of wor	SUAL OCCUPATION k done during most of working etired.)	16b. KIND OF BUS	SINESS/INOUSTR	IY .
MPL		4	MAN	UFACTURER	WESTM	INSTER	SHOE CORP.
	17. FATHER'S NAME (First, Middle, Lest)  ISAAC LONDX	ON		18. MOTHER'S NA	ME (First, Middle, Maiden FLORA	Sumame) WEINER	
TO BE	19a. INFORMANT'S NAME (Type/Print)	ndon	19b. MAILING AS 8203	PUMPKIN SEED C	Route Number, City or Town	n, State, Zip Code	21208
	20a. METHOD OF DISPOSITION    Disposition   Ramo   Donation   Donation   Company   Com	val from State 2	Ob. PLACEAND DATE OF I	DISPOSITION (Name of DEE HEBREW 12/3	0ATE 20c. LO	CATION — City of	TOWN, State STOWN, MD 2]
	21. SIGNATURE OF FUNERAL SERVICE LICE		~	22. NAME AND ADDRESS OF FA	ON & BROS.	, INC.	10., MD 2121
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		A CONSEQUENCE OF):				Inos
10	PART II. Other significant conditions	contributing to death	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDIN
					DEDECO	MEO?	
ME					1 YES 2		AVAILABLE PRIOR TO
ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		28. PLACE OF DEATH (Ch	1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
SICIAN: ME	EXAMINER?	HOSPITAL:	utpatient 3 DOA 4	28. PLACE OF DEATH (Ch THER:	1 TYES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: ME	EXAMINER?		y 28b, TIME O	THER:  Nursing Home 5 Residence  F 28c. INJURY AT	1 TYES 2	□ NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year)	y 28b. TIME O INJURY	THER: Nursing Home 5 Residence  SET 1 VES 2 NO	1   YES 2	NJURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  2 Accident investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, etc. (Sp	At home, farm, streecify)	THER: Nursing Home 5 Residence  SET 1 VES 2 NO	Bck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)	NO NO NJURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  2 Accident investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, etc. (Sp	At home, farm, streecify)	THER: Nursing Home 5 Raeldenca  F Y Y NORK?  M 1 YES 2 NO  et, factory, office  at the time, deta and placa, and dua	ack only one)  8 Other (Specily)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mentime, data and place, and	NO NUMBER OF RUE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNIER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. PLACE OF INJUR (Month, Dey, Year) 28e. PLACE OF INJUR building, etc. (Sp IAN: To the best of my kno : On the bests of examinat	Authorities 3 DOA 4  Y 28b. TIME 0 INJURY  RY — At home, farm, streecity)  Powledge, dasth occurred a plon and/or investigation, is	THER: Nursing Home 5 Raeldenca  F Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ack only one)  8 Other (Specily)  28d. DESCRIBE HOW IN  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mentime, data and place, and	NO NUMBER OF RUE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Note: No No No No No No No No No No No No No



	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	MENT OF H	EALTH AND DEATH	MENTA	L HYGIENE REG. NO.	2 1	30300
	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE	OF OEATH	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX B. AGE	de test test test			12	21-	91	10-370
	220 12 6899	1 M 2 KF	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Mont	OF BIRTH	8. BIRTHP Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN O	OR LOCATION OF I	DEATH	0.0,119	COUNTY OF DE	ATH ATH
턴	GOOD SAMAS	STAR HOS	PITAL	BALT	TIMORS				
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY	TOWN OR LOCAT	TON				10d. INSIDE CITY
	MARYLAND BAL	limores		ARKT	20				LIMITS?
FUNERAL	100. STREET AND NUMBER 7 PHEASANT	- (1)-20 1		100	. ZIP CODE		10g.	CITIZEN OF WI	IAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN	1? (Specify Yea or No-	U. J.	- American Indian,
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	POLICE NO Spec	an, Puarto	Rican, atc.)		White, atc.
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S U	SIIAL OCCUPATIO	NA			in	4173
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	rk done during mo	st of working	166	. KIND OF BUSINESS	INDUSTRY	
	12785.		RT	Home					
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, I	Middle, Maiden Sumam	00)	
H	19a. INFORMANT'S NAME (Type/Print)	WARD (	JARO	DODESC (Own)	MARIS	15	RESA W	illinb	HAM
유	FAMILY REPO	1805	ISD. MAILING	O C C	AS AGO		ber, City or Town, State,	, Zip Code)	
	20a. METHOO OF DISPOSITION 1. Burial 2 Cremation 3 Remo		PLACE AND DATE OF			DAT	E 20c. LOCATION	— City or Town	n, Stata
	4 Donation 5 Other (Specify)		retery, crematory or other	HSOKE	7	100	37 BAL	75. M	10-
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AN	D ADORESS OF F		= CH, mes	S	
	23. PART I. Entar the diseases, or construction of the state of the st	Namo, /		232	5 YORK	Rock	40 -Tis	nonic	m
	shock, or heart feliure. I	Aspura	CONSEQUENCE OF):	Pner	nom	one	9		Approximate Interval Between Onset and Daath
NO.	Sequentially liet conditions,	DUE TO (OR AS A	CONSEQUENCE OF):	arre	Vov	well	ngs		
3	if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	Hetabol	LE E	W RED	halis	OG	The		
	that initiated evants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				1		
CERTIFICATION	d d								
7	PART II. Other significant conditions	contributing to death be	ut not resuiting in	the underlying	ceuse given in	Part I.	24a. WAS AN AUTOPS	- 1-1-1	ERE AUTOPSY FINDINGS
MEDIC						_	T YES 2 NO	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ						_		1	☐ YES 2 ☐ NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	hack only on	a)		
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatiant 2   ER/Outp		THER:	5 - Residence				
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 26c, INJU	PRY AT	_	CRIBE HOW INJURY	OCCURED	
è l	2 Accident Investigation	26- BLACE OF IN HIEM			ES 2 NO				
3	3 Suicida 6 Could not be detarmined	26a. PLACE OF INJURY building, atc. (Speci	— At nome, ferm, atre	et, factory, offica		26t. LOCA City o	ATION (Street and Num or Town, State)	ber or Rural Rou	te Number,
4	29a. CERTIFIER 1 X CERTIFYING PHYSIC	IAN: To the best of my knowle	eden doubd				A Same and		
COMPL	(Check only one)  2 MEDICAL EXAMINER	On the basis of examination	and/or investigation,	in my opinion, de	and place, and due ath occured at the	to the cau	se(s) and manner as a and place, and due to	stated.	nd manner as stated
w II	29b. SIGNATURE AND TITLE OF CERTIFIER	A . A . I		Γ	29c. LICENSE NUI			ATE SIGNED (M	
	Showeth	( when	sources	nt :	0306	61	•	12-12	27/9/
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int) 6.00	d sa	Mac	rilan	He	spelal
-	31. DATE FILED (Month Day Year)	22 PEGISTRANIA STATE	7	Ball	mare	/	tal -	212	39,
	JAN 02 1992 &	Ma Savidson-Ran	NI UHE						
	JAN 02 1992 Ju	32. REGISTRAR'S SIGNA	TURE	Ball	mari	,	ted -	212	39



	-	
1		1
1.	7	1
1	L	. ]
/		/
4		1
- 8		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR CERTIFICATE OF DEATH REG. NO.

91 36309

	11201011041		CI	HIL	CALE	T DEA	II II	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) REGINALD	CONRY		L	ATHROU	М		2. DATE OF	DEATH 31	Y 9	YEAR	3:45 PM
	4. SOCIAL SECURITY NUMBER 21.5-09-4295	5. SEX 1 7 M 2 7 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YE		A 24 HRS.	7. DATE OF (Month, De	ly, Year)		Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street end number)	04		96. CITY, TOV	/N OR LOCAT	ION OF DE	1 4 4	0 1	907   1	MARY	
DIRECTOR	NORTH ARUNDEL HO	OSPITAL A	SSOCIATI	ON	CO. P. C.	N BURI				7-1116		COUNTY
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					Ta	Od. INSIDE CITY
IL DIF	MARYLAND AND	NE ARUNDE	L	LIN	THICUM							LIMITS?
NERA	436 HAWTHORNE ROA	AD.				21090	)			U.S.		AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X N	MED O	If yes	SPECENDENT specify Cub rES 2 NO	en, Mexica	IIC ORIGIN? (S n, Puerto Rica y:	pecify Yes n, atc.)	or No—	I4. RACE - Black, Specify:	- American Indian, White, atc.
	15. DECEDENT'S EDU	CATION	T								W	HITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G/	ve kind of w	usual occup work done during e retired.) MPLOYE	most of work	ing	16b. KIN	D OF BUS	INESS/INDU	STRY	
N N	1.2	5	PHA	RMAC	IST			PHA	RMAC	Y		
	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middl	e, Maiden S	Sumame)		
TO BE	LEO J.  19a. INFORMANT'S NAME (Type/Print)	LATHROI		MAILING	ADDRESS (Stre	OD] et end Numbe		Route Number, (	ity or Town	HI State, Zip C	GGS	
F	SUZANNE LATHROUM				AWBRID							
	20a. METHOD OF DISPOSITION 1 [X Burlel 2 Cremetlon 3 Rem	oval from State	20b. PLACEA	ND DATE	F DISPOSITION	(Name of		DATE		ATION — CI		, State
	4 Donation 5 Other (Specify)		DRUID	RID	her place) GE CEMI			1-4	PIK	ESVIL	LE, I	MD
	Howard	B 1	Times	n	SIN		FUN	ERAL H		DIIDA	TD	MD 21061
	23. PART I. Enter the diseases, Dr	complications that	caused tha dea	ith. Do n	ot enter tha	moda of dy	ing, auci	n as cardiac	O LEN	atory arres	LE,	Approximata
	ahock, or haart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Puc	20.00	nic	ર					,	,	Interval Between Onset and Death
Z		Due To	OR AS A CONSEO	1 -								
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Ail	OR AS A CONSEO			1 Eco		ve				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		OR AS A CONSEO	UENCE OF	):							
		d										
MEDICAL	PART II. Other algnificant condition		death but not re	3		ing cause	given in i		PERFORM	MED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
MED	Sedatio	n						1	YES 2	NO	01	DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Che	ck only one)				
17S	1 YES 2 NO	1 Minpatient 2 🗆		DOA	4 🗆 Numing H	ome 5 🗆 Re	ealdence	6 🗆 Other (Spi	ecify)			
BY PH	1 P Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIME INJU	JRY	NJURY AT WORK? YES 2	NO	28d. DESCRIE	E HOW IN	JURY OCCU	RED	
- 48	3 Suicide 6 Could not be detarmined	28e. PLACE OF building, a	INJURY — At homete. (Specify)	e, farm, st	rael, fectory, o	fice		281. LOCATION City or Tox	(Street en	d Number or	Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of r	ny knowledge, dea	th occurred	d at the time, d	Ita and place	, and dua t	to the cause(s)	end menn	er as stated.		
8	MEDICAL EXAMINE	R: On the basis of an	imination end/or in	vestigation	, in my opinior	, death occur	red at the t	lime, date end	place, end	due to the o	cause(s) er	nd menner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	211-	d M	10			Z5			29d. DATE S ► Ja		onth, Day, Yeer)
10	30. NAME AND ADDRESS OF PERSON WHO RICHARD E. FISHE								MADV			•
- 1	21 DATE Ell ED (Month Day Mari	1 32 7593 885			TON AV	LITUL/ I	TITT	. IORE,	TIME	חממת	Z1 Z Z	0
	JAN 02 1992	LIVE DUDY dire	WALL OF THE PARTY OF									

e this is the switch

UNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION

PHYSICIAN: MEDICAL

BY

BE COMPLETED

2

Ó	3
OF VITAL RECORDS, P.O. BOX 13146,	properties
×	2
. BC	actificate
. P.	death c
က္က	4
=	that
ECO	radulrae
	38
M	2
5	AM.
OF	DUVEIL
DIVISION	TALL OF ATTENDING DUVERBAN. The law requires that the death certificate be executed with
2	90
	7.4

								(	} [	36310
	FOR STATE REGISTRAR	STATE OF MAR				HEALTH AND F DEATH	MENTAL HYGIEN REG. NO			00010
	1. DECEDENT'S NAME (First, Middle, LI HERMAN	M.	1	41	VRI	E	2. DATE OF DEATH MONTH D	**	YEAR 91	TIME OF DEATH 4:45 PM
	4. SOCIAL SECURITY NUMBER 215-32-9568	5. SEX 8. A	GE (In yrs. last b		UNDER 1 YEAR	1	7. DATE OF BIRTH (Month, Day, Year) 6-16-190	06	Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, g BALTIMORE COU	JNTY GENERAL	HOSPIT		CITY, TOW	RANDALLS		-	BALTI	
DIRECTOR	10e. STATE 10b. COL			10c. CITY, TO	OWN OR LOC	ATION LTIMORE				Od. INSIDE CITY LIMITS?
IERAL	100. STREET AND NUMBER 725 MT. WILSON	N LANE, APT.	433			IOT. ZIP CODE	208	10g. CITIZ	ZEN OF WH	A COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Nidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1   Y IF YES, GIVE WAR O	ES 2, NO		If yes,		ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	s or No-		- American indian, White, atc.
PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed)  College (1-4 or 5+)  5+	(Glvt	NOT use re	done during	TION most of working	16b. KIND OF BU	SINESS/INDI		
COM	17. FATHER'S NAME (First, Middle, Last, MOSES I				FA	18. MOTHER'S N	IAME (First, Middle, Melden HINDA			
TOB	19a. INFORMANT'S NAME (Type/Print) MRS. MIRIAM LUF	RIE					APT. 433	n, State, Zip BALT		MD 21208
	20e. METHOD OF DISPOSITION  Buriel 2 Cremation 3 1  4 Donation 5 Other (Specify)	1 2	other place	e)	OH CC	NG. 12-2	27 <b>-</b> 91 E	BALTIN	MORE,	MD
	21. BICHATURE OF TUNERAL SETTING	Stellens	w				STOWN RD.,			
	23. PARTI. Enter the diseases, ahock, or heart, fallu IMMEDIATE CAUSE (Final	or complications that cause of the cause of	used the deep on each line.	th. Do not	enter the i					Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR.	AS A CONSEQU	VE JENCE OF):	H	FAST	FAIL	VRI	5	2 HOURS
Z	Convention, the conditions	LO FND-2	-T7460		CON	ESTIVE	CARDIN	ruge	DATO	42 YEARS

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

Sequentially list conditions,

ARTERIO SCIEROTIC PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. BLOCK

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 10

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

20 4579/5

25. WAS CASE REFERRED JO MEDICAL 1 | YES 2 10-10

1 Natural

2 Accident

3 Suicide

4 Homicide

27. MANNEB OF DEATH 5 Pending

HOSPITAL: OTHER: itient 2 - ER/Outpetient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF

MYO CARDIAZ

DUE TO (OR AS A CONSEQUENCE OF):

me 5 - Residence 6 - Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED

26. PLACE OF DEATH (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner as 29b. SIGNATURE AND TITLE OF CERTIFIER

Villelle	
30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
BERNARD	RUBIN.

M.D.

8600 LIBOO

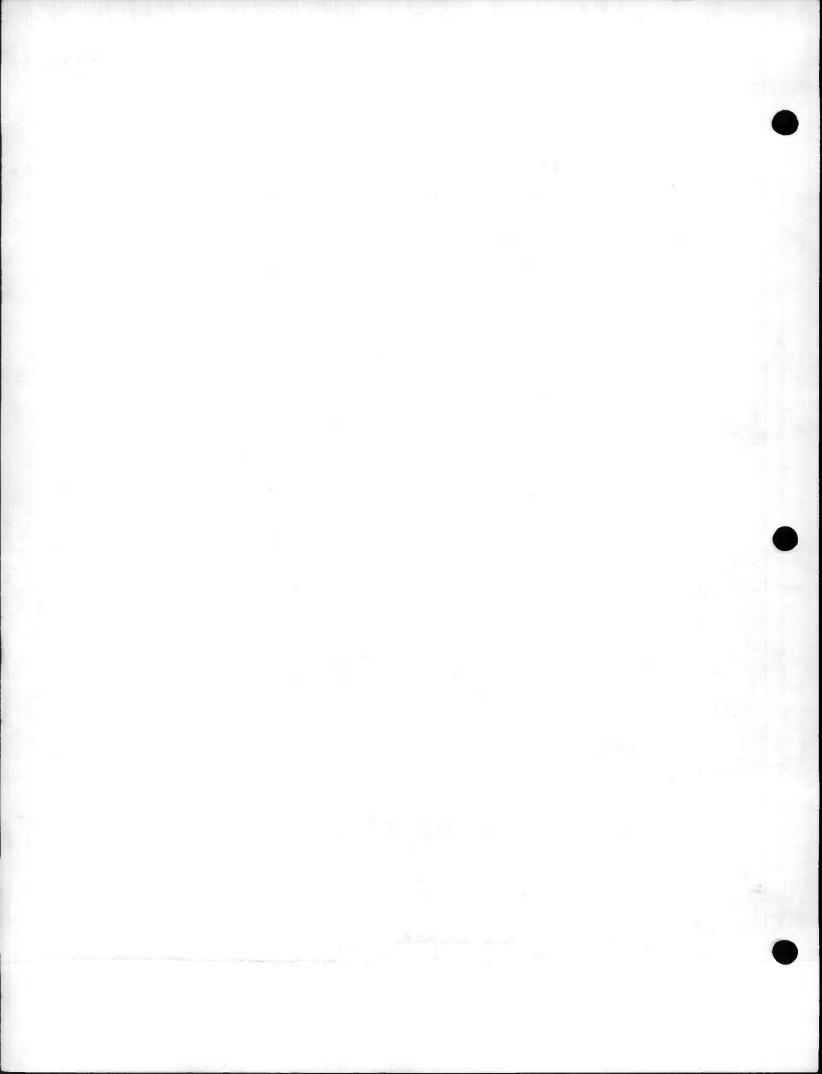
28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

EXMAKD

32. REGISTRAR'S SIGNATURE

28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)

JAN 02 1992



BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit narmin pages 1.2.3 encount	, or removal.	medical examiner must be notified at once.
VIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HEADTH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.	TO THE UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	be their wiftin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAR	RYLAND / DEPART	MENT OF HE	ALTH AND N	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Charles Licht				2. DATE OF DEATH	T - QYEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	NGE (In yrs. last birthday)	IF UNDER t YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-25-19]	8. BIR	THPLACE (State or Foreign ntry) POLAND
OR	9s. FACILITY NAME (If not institution, give street and number)  2500 W. BELVEDERE AVE., 1:		9b. CITY, TOWN OR BALT	LOCATION OF DE		9c. COUNTY OF	DEATH
DIRECTOR	106. STATE 106. COUNTY MARYLAND		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
FUNERAL (	100. STREET AND NUMBER  2500 W. BELVEDERE AVE., A	PT 804		IP CODE	215	10g. CITIZEN OF	1 X YES 2 NO WHAT COUNTRY? USA
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVI FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FYES, GIVE WAR O	ER IN U.S. ARMED	If yes, spec	IDENT OF HISPAN	IC ORIGIN? (Specify Yes	Bla	CE — American Indian, lock, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ISUAL OCCUPATION ork done during most retired.)	of working	16b. KIND OF BUS	SINESS/INDUSTRY	
MPL	8	GRO	CER		FC	DOD	
	17. FATHER'S NAME (First, Middle, Last)  LOUIS LICHTER				NE (First, Middle, Malden EPPORA	Surneme) ZAFFREN	
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b, MAILINO A	ADDRESS (Street and		oute Number, City or Town	n, State, Zip Code)	
-	MR. HARRY LICHTER				ALTO., MD	21209	
		20b. PLACE AND DATE OF				CATION — City or SALTIMOR	
	21. SIGNATURIO FUNERAL SERVICE LICENSEE		22. NAME AND	ADDRESS OF FAC		INSON &	BROS., INC.
	22 PART Lenter the diseases, or complications that cau shock, or heart failure. List only one cause o	used the death. Do no	t enter the mode	of dying, auch	as cardiac or reapi	ratory arreat,	Approximate
	IMMEDIATE CAUSE (Final	ite MI AS A CONSEQUENCE OF):					Interval Between Onset and Death
		SCUD					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUENCE OF):					years
FICA	CAUSE (Disease or Injury	AS A CONSEQUENCE OF):					
H	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):					
L CE	PART II. Other aignificant conditions contributing to deat	h but not resulting in	the underlying	source along to F			1
EDICA	Atrice filesillate		to melle		PERFOR	MED?	MAILABLE PRIOR TO COMPLETION DF CAUSE
MEC	Peripheral Vasa Du	seiso /	wierse	· Dise	1 □ YES 2	□ NO	DF DEATH?  1 YES 2 NO
	Blodde Malignais						
SICIAN:	EXAMINER?  t YES 2 NO HOSPITAL: 1 Inputem 2 ER/C		OTHER:	E OF DEATH (Chec			
РНУ	27. MANNER OF DEATH 28e. DATE OF INJUI	RY 26b. TIME		Y AT	28d. DESCRIBE HOW IP	JURY OCCURED	
BY	2 Accident Investigation		M 1 TYES	2 🗆 NO			
TED	3 Suicide 6 Could not be building, etc. (3	URY — At home, farm, atro Specify)	eet, fectory, office		26f. LOCATION (Street a City or Town, Stelle)	nd Number or Rurai	Route Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beet of my king one)  2 MEDICAL EXAMINER: On the beets of examinating of the beets of examinating of the beets of examinating of the beets of examinating of the beets of examinating of the beet	nowledge, death occurred	at the time, date en	d place, end due to	o the cause(e) end men	ner se stated.	(e) end menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			Pc. LICENSE NUME			D (Month, Day, Year)
TO B	Somolum M.	0		004	701		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DR. SHANSON & H. MINA	LINOW	36350	Id low	utad.	Ball	21208
	31. DATE FILED (Month, Day 1001)  JAN 0 2 1992  JAN 0 2 1992	ignature produce	-11				

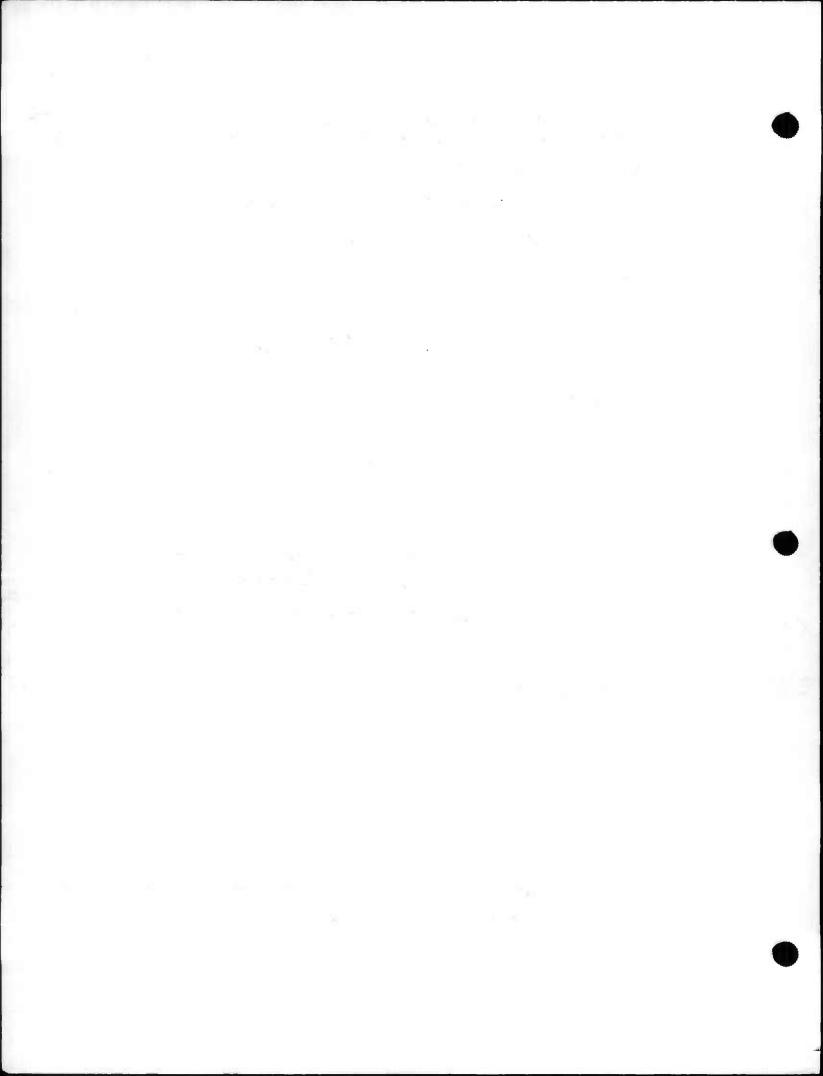
BALTIMORE, MARYLAND 21203-3146

BALLIMORE, MARTLAND 21203-3146	24 hours after death. Page 6 may be retained by the hospital or attending physician.	MIREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion, or removal.	the medical evamines must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOA 13146, BALLIMONE, MARTLAND 21203-3146	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	NEHAL, DIRECTOR: After this certificate has been signed by the attending physician and completely	with the bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	the state of the market or them 22 shows any injury or other transmitte event the medical available must be notified at once

JAN 02 1992

32. BEGISTRAR'S SIGNATURE a Day doon-Randella

	1 - STATE REGISTRAR		STATE OF MAR			MENT OF H		MENTAL HYGII REG. 1		
	1. DECEDENT'S NAME (First, Mid	ddle, Last)	(ROSLYN GE	RACE I	IEBER	MAN) ak	a:LIEBER	VEANINE OF DEATH	DAY Y	3. TIME OF DEATH
	Ro	SLY	N G	RACE	LIE	BERLAL	ne	12-	27-9	(EAR /2 ) M
	4. SOCIAL SECURITY NUMBER		5. SEX 6. A	GE (In yrs. les		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		BIRTHPLACE (State or Foreign Country)
	135-16-9694	1	1 M 2 F	71	YRS.	OWINS DATS	HOURS MIN.	8-31-19		NEW JERSEY
	9a. FACILITY NAME (If not institut	ution, give str	eet and number)		1.0	9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	Y OF OEATH
DIRECTOR	BALTIMORE CO	DENT	GENERAL HO	SPITA	AL	R	ANDALLST	NWN	1	BALTIMORE
l Ä		b. COUNTY			10c. CITY,	TOWN OR LOCAT	ION			10d. INSIGE CITY LIMITS?
	MARYLAND	E	BALTIMORE			BALT	IMORE			1 TYES 2 K NO
I ₹	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	4607 TEMA R	ROAD					21208			USA
5	11. MARITAL STATUS  1 Never Married 2 Mar		12. WAS OECEOENT EVE FORCES? 1 Y	ER IN U.S. AF	RMED NO			HC ORIGIN? (Specify n, Puerto Rican, atc.)	Yes or No- 14	I. RACE — American Indian, Black, White, atc.
B∕	Widowed 4 Divorced		IF YES, GIVE WAR O			1 🗆 YES	2 NO Specifi	y:		Specify: WHITE
<u> </u>	15. DECEDE (Specify only hig	ENT'S EDUC	ATION completed)			SUAL OCCUPATIO		16b. KINO OF	BUSINESS/INDUS	STRY
	Elementary/Secondary (0-12)	7	College (1-4 or 5+)	itte	n. Do NOT use	retired.)	•			
M M			2		НС	USEWIFE			AT HOM	E
COMPLETED	17. FATHER'S NAME (First, Middle	le, Last)					18. MOTHER'S NA	ME (First, Middle, Mai	len Surname)	
BE		EXAMDI	ER LICH	PENIBER	_		SAF		IEDMAN	
TO BE	19a. INFORMANT'S NAME (Type/			111				Route Number, City or		
	MR. RANDOLPH		IEBERMAN			· · · · · · · · · · · · · · · · · · ·		COLUMBI		21045
	20a. METHOD OF DISPOSITION  **Surial 2 Gremation  4 Donation 5 Other (Spe	3 □ Remo	wal from State	other p	lace)		netery, crematory or			ty or Town, State
	4 ☐ Donation 5 ☐ Other (Spot			BETH	EL ME	MORIAL		2-29-91		LSTOWN, MD
ovallille.	21. SIGNATURE OF PUREPIAL SE	ENVICE LICE	11400	154						& BROS., INC.
	Myduly	1	Juliu	an		6010	REISTERS	STOWN RD.	, BALTO	., MD 21215
? 1	23 PART I. Enter the diges									
5	ahock, or hear	rt fajlure. L	omplications that cau list only one cause o	rsed the den	eath. Do no e.	t enter the mo	de of dying, suc	h as cardiac or re	spiratory arres	st, Approximate interval Between
	ahock, or hear IMMEDIATE CAUSE (Final	rt failure. L	list Dnly one cause o	n each iin	е.					interval Between Onset and Death
	ahock, or hear	nt failture. L	list Dnly one cause o	n each iin	е.					interval Between Onset and Death
5	ahock, or héar immediate cause (Final disease or condition	t fajjure. L	list Dnly one cause o	n each iin	е.					interval Between Onset and Death
5	ahock, or héari IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions	at fajlúre. L	list Dnly one cause o	n each iin	е.					interval Between Onset and Death
5	ahock, or héari iMMEDIATE CAUSE (Final disease or condition reaulting in death)	as, fite	list Dnly one cause o	n each iin	е.					interval Between Onset and Death
5	ahock, or héari IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediat	as, fite	list Dnly one cause o	AS A CONSE	e.  - Page of the control of the con			en as cardiac or re		interval Between Onset and Death
ERTIFICATION	ahock, or héari immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Entar UNDERLYING CAUSE (Disease or injury	as, fite	DUE TO (OR A	AS A CONSE	e.  - Page of the control of the con					interval Between Onset and Death
CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	as, the side of th	DUE TO (OR DUE TO (OR	AS A CONSE	EQUENCE OF	ulne i vie your	Strey Street	DE 1277	e CTion	interval Between Onset and Death
AL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	as, lite conditions	DUE TO (OR DUE TO (OR	AS A CONSE	COUENCE OF	ulne i vie your	Strey Street	Part 1.   24a. WAS		Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO
AL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	as, lite conditions	DUE TO (OR DUE TO (OR	AS A CONSE	COUENCE OF	ulne i vie your	Strey Street	Part I. 24a. WAS	an autopsy	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
AL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	as, lite conditions	DUE TO (OR DUE TO (OR	AS A CONSE	COUENCE OF	ulne i vie your	Strey Street	Part I. 24a. WAS	AN AUTOPSY FORMED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
AL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted events resulting in death) LAST  PART II. Other significant	as as a conditions	DUE TO (OR DUE TO (OR	AS A CONSE	COUENCE OF	wie in the underlying	Strag Strag D'AL g cause given in	Part I. 24a. WAS PER 1   YES	AN AUTOPSY FORMED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
AL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant EXAMINER?	as as a conditions	DUE TO (OR DUE TO (OR	AS A CONSE	e.  POUENCE OF)  COUENCE OF)  REQUESTED IN THE POUENCE OF IT IS NOT THE	the underlying	Stranger Str	Part I. 24a. WAS PER 1 UYES	AN AUTOPSY FORMED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
IYSICIAN: MEDICAL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant	as as a conditions	DUE TO (OR DUE TO (OR	on each line of the second of	EQUENCE OF	the underlying	Stranger Str	Part I. 24a. WAS PER 1 UYES	AN AUTOPSY FORMED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF 06ATH?  1 YES 2 NO
IYSICIAN: MEDICAL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events resulting in death) LAST  PART II. Other significant EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pen	as as a conditions of the cond	DUE TO (OR DUE TO (OR	In each line  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE  AS A CONSE	e.  POUENCE OF)  COUENCE OF)  REQUESTED IN THE POUENCE OF IT IS NOT THE	the underlying  28. PL  OTHER: 4   Nursing Horn  OF   28c. RU,  WY	Cause given in  ACE OF DEATH (Cr	Part I. 24a. WAS PER 1 UYES	AN AUTOPSY FORMED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF 06ATH?  1 YES 2 NO
IYSICIAN: MEDICAL CERTIFICATION	ahock, or héart  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO M EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pen 2 Accident	conditions  AEDICAL	DUE TO (OR DUE TO (OR	In each line  AS A CONSE  AS A CONSE  AS A CONSE  THE C	e.  GUENCE OF  COUENCE OF  TOUCHCE OF  TOU	26. PL OTHER: 4   Nursing Hom WO 1   N	Cause given in  ACE OF DEATH (C)  BY S   Residence  URTY AT  YES 2   NO	Part I. 24a. WAS PER 1   YES P	AN AUTOPSY FORMED?  3 2 NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF 06ATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pen 2 Accident 3 Suicide 6 Cou	as as a conditions of the cond	DUE TO (OR DUE TO (OR	In each line  AS A CONSE  AS A CONSE  AS A CONSE  THE C	e.  GUENCE OF  COUENCE OF  TOUCHCE OF  TOU	26. PL OTHER: 4   Nursing Hom WO 1   N	Cause given in  ACE OF DEATH (C)  BY S   Residence  URTY AT  YES 2   NO	Part I. 24a. WAS PER 1   YES	AN AUTOPSY FORMED?  3 2 NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident 3 Suicide 6 Cou 4 Homicide deta  29a. CERTIFIER 1 CEPTIEV	conditions  AEDICAL  Inding estigation enter the desired and the desired at the d	DUE TO (OR DUE TO (OR	outpettent  Outpettent  Outpettent  Outpettent  Outpettent  Outpettent  Outpettent  Outpettent	e.  GUENCE OF  GUENCE OF  GUENCE OF  Testulting in  28b. Time (NJU)	the underlying  26. PL  OTHER: 4   Nursing Hom  OF 28c. INJ  M 1   Nursing Hom  reet, factory, office	g cause given in	Part I. 24a. WAS PER 1 VES VES VES VES VES VES VES VES VES VES	AN AUTOPSY FORMED?  3 2 NO  W INJURY OCCU	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?  1 YES 2 NO
APLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant of the condition	conditions  MEDICAL  Inding estigation uld not be termined  VING PHYSIC  LL EXAMINER	DUE TO (OR DUE TO (OR	on each line on each line as a conse as a conse as a conse th but not cons	e.  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)	26. PL OTHER: 4   Nursing Hom OF 28c. INJ WO 1   North of the control of the cont	g cause given in  ACE OF DEATH (C)  THE STATE OF THE STAT	Part I. 24e. WAS PER 1   YES  1   YES  26d. DESCRIBE HO  28d. DESCRIBE HO  28f. LOCATION (Str. City or Town, S	AN AUTOPSY FORMED?  3 2 NO  W INJURY OCCU  met and Number of one of the order of th	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO M EXAMINER?  1	conditions  MEDICAL  Inding estigation uld not be termined  VING PHYSIC  LL EXAMINER	DUE TO (OR DUE TO (OR	on each line on each line as a conse as a conse as a conse th but not cons	e.  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)  GUENCE OF)	26. PL OTHER: 4   Nursing Hom OF 28c. INJ WO 1   North of the control of the cont	g cause given in  ACE OF DEATH (C)  THE STATE OF THE STAT	Part I. 24a. WAS PER 1 VE:  1 VE:  26. Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sp. City or Town, S	AN AUTOPSY FORMED?  3 2 NO  W INJURY OCCU  met and Number of one of the order of th	Interval Between Onset and Death  24b. WERE AUTOPSY FINORIOS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or héart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant of the condition	a a a a a a a a a a a a a a a a a a a	DUE TO (OR DUE TO (OR	as a conse	e.  COUENCE OF  CO	the underlying  28. Pt.  OTHER: 4   Nursing Hom  OF 28c, INJ  RY M  1   1	DC AL  g cause given in  ACE OF DEATH (C)  to 5   Residence URY AT  PIRKY  YES 2   NO  e  and place, and duct leath occurred at the  29c. LICENSE NU  D / 9 3	Part I. 24a. WAS PER 1 VE. 1 VE. 24b. DESCRIBE HO City or Town, S to the cause(a) and a time, date and place	AN AUTOPSY PORMED?  3 2 NO  W INJURY OCCU manner as stated, and dua to the	Interval Between Onset and Death  24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO



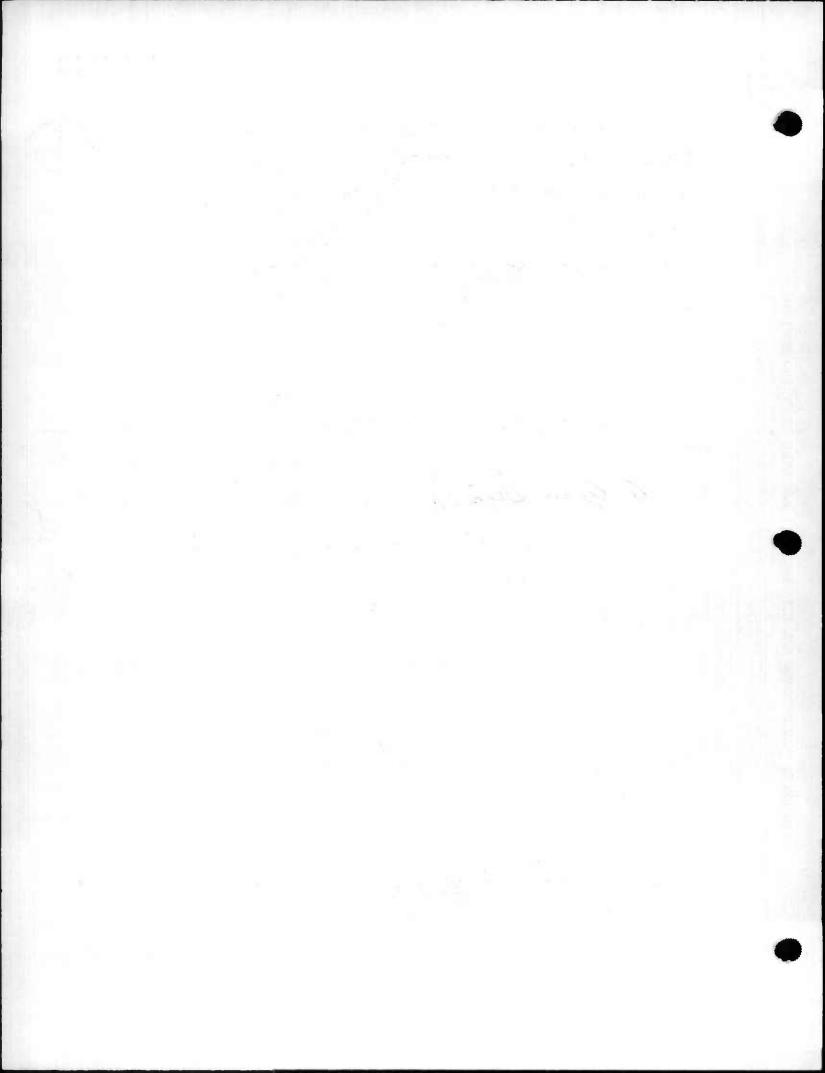
## BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within The flower after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First, Middle, Last)  Lyene  SOCIAL SECURITY NUMBER  214-20-0506  FACILITY NAME (M not institution, give s  Auce Man		ndem		0.047			
214-20-0506 • FACILITY NAME (If not institution, give s			on	MON ( )		YEAR	3. TIME OF DEATH
N 1 5		66 YRS. MO	UNDER 1 YEAR IF UNDER 17HS DAYS HOURS	MIN. (Mon	of BIRTH th, Day, Year) 05 25	Country MA	RYLAND
	1111	96	Bauli	ON OF OEATH	city oc	COUNTY OF DE	EATH
DE STATE 10b. COUNTY	*	10c. CITY, TO	OWN OR LOCATION		4		10d. INSIDE CITY LIMITS? 1 (1) YES 2 NO
3095 Rock	Crose of	ne	10f. ZIP COO	91211	100	US.	
1. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT O	n, Mexican, Puerto		lo— 14. RACE Black Specifi	- American Indian, , White, etc.
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEOENT'S USI (Give kind of work life. Do NOT use re	done during most of worldi		b. KINO OF BUSINES	SS/INOUSTRY	•
8TH		STOR	E CLERK			STORE	<del></del>
7. FATHER'S NAME (First, Middle, Last)  REDCNET.	S. KNIGHT		18. MOT		Middle, Meiden Surni CH WILHEL		
e. INFORMANT'S NAME (Type/Print)	D. KNIGIII	19b. MAILING AD	ORESS (Street and Number				
RICHARD LINDE	MON, JR.	8622	SILVER KNO	LL DR.,	PERRY HA	LL. MD	. 21128
De. METHOD OF CISPOSITION    Burlel 2   Cremetion 3   Rem   Donation 5   Other (Specify)	oval from State	PLACE OF DISPOSITION OTHER PLACE OF DISPOSITION OF THE PLACE OF THE PL	ON (Name of cometery, cres	natory or		ON — City or To	wn, State  MARYLAND
I. SIGNATURE OF FUNERAL SERVICE LIN	n Seit	0	A. ALAN	SEITZ,		RAL HOM	E
23. PART I. Enter the disease, or shock, or heart fellure.  MMEDIATE CAUSE (Finel disease or condition esuiting in death)	List only one cause of ea	ch'line.	Immay		mest	ry arreat,	Approximate interval Between Onset and Deat
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· Cance	CONSEQUENCE OF):	breas to bon	Fine.	th me	etal.	
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PART II. <u>Other algnificant</u> condition	na contributing to death bu	at not resulting in t	he underlying cause	given in Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2 1	)?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL	Т		26 PLACE OF I	DEATH (Check only	onel		
EXAMINER? 1 YES 2 NO	HOSPITAL:	itlent 3 DOA 4	THER:				
7. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME C	F 28c. INJURY AT	28d. D	EŞCRIBE HOW INJUI	RY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Special	— At home, farm, stre	et, factory, office		OCATION (Street end I ty or Town, State)	Number or Rural I	Route Number,
4 Homicide determined		adea doub accurred	nt the time, data and place	e, and due to the o	ause(e) end manner	as stated.	
4 Homicide determined  9e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowlers:		n my opinion, death occu	red at the time, de	te and place, and de	e to the causele	end manner as stated.
4 Homicide determined  19e. CERTIFIER (Check only 1 CERTIFYING PHYS	ER: On the basic of examination			ENSE NUMBER	/ 29		(Month, Day, Year)
4	ER: On the besie of examination	and/or investigation,	29c LIC		/ 29		



named by the hospital or artending physician. should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should

RE, MARYLAND 21215-0020

FOR

	1 - STATE REGISTRAR	OHIL OF IMA	CE	RTIF	ICATE	E OF	DEAT	TH	MENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	OF DEATH			3. TIME OF DEATH
	Evelyn	S.	Maller						Dece	mber 2	25, 1	991	9:30 PM M
	4. SOCIAL SECURITY NUMBER 063 30 3365	5. SEX 8.	AGE (In yrs. last b		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE O			8. BIRTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give at			YRS.						. 19,			"York
DIRECTOR	Shady Grove Adven	*	ing Cent	ter		ckvi	ille	ON OF DE	EATH			gome	
REC	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
<u> </u>		tgomery			Ro	ckvi	.11e						1 YES 2 NO
FUNERAL	16305 Emory Lane					101.	ZIP CODE	853					tates
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	ED .	1 1	If yes, spe	ENDENT O	F HISPAN n, Mexicar Specify	in, Puerto Ric	(Specify Year can, etc.)	or No—		- American Indian, , White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed)	18a. DECE	DENT'S	USUAL OC	CCUPATIC	N at all wordsin		16b. I	KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 years			1 Te		st of working	g	] ]	Public	e Sch	ools	
00	17. FATHER'S NAME (First, Middle, Last)	TELET								iddle, Malden			
BE	(unascertainable	)								inable	-		
TO	Joel S. Maller									le, Ma			20853
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo	wal from State	206. PLACE AND	DDATE	DF DISPOSI	Cren	me of nator	v12/	26/19	20c. LO	cation -	City or Tow	vn, Sterle
	21. SIGNATURE OF FUNERAL SERVICE LICE	-			22.1	NAME AN	ID ADDRES	S OF FAC	CILITY				
1	Donald C.	Stote	Zemys	ez	ST 23	EIN 2 CA	HEBR	EW M	IEMORI	IAL FU	JNERA	L HO	ME, Inc. GTON. D.C.
	23. PART i. Enter the diseases, proceduck, pr haert failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Service to the callest only one cause of the callest only one cause of the callest of the callest one	on each line.	ENCE OF		the mod	de of dyli	ng, such	es cerdie	ec or respli	ratory err	est,	Approximeta Interval Between Onset and Deeth House
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQUE		7):								Varia
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR	AS A CONSEQUE	ENCE OF	):								
	PART II. Other significant conditions	contributing to de	eth but not res	ulting I	a the un		201100 0	tion In C	2001 1			1	
PHYSICIAN: MEDICAL	Alsheim Syr	advent	HII OUL HOL FOO	uning .	II LITO USIN	овнунну	Cause y	1/80 #1 6		PERFORI	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATH (Cher	eck only one)		H		
/Sic	. 5	HOSPITAL:	/Outpatient 3 🗆	DOA	OTHER	l: iing Home	5 🗆 Rei	sidence (	6 Other (	Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	JRY 2 bar)	28b. TIME	E OF	28c. INJU WOF	JRY AT			RIBE HOW IN	JURY OCC	URED	
	3 Suicide 8 Could not be determined	28a. PLACE OF IN- building, etc.	JURY — At home, (Specify)	, ferm, æ	treet, facto	xy, office			28f. LOCAT City or	ION (Street er Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	2 MEDICAL EXAMINER		knowledge, death	occurre	d at the tir	me, dete d	and pleca, with occurr	and due to	time, data ar	(a) and man	ner ea state	ed. a cause(s)	and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER Byll D. Johnson	m ma					29c. LICEI	NSE NUME	BER 0 4 L		29d. DATE	SIGNED	Month, Day, Year)
	30. NAME AND ADDRESS OFFERSON WHO	INSON	F DEATH (ITEM 2	7) (Type,	Print) Rin	ssell	1 pu	lenn	e 6.	a:ther	sburg	. Ma	1.
	31. DATE FILED MOPIN, Cay, 2007 1992	22 BEGIETHARIS	SIGNATURES,	4 150								4	

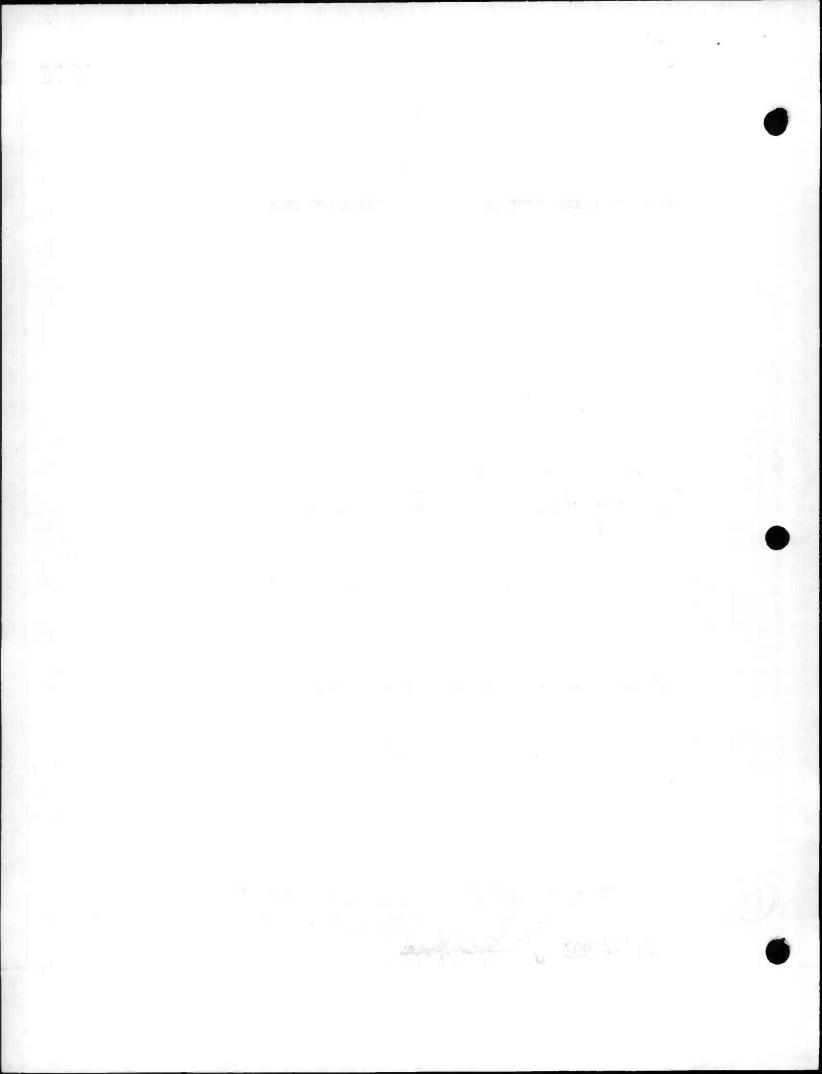
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 norm inter-death. Proceedings that the PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral decap should be deterbed filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or named is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The same of the sa the purchase Color Same had to filmer the CHTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		ERTIFIC	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	orge Robert				2. DATE OF DEATH DO L	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. 2	last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 5-5-1902	8. [	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street and n				OR LOCATION OF DE		9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			101	Balti	more	10g. CITIZEN	1 ₩ YES 2 □ NO OF WHAT COUNTRY?
FUNERAL		37th Stree			2121			J.S.A.
BY	1 Never Married 2 Married FOR	DES? 1 YES 2 SES, GIVE WAR OR DATES	¶NO	13. WAS DEC	ecify Cuban, Maxicai	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	- 4	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)  8th	(1-4 or 5+)	(Give kind of worlde. Do NOT use i	Express	st of working	16b. KIND OF BUS		RY
NO	17. FATHER'S NAME (First, Middle, Last)		iliway	Express		ME (First, Middle, Maiden	Railroa Sumame)	ad
BE	Frank B.					Sadie R. S		
5	Mary Rose E. Cook					oute Number, City or Town et Baltin		
	20e. METHOD OF DISPOSITION  1X Buriel 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	State cemetery, c	remetory or othe	pisposition (Na	me ol eterv		CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	1-	1	22. NAME AN	D ADDRESS OF FAC	Burgee-	-Henss	e, Maryland Funeral Home
	23. PART I. Enter the diseases, or complications of the state of the s	dona that cound the	Seeth Do not	3631	Falls Ro	ad Baltimo	ore. Ma	ryland 21211
	shock, or flaght failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death) a	One cause on each line  Out to (OR AS A CONS)	18. Wa	The mo	ue of dynig, such	iss cardiac or reapi	atory arrest,	Approximate Interval Between Onset and Death
NOI	Sequentially list conditione, ff any, leading to immediate	DUE TO (OR AS A CONSI	sulo	r ar	culout			(week
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	OUE TO (OR AS A CONS	EQUENCE OF):					
	PART II. Other significant conditions contrib	uting to death but not	seculting in	the condense				
MEDICAL	Artenvelente	Carden	rasuli	n dise	ceuse given in i	Pert I. 24a. WAS AND PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER? HOSPI	TAL:		THER:	ACE OF DEATH (Che			
H	27. MANNER OF DEATH 28s.	DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJU	5 ☐ Rasidence (	28d. DESCRIBE HOW IN	JURY OCCURE	D
ВУ	2 Accident Investigation		INJUR	M 1 7	ES 2 NO			
TED	3 Suicide 8 Could not be 4 Homicide detarmined	PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the control on the last con	a beat of my knowledge, d	leath occurred	of the time, data	and place, and due t	to the cause(a) and man	ner as stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	0		Т	29c. LICENSE NUM			NEO (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLE	Kennt D	FM 27) (5-00 C	inel	026	394	12	130[9]
	DONALD & WEG	LEIN 22	U W	CULD	SPRING	UTNE	BALT	OISIE QU O
	31. DATE FILEO (Month Day Year)	EGISTBAR'S SIGNATURE	1.00					

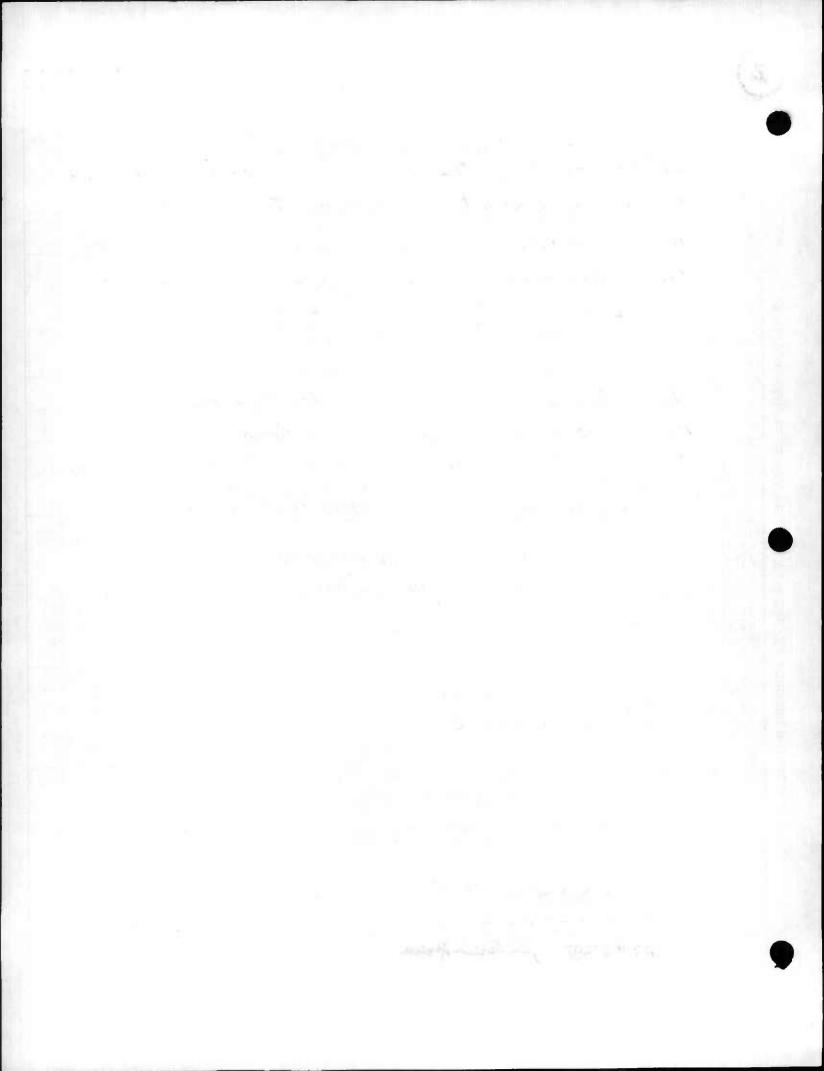




FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	MENTAL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			4		2. DATE O	F DEATH		3. TIME OF DEATH
	George	. H.	Wiles	SR		MONTH 12	DAY	0 9	1:20 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8.	BIRTHPLACE (State or Foreign
	2100000	1 3 A 2 F	72 YRS.	MONTHS DAYS	HOURS MIN.	Month,	00y, 460r) 30-19		PENNA
	9e. FACILITY NAME (If not institution, give etn	eet and number)	. /	9b. CITY, TOWN	OR LOCATION OF D		50 . /	9c. COUNTY	
OR	RALTIMORE ( RESIDENCE OF DECEDENT	O GRA	HOSP	RAND	ALLS TO	2011		RA	2/ 70
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY					JON			610
=		1	10c. Cr	TY, TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
	MD BAS	270	14		KIN				1 FYES 2 NO
RA	101 11	^	0.	101	. ZIP CODE	_		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1960 WOODE A		IVE MAT		41201	7		41.	SIA
	1 Never Merried 2 Married	FORCES? 1	T EVER IN U.S. ARMED	II yee, sp	ENDENT OF NISPA	NIC ORIGIN? an, Puerlo Rk	(Specify Yee o	or No- 14	. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	W.W.II	1 TYES	2 NO Spec	ify:		1.	Specify:
ED	15. DECEDENT'S EDUCA	ATION	160. DECEDENT'S	USUAL OCCUPATION	ON	16b. F	IND OF BUSI	NESS/INDIES	TRY
H.	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+	Win Do MOT I	work done during mo se retired.)	st of working				
Ē.									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N.	AME (First, Mic	idle, Maiden So	urname)	
BE	IRA MILES				BERT	-UA	Has	PRES	/
10	19e. INFORMANT'S NAME (Type/Print)	п	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number	City or Town,	State, Zip Co	de)
F	ROBERT GIN	LILES	6607	GREEN	WAY PA	HINA	PENNI	- 10	2147
	20e. METHOD OF DISPOSITION  1 Suriel 2 Cremetion 3 Remove	uni from Ctata	20b. PLACE AND DATE	OF DISPOSITION (No	me of	DATE			or Town, State
	4 Donetion 5 Other (Specify)		centelery, crematory or o	ther place) CH	CEM	73-4	Mag	144-57	The Mo
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF F	ACILITY	11 1115	4.7	TELM I IE
	Voseph L. R	7,159		2222	W LI RUE	38 6, 14	- 7/	216	
	23. PART i. Enter the dieseses, or co	mplications that	ceused the deeth. Do	not enter the mo	de of dving, su	ch as cerdia	C Or resoire		, Approximete
	ahock, or heart fellure. Li iMMEDIATE CAUSE (Finei	iat only one ceus	se on each line.				o or respire	Acry arrest	interval Between
	disease or condition	Rila	to cond	Maine	100 100				Onset and Death
	reaulting in death) a.	DUE TO	OR AS A CONSEQUENCE O	F):	Onia				
z	C.	INM	OF AS A CONSEQUENCE O	Rule	100,				į
은	Sequentielly list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEQUENCE O	F):					
S	CAUSE (Disease or injury								
H	that initieted events resulting in deeth) LAST	DUE TO (	OR AS A CONSEQUENCE O	F):					
CERTIFICATION	d.								
	PART ii. Other significent conditions	contributing to	death but not resulting	in the underlying	ceuse given in	Part i 2	4a. WAS AN AL	ITOREY	24b. WERE AUTOPSY FINDINGS
DICAL	End Stage LI				ocaso given in		PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Range Qui	11100				—   ¹	YES 2	NO	OF DEATH?
≥	by terrio	Tel mar w	2.400						1 TYES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL	gand he	N C	26 01	ACE OF DEATH (C)				
Sic		HOSPITAL:	ER/Outpatient 3 DOA	OTHER:					
PHYSICIAN: ME	27. MANNER OF DEATN	28a. DATE OF I		4 Nursing Nome E OF 28c. INJI			Specify)	MEN OCCUP	
	1 Natural 5 Pending	(Month, De	y, Year) INJ	M 1 Y	RK?	200. DESCR	IBE NOW INJ	OHY OCCUM	EU
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY - Al home, term,			28L LOCATI	ON (Street and	1 Alumber or E	Bural Route Number,
Ĕ	4 Nomicide delermined	building, a	itc. (Specify)			City or	Town, State)	r reamber or r	nurai noute reumber,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICS	AN: To the heat of							
₹ I	(Check only one) 2 MEDICAL EXAMINER:	On the beels of av	my knowledge, death occurs	ed at the time, data	and place, and dus	to the cause	(e) end manne	r as stated.	
		On the been of axe	enmistion end/or investigation	n, in my opinion, de			d place, end o	due to the ce	puse(e) end menner se stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	91	M.12		29c. LICENSE NUI	WBER	2	9d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	7/1/0			D388	87		15	130/91
	KHALID ALL-	TALIR	DE OF DEATN (ITEM 27) (Type,	Prim)		0	1 /1. ^	04.	0
-	31. DATE FILED (Month, Day, Year)			THE CO	mry c	Cherco	x MOJ	PIRCE	X
	JAN 0 2 1992	32. REGISTRAN	is signature						



Α.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE GERTIFICATE OF DEATH REG. NO.

McKENZIE

2. DATE OF DEATH

3 PAY

1995

3. TIME OF DEATH

4:17 A

8. BIRTHPLACE (State or Foreign MD

> 10d. INSIDE CITY LIMITS? 1 XYES 2 NO

> > Approximate interval Between Onaet and Dasth

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

31 1991 21201

and due to the couse(a) and manner es stated. 29d. DATE SIGNEO (Month, Day, Year)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

RAYMOND

				0. AGE (#1)	yrs. lest birthday)	IF UNDER 1 YI		IF UNDER 24 HRS.	7. DATE OF I (Month, De		1	BIRTHPL/	ACE (State or I
			1 📉 M 2 🗆 F	21	YRS.	MONTHS DA	AYS H	HOURS MIN.	8/26/7			Country)	)
~ 1	9s. FACILITY NAME (If not in							LOCATION OF O			9c. COUNT	Y OF DEAT	
СТОВ	ASEMENT-4		KTH KEN	M00B	AVE.	E	BAL:	TIMORE	CITY	•			
шП	RESIDENCE OF DEC	10b. COUNT	Y		10c CIT	Y, TOWN OR L	OCATIO	A.I					
E	Md					altimo		N					d. INSIDE CIT
- 1	10e, STREET AND NUMBER							IP CODE					YES 2
FUNERAL	711 N. Belno		enue					1224					T COUNTRY?
Z	11. MARITAL STATUS		12. WAS DECEDEN	T FYED IN A	0.404400							USA	
	1 Never Married 2	Merried	FORCES? 1	YES :	2 NO	If ye	s, specif	DENT OF HISPAN fy Cuban, Maxica	IIC ORIGIN? (S n, Puerto Rical	pecify Yes n, etc.)	or No- 1	4. RACE — Black, W	American In hite, etc.
à	3 Widowed 4 Divo	orced	IF YES, GIVE W	WAR OR DATE	:5	10	YES 2	NO Specify	r			Specify:	
	15. DEC	EDENT'S EDU	CATION	16	Ba. DECEDENT'S				16b. KIN	ID OF BUS	SINESS/INDU		<u>ite</u>
	Elementary/Secondery (0		College (1-4 or 5	+)	life. Do NOT us	work done durin se retired.)	ng most a	of working					
					unemolo	bevo							
COMPLETED	17. FATHER'S NAME (First, M				1.	7	16	a. MOTHER'S NA	ME (First, Middl	le, Maiden	Surname)		
מו	Sheirdan McK	(enzie	, Jr.					Carol S	S. Bear	vers			
5	190. INFORMANT'S NAME (7	Type/Print)			19b. MAILING	AOORESS (St	reet end	Number or Rural F	Route Number, C	City or Town	n, State, Zip C	ode)	
-	Karon W	Vindso:	r		109 N.	Poto	mac	Street	Balt	0 21	224		
	20a. METHOD OF DISPOSIT 1 № Burtel 2 ☐ Crematic		ovel from State	20b. PL	ACE AND DATE	OF DISPOSITIO			OATE		CATION — CH	y or Town,	State
	4 🗆 Donetion 5 🗆 Other	(Specify)		Oa	ry, crematory or or klawn	tner place)			1/3/	92 1	Balto,	БМ	
	21. SIGNATURE OF UNERA	L SERVICE LA	CENSEE	1				ADDRESS OF FA	CILITY				
	tute	XI	1 01	J/V	mo I I	Mora	an-A	shton I Baltin	unera.	L Hon	ne, In	C.	
	23. PART i. Enter the di	iseases, or o	complications the		DO LL	13000	J E.	Baltin	ore Si	-	Balto.	. Md	
	shock, or n	eart failure.	List only one cau	se on each	ilne.	iot anter the	mode	or dying, suci	1 as cardiac	or respii	ratory arres	st,	Approxi
	iMMEDIATE CAUSE (Fin disease or condition												Onaet a
- 18				-	. 1.12 () . 1.00								-
- H	resulting in death)	<b>→</b>	. CONTACT				H	EAD					
	resulting in death)	<b>→</b>			UNSHO DISEQUENCE OF		H	HEAD					
NO	Sequentially list conditi	lons,	DUE TO	(OR AS A CO	ONSEQUENCE OF	F):	H	EAD					
ATION	Sequentially list conditi	lons,	DUE TO	(OR AS A CO		F):	H	EAD					
FICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLYI CAUSE (Disease or Inju	lons, dlate ING	b	(OR AS A CO	DNSEOUENCE OF	r): r):	H	HEAD					
TIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLYI	lons, dlate ING	b	(OR AS A CO	ONSEQUENCE OF	r): r):	H	HEAD					
CERTIFICATION	Sequentially list condition if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injuit that initiated events	lons, dlate ING	b	(OR AS A CO	DNSEOUENCE OF	r): r):	H	EAD					
- 11	Sequentially list condition if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injuit that initiated events	lons, dlate ING Iry	DUE TO  DUE TO  OUE TO  d.	(OR AS A CO	ONSEQUENCE OF	-7): -7):			Part I. 24a	. WAS AN /		24b. WE	
SICAL CERTIFICATION	Sequentially list condition of any, leading to immercause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	lons, dlate ING Iry	DUE TO  DUE TO  OUE TO  d.	(OR AS A CO	ONSEQUENCE OF	-7): -7):				PERFOR	MED?	AVA	RE AUTOPSY
- 11	Sequentially list condition of any, leading to immercause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	lons, dlate ING Iry	DUE TO  DUE TO  OUE TO  d.	(OR AS A CO	ONSEQUENCE OF	-7): -7):					MED?	COL	RE AUTOPSY ILLABLE PRIO MPLETION OF DEATH?
MEDICAL	Sequentially list condition of any, leading to immercause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	lons, dlate ING Iry	DUE TO  DUE TO  OUE TO  d.	(OR AS A CO	ONSEQUENCE OF	-7): -7):				PERFOR	MED?	COL	RE AUTOPSY ILLABLE PRIO MPLETION OF DEATH?
MEDICAL	Sequentially list condition of any, leading to immercause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	diate ING ITT	DUE TO  DUE TO  OUE TO  d.	(OR AS A CO	ONSEQUENCE OF	r): 	iying ca	ause given in	_	PERFOR	MED?	COL	RE AUTOPSY ILLABLE PRIO MPLETION OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injuthat initiated events resulting in death) LAS  PART II. Other significations.	diate ING ITT	DUE TO  DUE TO  OUE TO  d.  a contributing to	(OR AS A CO	ONSEQUENCE OF	n the under	iying ca	ause given in	ck only one)	PERFORI	MED?	AVA COI DF	RE AUTOPSY IILABLE PRIO MPLETION OF DEATH? YES 2
MEDICAL	Sequentially list condition if any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS	diate ING ITT	DUE TO  DUE TO  OUE TO  d.  HOSPITAL:  1   Inpatient 2	(OR AS A CO	ONSEQUENCE OF ON	OTHER:	iying ca 6. PLACE Home 5	ause given in  E OF DEATH (Che  5 🗆 Residence	ck only one)	PERFORI	MED?  NO  PRI	VATE	RE AUTOPSY ILLABLE PRIO MPLETION OF DEATH? YES 2 HOM
raisicialy, medical	Sequentially liet conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injuthat initiated events resulting in death) LAS*  PART II. Other significa  25. WAS CASE REFERRED TO EXAMINER?  X YES 2 NO  27. MANNER OF DEATH  1 Natural 5	Ions, diate ING III III III III III III III III III	DUE TO  DUE TO  OUE TO  d.  a contributing to  HOSPITAL: 1 □ Inpatient: 2  28a. DATE OF	(OR AS A CO (OR AS A CO (OR AS A CO death but i	ONSEQUENCE OF OT	OTHER: 4 □ Nursing EURY 20c.	6. PLACE Home 5 INJURY	E OF DEATH (Che	ck only one)  XXOther (Sp. 28d. OESCREE	PERFORI	PRI	VATE	RE AUTOPSY ILLABLE PRIO MPLETION OI DEATH? YES 2 WOUN
BY PHYSICIAN: MEDICAL	Sequentially list condition of any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAST PART II. Other signification of the condition of t	ons, dilate ING IIII IIII IIII IIII IIII IIII IIII	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO (OR AS A CO (OR AS A CO death but i	DNSEQUENCE OF DN	OTHER: 4   Nursing   28c. URY   1	6. PLACE Home 5 INJURY WORK?	ause given in  E OF DEATH (Che	Ck only one)  X(Xother (Special Contents)  SELF	PERFORI	PRI	VATE	RE AUTOPSY ILABLE PRIO MPLETION OF DEATH? YES 2 WOUN WOUN INSHO
ED BT PRISICIAN: MEDICAL	Sequentially list condition if any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS'  PART II. Other signification in the signification in t	Ions, diate ING III III III III III III III III III	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO (OR AS	DNSEQUENCE OF DN	The under of the u	6. PLACE Home 5 INJURY WORK? YES	ause given in  E OF DEATH (Che 5	CK only one)  XXOther (Spi 28d. OESCHE SELF  28f. LOCATIO City or To	PERFORI VES 2  Becity)  BE HOW IN  INFI  N (Street arwn, State)	PRI JURY OCCUP LICTE	VATE	RE AUTOPSY ILABLE PRIO MPLETION OF DEATH? YES 2 WOUN WOUN INSHO
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditting, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injuthat initiated events resulting in death) LAS  PART II. Other significations.  25. WAS CASE REFERRED TO EXAMINER?  X X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 1  2 Accident  3 Suicide 6 1	O MEDICAL  Pending Investigation Could not be determined	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	COR AS A CO COR AS A COR AS A CO COR AS A COR COR AS A COR AS A COR COR AS A COR AS A COR COR AS A COR AS A COR COR AS A COR AS A COR COR AS A COR AS A COR COR AS A COR AS A	ONSEQUENCE OF ON	OTHER: 4   Nursing   E OF   28c. USY   Mreet, factory, or   KENW	6. PLACE Home 5 INJURY WONY YES Office	ause given in  E OF DEATH (Che  S Residence  AT  X2X NO	Ck only one)  X Other (Sp. 26d. OESCRIE  SELF  26f. LOCATION City or You	PERFORI VES 2  ocity) SE HOW IN INFI N (Street as win, State) BALT	PRI JURY OCCUP LICTE AND NUMBER OF	VATE REO D GU Rurel Route E CI	RE AUTOPSY ILABLE PRIO MPLETION OF DEATH? YES 2 WOUN WOUN INSHO
LETED BY PHYSICIAN: MEDICAL	Sequentially list conditt  If any, leading to immercause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED TO EXAMINER?  X X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 1 2 Accident 3 Suicide 6 1 4 Homicide  290. CERTIFIER (Check only) 1 CERTIFICATION  201. CERTIFIER (Check only) 1 CERTIFICATION  202. CERTIFIER (Check only) 1 CERTIFICATION  203. CERTIFIER (Check only) 1 CERTIFICATION  204. CERTIFIER (Check only) 1 CERTIFICATION  205. CERTIFIER (Check only) 1 CERTIFICATION  206. CERTIFIER (Check only) 1 CERTIFICATION  207. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  209. CERTIFIER (Check only) 1 CERTIFICATION  200. CERTIFIER (Check only) 1 CERTIFICATIO	ons, dilate ING ITY T Int condition	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO (OR AS	ONSEQUENCE OF ON	OTHER: 4 Nursing E OF 28c. USY  KENW d at the time,	6. PLACE Home 5 INJURY WORK? YES	E OF DEATH (Che To Residence To AVE  I place, end due	XXOther (Sp. 28d. DESCRIES E L F 28f. LOCATION City or Tox	PERFORI VES 2  POCIFY)  BE HOW IN  INFI  N (Street at www, State)  BALT  end manufactures	PRI JURY OCCUP LICTE IN OR FINANCE OF TIMOR	VATE REO D GU Rurel Route E C I	RE AUTOPSY INLABLE PRIOR MPLETION OF DEATH?  YES 2  HOM WOUN NS HO Number, TY
LETED BY PHISICIAN: MEDICAL	Sequentially list conditt  If any, leading to immercause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED TO EXAMINER?  X X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 1 2 Accident 3 Suicide 6 1 4 Homicide  290. CERTIFIER (Check only) 1 CERTIFICATION  201. CERTIFIER (Check only) 1 CERTIFICATION  202. CERTIFIER (Check only) 1 CERTIFICATION  203. CERTIFIER (Check only) 1 CERTIFICATION  204. CERTIFIER (Check only) 1 CERTIFICATION  205. CERTIFIER (Check only) 1 CERTIFICATION  206. CERTIFIER (Check only) 1 CERTIFICATION  207. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  209. CERTIFIER (Check only) 1 CERTIFICATION  200. CERTIFIER (Check only) 1 CERTIFICATIO	ons, dilate ING ITY T Int condition	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO (OR AS	ONSEQUENCE OF ON	OTHER: 4 Nursing E OF 28c. USY  KENW d at the time,	6. PLACE Home 5 INJURY WORK? YES	E OF DEATH (Che To Residence To AVE  I place, end due	XXOther (Sp. 28d. DESCRIES E L F 28f. LOCATION City or Tox	PERFORI VES 2  POCIFY)  BE HOW IN  INFI  N (Street at www, State)  BALT  end manufactures	PRI JURY OCCUP LICTE IND NO  PRI METERIAL PR	VATE REO D GU Rurel Route E C I	RE AUTOPSY ILLABLE PRIOD MPLETION OF DEATH?  YES 2 THOM WOUN NSHO Number, TY
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditt  If any, leading to immercause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED TO EXAMINER?  X X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 1 2 Accident 3 Suicide 6 1 4 Homicide  290. CERTIFIER (Check only) 1 CERTIFICATION  201. CERTIFIER (Check only) 1 CERTIFICATION  202. CERTIFIER (Check only) 1 CERTIFICATION  203. CERTIFIER (Check only) 1 CERTIFICATION  204. CERTIFIER (Check only) 1 CERTIFICATION  205. CERTIFIER (Check only) 1 CERTIFICATION  206. CERTIFIER (Check only) 1 CERTIFICATION  207. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  208. CERTIFIER (Check only) 1 CERTIFICATION  209. CERTIFIER (Check only) 1 CERTIFICATION  200. CERTIFIER (Check only) 1 CERTIFICATIO	ons, diate ING ITY T Int condition  O MEDICAL  Pending Investigation Could not be determined  IFYING PHYSIC CAL EXAMINE	DUE TO  DUE TO	(OR AS A CO (OR AS	ONSEQUENCE OF ON	OTHER: 4 Nursing E OF 28c. USY  KENW d at the time,	ilying ca	E OF DEATH (Che To Residence To AVE  I place, end due	Ck only one)  (XOther (Spi 28d. OESCRIE SELF 28f. LOCATION City or Tou to the ceuse(e)	PERFORI VES 2  POCIFY)  BE HOW IN  INFI  N (Street at www, State)  BALT  end manufactures	PRI JURY OCCUP LICTE AND Number or LICTE THOR There is stated.	VATE REO D GU Rurel Route E C I	RE AUTOPSY ILLABLE PRIO MPLETION OF MPLETION OF DEATH?  YES 2 WOUN WOUN WOUN WOUN TY
o de come celeb di ralisician, medical	Sequentially list condition of any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS'  PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the signific	o MEDICAL  Pending Investigation  Could not be determined  IFYING PHYSIC  CAL EXAMINE	DUE TO  DUE TO	(OR AS A CO (OR AS	DNSEQUENCE OF DN	other:  a of Muning  other:  b of Muning  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:	ilying ca	E OF DEATH (Che  E OF DEATH (Che  AT  AVE  D Please, and due  a occurred at the total colors. LICENSE NUM	(Xother (Spozene SELF 281. LOCATION (City or Towns) to the ceuse(e) time, data and BER	PERFORI VES 2  POCIFY)  BE HOW IN  INFI  N (Street at www, State)  BALT  end manufactures	PRI JURY OCCUI  I C TE and Number or TIMOR TIMOR  1 due to the c	VATE REO D GU Rural Route E CI	RE AUTOPSY IILABLE PRIO MPLETION OF DEATH?  YES 2  HOM WOUN INSHO Number, TY
o de come celeb di ralisician, medical	Sequentially list condition if any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS'  PART II. Other signification in the signification in t	o MEDICAL  Pending Investigation  Could not be determined  IFYING PHYSIC  CAL EXAMINE	DUE TO  DUE TO	(OR AS A CO (OR AS	DNSEQUENCE OF DN	other:  a of Muning  other:  b of Muning  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:	ilying ca	ause given in  E OF DEATH (Che  TAT  XX NO  AVE  d place, end due  n occured at the	(Xother (Spozene SELF 281. LOCATION (City or Towns) to the ceuse(e) time, data and BER	PERFORI VES 2  POCIFY)  BE HOW IN  INFI  N (Street at www, State)  BALT  end manufactures	PRI JURY OCCUP LICTE AND Number or LICTE THOR There is stated.	VATE REO D GU Rurel Route E C I	RE AUTOPSY III.ABLE PRIO III.A
J BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition of any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS'  PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the signific	o MEDICAL  Pending Investigation  Could not be determined  IFYING PHYSIC  CAL EXAMINE	DUE TO  DUE TO	(OR AS A CO (OR AS	ONSEQUENCE OF ON	OTHER: 4   Nursing: 5 AM 1 treet, factory,  KENW d at the time,  h, in my opinion	iying ca	E OF DEATH (Che To Residence AT X2X NO A V E  d place, end due n occured at the in O C M	ck only one)  (XOther (Sp. 28d. OESCRIE SELF 28f. LOCATION (All or You have and the cause(e)) Ilme, data and BER	PERFORI VES 2  PERFORI VES 2  PERFORI IN (Street armyn, State) BALT  Pend manny Place, and	PRI JURY OCCUP LICTE AND AND AND AND AND AND AND AND AND AND	VATE  VATE  REC  D GU  Rurel Route  E CI	HOM WOUN Number, TY
D BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition of any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS'  PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the signific	one, diate ING IIIY T III III III III III III III III	DUE TO  DUE TO	(OR AS A CO (OR AS	ONSEQUENCE OF ON	other:  a of Muning  other:  b of Muning  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:  copy  other:	iying ca	E OF DEATH (Che To Residence AT X2X NO A V E  d place, end due n occured at the in O C M	ck only one)  (XOther (Sp. 28d. OESCRIE SELF 28f. LOCATION (All or You have and the cause(e)) Ilme, data and BER	PERFORI VES 2  PERFORI VES 2  PERFORI IN (Street armyn, State) BALT  Pend manny Place, and	PRI JURY OCCUI  I C TE and Number or TIMOR TIMOR  1 due to the c	VATE  VATE  REC  D GU  Rurel Route  E CI	HOM WOUN Number, TY
J BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition of the cause. Enter UNDERLYI CAUSE (Disease or Injuthat initiated events resulting in death) LAS  PART II. Other signification of the cause of the	O MEDICAL  Pending Investigation Could not be determined  IFYING PHYSIC CAL EXAMINE: PERSON WHO	DUE TO  DUE TO	(OR AS A CO (OR AS	ONSEQUENCE OF ON	OTHER: 4   Nursing: 5 AM 1 treet, factory,  KENW d at the time,  h, in my opinion	iying ca	E OF DEATH (Che To Residence AT X2X NO A V E  d place, end due n occured at the in O C M	ck only one)  (XOther (Sp. 28d. OESCRIE SELF 28f. LOCATION (All or You have to the cause(e)) Ilme, data and BER	PERFORI VES 2  PERFORI VES 2  PERFORI IN (Street armyn, State) BALT  Pend manny Place, and	PRI JURY OCCUP LICTE AND AND AND AND AND AND AND AND AND AND	VATE  VATE  REC  D GU  Rurel Route  E CI	HOM WOUN Number, TY

OHMH-18 Rev 1/89

1172 ST-11

p Base = x

en en a ella fillione della fillione della sella sella fillione della sella fillione della sella fillione della se

the second of th

Pages 1, 2, 3 should

permit.

page 5 should be detached for use as the burial-transit

notified at

Pe

must director,

examiner

9

DAVID

31. DATE FILED (Month, Bay, Year) -

JAN 0 2 1992

eral

The state of the s	by the fun	dical exa
D 3d house	ily filled in	the me
their settle	complete	c event.
1	1	parent bu
A COUNTY	A DE	r other
the death	the atte	injury, o
ninge that	signed by	Health an
100	has been	n 23 sho
SICIAN. T	certificate	the State
CONTRIBUTION DESCRIPTION TO LEGISLA THE LEGISLA THE CONTRIBUTION OF THE CONTRIBUTION O	After this	marked
	RECTOR:	urs after o
O Intrado	NERAL DI	hin 72 ho NT: 11 He
to a series control of services the series of the series o	10 THE RUSHINAL OF ALLENDING PRISONANT, He am requires that the control of the transfer of complexy filled in by the full	be filed within 72 hours after death with the State Dept. of Heath and Wente Propert course, connation, or remova. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other transmittle event, the medical exa

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH YEAR NEAL Orville 1/01 PM M 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS 82 1 🛛 M 2 🗆 F YRS. 217 09 8297 3-21-1908 BALTIMORE 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Loch Raven VA Medical Center BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO MD Baltimore 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21216 2011 RUXTON AVENUE USA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Maxicen, Puerto Rican, arc.) 1 — YES 2 NO Specify: 14. RACE --- American Indien, Black, White, atc. 11. MARITAL STATUS 1 Never Married 2 Marrie Specify: BY 3 XWidowed 4 Divorced BLACK COMPLETED 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARY QUEEN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2011 RUXTON AVENUE, BALTIMORE, MD. 21216 MARVIN BOOTH SR. 20e. METHOD OF DISPOSITION
1) Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION -- City or Town, State □ Donation 5 □ Other (Specify) GARRISON FOREST CEMETERY OWINGS MILLS, MD. 21. SIGNATURE OF PLINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. ST. BALTO. MD. 21223: P.O. BOX 4433 BALTO. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart feilure. List only one cause on each line interval Betwe Onset and Death IMMEDIATE CAUSE (Fine) disease or condition dar (NEWMONIA reauiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Construe 1 | YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 4 - Nursing Home 5 - Residence 6 - Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? Natural 2 Accident 6 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 X CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29% SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

Mad

12 MODETRAL'S SIGNATURE

SLIME

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KUMISAKA

A THE RESIDENCE OF THE PARTY OF

To

notified

must

examiner

medical

the

event,

traumatic

JAN 02

1992

Pages 1, 2, 3 should

permit.

n and completely filled in by the to burial, cremation, or removal. signed by the attending physician Health and Mental Hygiene prior to has been s Dept. of H PITAL OR ATTENDING PHYSICIAN: The law this certificate h After DIRECTOR: J UNERAL DI

36319 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Migdle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 01 John Louis Orem A 4. SOCIAL SECURITY NUMBER 5. SEX rs last hirthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE Country) 4 (Month, Day, Year) 219-18-7499 DAYS HOURS 90, FACILITY NAME (If not institution, 96 CITY TOWN OR LOCATION OF DEATH BAL + 6 ose 50 DIRECTOR RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY Md. Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 528 Orkney Road 21211 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Assitant Manager Automobile Parts 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Charles Gilbert Orem Lillian Marie Joeckel BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Patricia Orem 528 Orkney Rd., Baltimore, Md. 21212 pe 20a. METHOD OF DISPOSITION
1 Durial 2 Cremetion 3 Fe
4 Donation 5 Other (Specify) PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State Catonsville, Balto Co, MD Metro Crematory 21. BIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, Md 21211 23. PART I. Enter the diseeses, or complicatione used the deeth. Do not enter the mode of dying, such se cerdisc or reepiretory street, Approximate shock, or heert failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Cancer shows any 1 YES 2 NO Cerobral Vascillar 1 - YES 2 0 But Chush
25. WAS CASE REFERRED TO MEDICAL PHYSICIAN: 23 26. PLACE OF OEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER: flent 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Accident 5 Pending м 1 YES 2 NO BY 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28 Is 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dat Year) BE 2

0 2 1992

ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mandale

BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires the two professions of the completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician.  The state Dept. of Health professions and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the the state Dept. of Health profession to burial, cremation, or removal.  On them 23 shours are interested to the profession of the profession	Committee the motivate of the committee
DIVISION OF VITAL RECORDS 0. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the management of the property of the hospital of the	

				ICATE OF	D		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) AGNES		MARIE		PHILL	-195	2. DATE	OF DEATH DAY	ă	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24		OF BIRTH	8.	BIRTHPLACE (State or Forei Country)
9a. FACILITY NAME (If not institution, give	1 M 2 F	57	YRS.			06	116/34		Maryland
SINAI HOSPI				9b. CITY, TOWN				9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	IAL			DAL.	rimor	E			
10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland			В	altimor	e e				1 X YES 2 NO
10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
4965 Edgemere					21215			US	A
1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S.AR	MED 10	13. WAS DEC	CENDENT OF H	ISPANIC ORIGII lexicen, Puerto	N? (Specify Yea o Rican, etc.)	r No — 14.	RACE - American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1 _ YES	2 NO	Specify:		i	Specify:
15. DECEDENT'S EDU (Specify only highest grade	UCATION	16a, DE	CEDENT'S	USUAL OCCUPATI	ON	168	. KIND OF BUSIN	IESS/INOUST	Black
Elamentary/Secondary (0-12)	College (1-4 or 5		Do NOT u	work done during mo se retired.)	ost of working				
	ollege	2 Bea	auty	Salon	Oper	ator	Se1	f Emr	oloyed
17. FATHER'S NAME (First, Middle, Last)							Middle, Malden Su		
Milan Pittman						ora A			
19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street	and Number or I	Pural Route Num	ber, City or Town,	State, Zip Coo	de)
20a. METHOD OF DISPOSITION			-	III a series and a					
1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetary, crer		OF DISPOSITION (Na ther place)	ame of	OAT	E 20c. LOCA	TION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /			22. NAME A	ND ADDRESS (	DE FACILITY N	utter	Funo	ral Homes
18, 1	RY								
23. PART I. Enter the diseases, or	) cen	4		Balt	imore	, Mar	lls Pa yland	212	16
iMMEDIATE CAUSE (Final		isa on each line.			aa Di aying,				intarvai Betv
dianage or condition	c		AMP DUENCE OF	ONADE PI: NFARC]					intarvai Betv
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. MYO DUE TO c. DUE TO d.	OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSEC	AM POUENCE OF	ONADE FI: NFARC] FI:	ion				intarvai Betw
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. DUE TO d	OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSEC	AM POUENCE OF	ONADE FI: NFARC] FI:	ion		24a. WAS AN AU PERFORME 1  YES 2	TOPSY ED?	interval Bety Onaet and D  24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DIABETES  W	b. DUE TO c. DUE TO d	OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSEC	AM POUENCE OF	ONADE P: NFARCT P: In the underlying	g cause give		24a. WAS AN AN PERFORME	TOPSY ED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  DIABETES W	b. MODUE TO  C. DUE TO  d	OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECT	AM PAULING OF THE PAU	ONADE F):  NFARC F):  In the underlying  28. PL  OTHER:	g cauae give	n in Part i.	24a. WAS AN AU PERFORME 1  YES 2	TOPSY ED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant condition DIABETES W	b. MODUE TO  C. DUE TO  d	(OR AS A CONSECTION OF AS A CONS	AM PAUDENCE OF	ONADE F):  VEARC F):  28. PL  OTHER: 4   Nursing Hom  E OF   28c, INJ	g cauae give	n in Part i.  I (Check only on	24a. WAS AN AU PERFORME 1  YES 2	TTOPSY ED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant condition  DIABETES  W  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF AS A CONS	DOA TIM	ONADE F):  NFARC F):  In the underlying  28. PL  OTHER: 4   Nursing Hom  E OF   28c. INJ  WO  I   N	g cauae give  ACE OF DEATH  5   Reside  URY AT  RK?  (ES 2   NO	n in Part i.	24a. WAS AN AU PERFORME 1 YES 2	TTOPSY ED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  DIABETES W  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF AS A CONS	DOA TIM	ONADE F):  NFARC F):  In the underlying  28. PL  OTHER: 4   Nursing Hom  E OF   28c. INJ  WO  I   N	g cauae give  ACE OF DEATH  5   Reside  URY AT  RK?  (ES 2   NO	In In Part I.  If (Check only onnce a Other 28d. DES)	24s. WAS AN AU PERFORME 1 YES 2  (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TTOPSY D7 NO	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant condition  DIABETES  W  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined	b. DUE TO c. DUE TO d	(OR AS A CONSEO  (OR AS	DOA 28b. TIM	26. PL  26. PL  27. PL  28. PL  OTHER: 4   Nursing Hom E OF URY M 1   1	g cause give  ACE OF DEATH  5	n in Part i.  If (Check only on once & Other 28d, DES)  28f, LOC. City.	24a. WAS AN AU PERFORM  1 YES 2  1 YES 2  T (Specify)  CRIBE HOW INJU  ATION (Street and or Town, Stree)	NO Number or Ri	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant condition  DIABETES  W  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	b. DUE TO c. DUE TO d	(OR AS A CONSEO  (OR AS	DOA 1NJ	26. PL  26. PL  27. PL  28. INJ  WO  1 1 1	g cause give  ACE OF DEATH  5  Reside  URY AT  RK?  (ES 2 NC	n in Part i.  If (Check only on once a  Other 28d. DES)  28f. LOC. City.	24a. WAS AN AU PERFORM  1  YES 2  e)  r (Specify)  CRIBE HOW INJU  ATION (Street and or Town, Stele)  se(a) and manne	NO NO NO NO NO RICE Number or Rice stated.	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  DIABETES  W  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	b. DUE TO c. DUE TO d	(OR AS A CONSEO  (OR AS	DOA 1NJ	26. PL  26. PL  27. PL  28. INJ  WO  1 1 1	g cause give  ACE OF DEATH  5  Reside  URY AT  RK?  (ES 2 NC	n in Part i.  If (Check only on once a  Other 28d. DES)  28f. LOC. City.	24a. WAS AN AU PERFORM  1  YES 2  e)  r (Specify)  CRIBE HOW INJU  ATION (Street and or Town, Stele)  se(a) and manne	NO NO NO NO NO RICE Number or Rice stated.	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  DIABETES  W  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	b. DUE TO c. DUE TO d	(OR AS A CONSEO  (OR AS	DOA 1NJ	26. PL  26. PL  27. PL  28. INJ  WO  1 1 1	g cause give  ACE OF DEATH  5   Reside  URY AT  RK?  ZES 2   NC  a  and place, and seth occured a	n in Part i.  1 (Check only on nce a Othe 28d. DES)  28f. LOC. City of the case the time, data	24s. WAS AN AU PERFORME  1 YES 2  (e)  1 (Specify)  CRIBE HOW INJU  ATION (Street and or Town, State)	TTOPSY DO?  INO  JRY OCCURE  Number or R.  r sa stated.  us to the cau	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  BUT NOT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  DIABETES  W  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF AS A CONS	DOA TIME THE COLUMN TO THE COLUMN	P:  26. PL  OTHER: 4   Nursing Hom  E OF URY M   28c. INJ WO 1   1	g cauae give  ACE OF DEATH  5  Reside  URY AT  RK?  /ES 2 NC  a  and place, and eath occurred a	n in Part i.  1 (Check only on nce a Othe 28d. DES of the time, data NUMBER	24s. WAS AN AU PERFORME  1 YES 2  (e)  1 (Specify)  CRIBE HOW INJU  ATION (Street and or Town, State)	JRY OCCURE  Number or Ri  r sa stated.  us to the cau	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  BUT NOT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.  BUT NUMBER.
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant condition  DIABETES  W  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON WH	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF AS A CONS	DOA TIME THE COLUMN TO THE COLUMN	P:  26. PL  OTHER: 4   Nursing Hom  E OF URY M   28c. INJ WO 1   1	g cause give  ACE OF DEATH  5   Reside  URY AT  RK?  ZES 2   NC  a  and place, and seth occured a	n in Part i.  1 (Check only on nce a Othe 28d. DES)  28f. LOC. City of the case the time, data	24s. WAS AN AU PERFORME  1 YES 2  (e)  1 (Specify)  CRIBE HOW INJU  ATION (Street and or Town, State)	TTOPSY DO?  INO  JRY OCCURE  Number or R.  r sa stated.  us to the cau	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO  BUT NOT NUMBER.  WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO  BUT NUMBER.  WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 DEATH NUMBER.

OJ684353-1360
PHILLIPS AGNES
PHILLIPS AGNES
PHILLIPS AGNES

O1684353-1360

0 m

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Joseph Adams
31. DATE FILEO (Month, Day, 16er)
JAN 0 2 1992

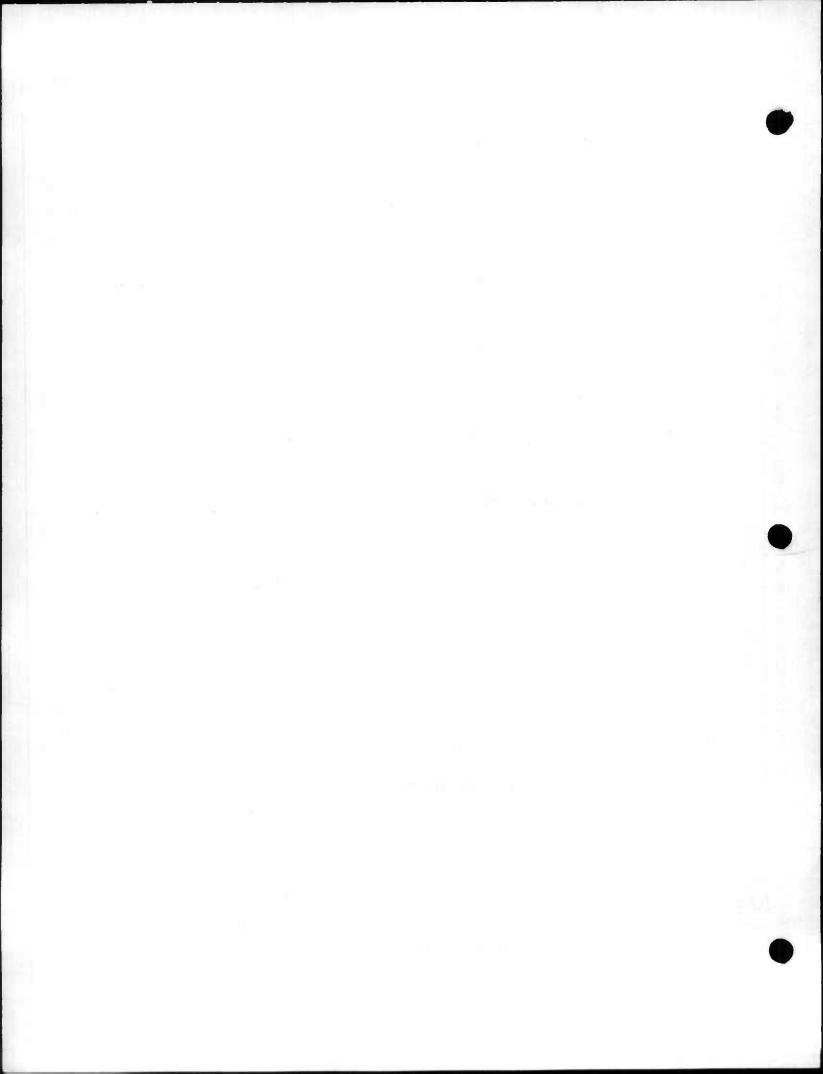
D 7401 Osler

32. REGISTRAR'S SIGNATURE
wha Davidson-Mandalla

be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ian and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit normit pages 1 2 should	r to burial, cremation, or removal.	umatic event, the medical examiner must be notified at once.	
De executed w	cian and comp	or to burial, ci	aumatic eve	
eath ceruncate	ittending physic	ital Hygiene pri	, or other tr	
S UIAL UIE U	and by the	alth and Mer	any injur	
ie iam reduit	has been si	Dept. of He	m 23 show	
TOICINI. I	nis certificate	rith the State	or ite	
HOSPITAL OR ALTENDING PRIS	FUNERAL DIRECTOR: After this c	fter death w	TANT: If Item 28 is marked,	
INT OU VE	PAL DIRECTA	72 hours a	If Item 2	
TOOL TO	FUNE	within	TANT	

				91	36321
1 - STATE OF MAR	YLAND / DEPARTING	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)			2. OATE OF DEATH		3. TIME OF DEATN
Howard E. Paris, Sr.				WY YEAR	
	GE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	12-29 -	1991	ITNPLACE (State or Foreign
226-03-7712 1-xx 2 - F	MO	HTHS DAYS HOURS MIN.	(Month, Day, Year)	Cou	intry)
9a. FACILITY NAME (If not institution, give street and number)	8/		12-20-1	904 V	'irginia
		D. CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY OF	DEATH
2611 Hillor	est Ave.	Baltimore		Ba 1	tuimore
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	1	OWN OR LOCATION			
					10d. INSIDE CITY LIMITS?
Daibimole		Baltimore			1 YES 2 NO
10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
2611 Hillcrest Ave.		21234		11 0	
11. MARITAL STATUS 12. WAS DECEDENT EVI	ER IN U.S. ARMED	13. WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify Yes		ICE — American Indian, eck, White, etc.
1 Never Married 2 Married FORCES? 1 1 If YES, GIVE WAR O	R DATES	If yee, specify Cuban, Maxic  1 YES 2 NO Speci	an, Puarto Rican, etc.)	Ble	
3 XWIdowed 4 Divorced		, and a grade	7.	Sp	White
15. OECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working tired.)			
12th	Superv	1 5 5 7			
17. FATNER'S NAME (First, Middle, Last)	Dupelv		AME (First, Middle, Maiden	rete C	0.
William A. Paris					
19a. INFORMANT'S NAME (Type/Print)		Berth	a Watkin	s Chen	ault
1	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
Mr. Howard E. Paris.Jr.	6 West	Woods Rd. N	lew Freed	om Pa.	17349
1 1 X Buriat 2 U Cremation 3 U Ramoval from State	20b. PLACE AND DATE OF D cemetery, crematory or other	ISPOSITION (Name of		CATION — City or	
.00	Parkwood (		l Ba	lto. N	(A
21. SIGNATURE OF FUNERAL SERVICE LICENSEI		22. NAME AND ADDRESS OF FA	CILITY		
body D. Wiskin	2014	Hartley Mi	ller Fund	eral Ho	ome
		1 7527 Uarea	rd Dd D.	. 1.1.	Md. 21234
23. PART i. Enter the diseasea, or complications that cau shock, or haert failure. List only one cause o	n each line.	enter the moda of dying, aud	h as cerdiec or respi	ratory arrest,	Approximata
		( . 1 .	0. 1/2		Intarval Between Onset and Death
disease or condition resulting in death)	dden	Cordina	det 7		1.001.27
DUE TO (OR A	S & CONSEQUENCE OF:				Marcello (
<b>.</b> (0	rank /	2 tery di	104 10	£	la lac:
Sequentlelly list conditione, if any, leading to immediate	S A CONSEQUENCE OF):	avy ai	3CO 24	0	7/
cause. Enter UNDERLYING	,	,			
CAUSE (Disease or injury that initiated events DUE TO (OR A	AS A CONSEQUENCE OF):				
resulting in death) LAST					
d					
PART ii. Other eignificant conditions contributing to deet	h but not resulting in th	ne underlying cause given in	Part I. 24s. WAS AN	AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS
			PERFOR	MEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
			1 YES 2	NO	OF DEATH?
					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINERT HOSPITAL:	100	26. PLACE OF OEATN (Ch	eck only one)		
1 Yes 2 340 1 Inpatient 2 2 ERC		HER: Nursing Nome 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH  28s. OATE OF INJUI (Month, Day, Yes	28b. TIME OF	28c. INJURY AT WORK?	26d. DESCRIBE HOW II	JURY OCCUREO	
1 Natural 5 Pending 2 Accident Investigation	4-17	M 1 YES 2 NO			
3 Suicide 28a. PLACE OF INJU	JRY — At home, farm, street	t, factory, offica	28f. LOCATION (Street a	nd Number or Rural	Route Number
4 Homicide detarmined building, etc. (S	рреспу)		City or Town, State)		
29s. CERTIFIER	ment selection				
(Check only one)	lowledge, death occurred at	the time, data and pleca, and dua	to the cause(s) and man	ner as stated.	
2 MEDICAL EXAMINER: On the basis of examine	ition end/or investigation, in	my opinion, death occured at the	time, data and place, and	due to the cause	(a) and mannar as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	IBER	29d. DATE SIGNE	O (Month, Day, Year)
- Jen	ms	17723	7 427	NI2/3	0/0/
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print	)	V J	1	611
Joseph Adams MD 7401	A 1	le Towson.	Md 213	104	
1101	OSICI WIII	- 1000011.	1110 010	VI	

21204



	Page
	death.
3	after
	onus
	24 1
5	within
-	executed
	2
5	certificate
5	death
1	the
5	that
	requires
ı	aw.
	The
5	PHYSICIAN:
DIVISION OF ALICE MECONDO, 1:0: BOX 501 00,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
5	9
	TAI

	1. DECEDENT'S NAME (First, Middle, La	st)						2. DATE OF		MY	YEAR	3. TIME OF OE												
		Elizabet	th Panusl	ca				12			91	07 4												
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	MONTHS	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, I	Day, Year)	7.0	S. BIRT Coun	NPLACE (State or try)												
	213-50-3126	1 🗆 M 2 🔀 F	92 Y	RS.				10 - 1	6-1	899	Ma	ryland												
	9a. FACILITY NAME (If not institution, gi					R LOCATIO		ITN		9c. COU	INTY OF	DEATN												
стоя	Good Samarit		ital	Ba	lti	more	е																	
EG	RESIDENCE OF DECEDENT  10a. STATE  10b. COU		100	c. CITY, TOWN C	OR LOCAT	ION						10d. INSIDE CI												
DIRE	Md. Ba	altimore		D- 1								LIMITS?												
AL I	10e. STREET AND NUMBER	TUIMOLE		Ball		ZIP CODE	=			10g. CIT	IZEN OF	WHAT COUNTRY												
ER/	9754 Matzon	Pd				2123	20			1 11	S	3												
FUNER	11. MARITAL STATUS	12. WAS OECEDEN	IT EVER IN U.S. ARMED			ENDENT O	F NISPAN	C ORIGIN?		_	14. RAC	CE — American In												
	1 Never Married 2 Married	IF YES, GIVE V	YES 2 NO			ecify Cubar 2 NO		, Puerto Ric	ean, etc.)		Spe	city:												
D BY	3-Widowed 4 Divorced					21.						Whit												
TEC	15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)	16a. DECEDE (Give kir	ENT'S USUAL OF and of work done ( NOT use retired.)	CCUPATIO during mo	ON ast of working	g	16b. K	IND OF BU	ISINESS/IN	DUSTRY													
3	Elementary/Secondary (0-12)	College (1-4 or 5	+)						** -															
COMPLETE	8th 17. FATHER'S NAME (First, Middle, Last)		HOI	nemake	er	40 11073	temin at a s		Home															
_	George Laute							ME (First, Mic																
BE	19a. INFORMANT'S NAME (Type/Print)	LDacii	I toh Ma	ILING ADDRESS	S (Street -			beth			in Code													
2	The state of the s	7.7																						
- 3	Mrs. Carolyn	wagner	20b. PLACE ANO	4 Mat			Ito.	OATE		CATION -		Town, State												
	1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State	of cemetary, cren	natory or other p	place)			JAIE																
	21. SIGNATURE OF FUNERAL SERVICE		Parkwo	od Ce	MAME AN	ND ADDRES	SS OF FAC	HLITY		Balt	0.,	Ma.												
		// .		LI	1art	107	M 1 1	1	Fune	2021	IIO	***												
	23. PART I. Enter the disease, shock, or heart failu ilmEplate CAUSE (Finel disease or condition	re. Liat only one cau	ot coused the death. use on each line.	Do not enter	527	Har	for	d Rd	. Ba	alto		Approxi interval Onset a												
	shock, or heart failu	or complications the	et ceused the death.	Do not enter	527	Har	for	d Rd	. Ba	alto		Md 21 Approxi												
NOI	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Pn	et ceused the death.	DD not enter	527	Har	for	d Rd	. Ba	alto		Approxi interval Onset a												
SATION	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	a. Pn	et ceused the death. use on each line. Peumonic o (or as a consequen	DD not enter	527	Har	for	d Rd	. Ba	alto		Approxi interval Onset a												
IFICATION	shock, or heart failured immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PA oue TO b. DUE TO	et ceused the death. use on each line.  © UMONICO O(OR AS A CONSEQUEN O(OR AS A CONSEQUEN O(OR AS A CONSEQUEN	DD not enter  CE OF):	527 r the mo	Har ode of dyl	cfor	d Rd	. Ba	alto		Approxi interval Onset a												
ERTIFICATION	shock, or heart failured immediate cause. Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	a. PA oue TO b. DUE TO	et ceused the death.  use on each line.  O (OR AS A CONSEQUEN  O (OR AS A CONSEQUEN	DD not enter  CE OF):	527 r the mo	Har ode of dyl	cfor	d Rd	. Ba	alto		Approxi interval Onset a												
CERTIFICATION	shock, or heart failured immediate cause. Enter Understand immediate cause. Enter Understand in the initiated events resulting in death)	a. PN oue TO b. DUE TO c. DUE TO	O (OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT	Do not enter	A	Har ode of dyl	ent	d Rd	Be or resp	alto,	rrest,	Md 2.1 Approximately interval Onset a												
	shock, or heart failured immediate cause or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. PN oue TO b. DUE TO c. DUE TO	O (OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT OF OR AS A CONSEQUENT	Do not enter	A	Har ode of dyl	ent	d Rd	Be Dr resp	N AUTOPSY	rrest,	Approxi interval Onset a interval Onset a interval Onset a interval Onset a interval Onset a interval Onset a interval Onset a interval Onset a interval Onset a interval Onset a interval Onset a interval Onset a interval												
EDICAL	shock, or heart failured immediate cause. CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supplied to the cause of the cause of the cause of the cause.	a. DUE TO d. Cettione contributing to	O (OR AS A CONSEQUENT OF AS A CO	Do not enter  CE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):	A conderlying	Har ode of dyl	ent	d Rd	B or resp	N AUTOPSY	rrest,	Approximaterval Onset a Onset a  Mb. WERE AUTOPS: AMAILABLE PRINC COMPLETION D OF DEATH?												
MEDICAL	shock, or heart failured immediate cause. CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supplied to the cause of the cause of the cause of the cause.	a. PN oue TO b. DUE TO c. DUE TO	O (OR AS A CONSEQUENT OF AS A CO	Do not enter	A conderlying	Har ode of dyl	ent	d Rd	Be Dr resp	N AUTOPSY	rrest,	Approximaterval Onset a Onset												
MEDICAL	shock, or heart failured immediate cause. CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supplied to the cause of the cause of the cause of the cause.	a. Phouse To be Due to d. Ce tione contributing to	O (OR AS A CONSEQUENT OF AS A CO	Do not enter  CE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):	A conderlying	Har ode of dyl	ent	d Rd	Red Dr resp Red Dr resp Reda. WAS All PERFO	N AUTOPSY	rrest,	Approximaterval Onset a Onset a  Mb. WERE AUTOPS: AMAILABLE PRINC COMPLETION D OF DEATH?												
MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant conditions of the cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause	a. DUE TO  c. DUE TO  d. Ce  those contributing to  HOSPITAL:	O (OR AS A CONSEQUENT OF CONSE	DD not enter  CE OF):  CE OF):  CE OF):  CUL (AY)  Itting in the unity of the unity	A Conderlying	Har ode of dyl	ent ent	d Rd as cardid	24a. WAS ALPERFO	N AUTOPSY	rrest,	Approximaterval Onset a Onset a  Mb. WERE AUTOPS: AMAILABLE PRINC COMPLETION D OF DEATH?												
MEDICAL	shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions Anaamia Casho	a. DUE TO b. DUE TO c. DUE TO d. Ce tione contributing to the China Contributing to the China Contributing to 28a. DATE Of	TER/Outpatient 3 G	Do not enter  CE OF):  CE OF):  CE OF):  COLOR OF  COLOR	A Conderlying	Har de of dyl	ent ent	d Rd n as cardid	24a. WAS ALPERFO	N AUTOPSY	rrest,	Approximaterval Onset a Onset a  Mb. WERE AUTOPS: AMAILABLE PRINC COMPLETION D OF DEATH?												
PHYSICIAN: MEDICAL	shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condi  Cas ho	a. DUE TO b. DUE TO c. DUE TO d. Ce tione contributing to 1 Number	of coused the death.  Les on each line.  COMMONICO  OF AS A CONSCOUEN  OF OR AS A CONSCO	DD not enter  CE OF):  CE OF):  CE OF):  CAL (A V  Itting in the us	A Conderlying  28. PI  28. INJ  28. INJ	Har ode of dyl	ent given in	d Rd n as cardid	24a. WAS ALPERFO	N AUTOPSYPHMED?	rrest,	Approximaterval Onset a Onset a  Mb. WERE AUTOPS: AMAILABLE PRINC COMPLETION D OF DEATH?												
BY PHYSICIAN: MEDICAL	shock, or heart failured immediate cause or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of the ca	a. DUE TO  b. DUE TO  c. DUE TO  d. Ce  tione contributing to  HOSPITAL: 1 Napetiant 2  26a. DATE Of  (Month, I	O (OR AS A CONSEQUENT OF INJURY Day, Year)  Pet ceused the death.  O (OR AS A CONSEQUENT OF INJURY At home,	DD not enter  CE OF):  CE OF):  CE OF):  COLOR OF  CHARLES OF  COLOR OF  CHARLES OF  COLOR OF  CHARLES	A Conderlying  28. PI  R: raing Horr  28. INJ  28. INJ	Har de of dyl	ent given in	Part I. :	24a. WAS Al PERFO	N AUTOPSY RMED? 2 NO INJURY OC	rrest,	Approximaterval Onset a Onset a  Mb. WERE AUTOPS: AMAILABLE PRINC COMPLETION D OF DEATH?												
ED BY PHYSICIAN: MEDICAL	shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condi  Cas ho	a. DUE TO  b. DUE TO  c. DUE TO  d. Ce  tione contributing to  the Contribution to the	of coused the death.  IS COMMONICATION  OF AS A CONSCOURT  OF AS A CON	DD not enter  CE OF):  CE OF):  CE OF):  COLOR OF  CHARLES OF  COLOR OF  CHARLES OF  COLOR OF  CHARLES	A Conderlying  28. PI  R: raing Horr  28. INJ  28. INJ	Har de of dyl	ent given in	Part I. :	R44. WAS AN PERFO	N AUTOPSY RMED? 2 NO INJURY OC	rrest,	Approximaterval Onset a Onset												
ED BY PHYSICIAN: MEDICAL	shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condi Anachica  25. WAS CASE REFERRED TO MEDICA EXAMINER? 1   YES 2   NO  27. MANNER OF DEATN  1   Netural   5   Pending Investigati 3   Suicide   6   Could not determine  298. CERTIFIER     CERTIFUNG P	a. DUE TO  a. DUE TO  b. DUE TO  c. DUE TO  d. Ce  tione contributing to  HOSPITAL: 1 Yepstlant 2  26a. DATE Of (Month, I)  be be be building	of coused the death.  See on each line.  O (OR AS A CONSEQUENT)  O (OR AS A CO	DD not enter  CE OF):  CE OF):  CE OF):  CE OF):  COL Q V  Iting in the us  OTHE:  Number of INJURY M  farm, street, fac	The mo	Har de of dyl	ent  ent  ent  ent  ent  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  no  ent  ent	d Rd as cardia as cardia as cardia as cardia as cardia as cardia as cardia as cardia as cardia as cardia as cardia as cardia as cardia as cardia	24a. WAS AL PERFO	N AUTOPSY PRMED? 2 NO INJURY OC	CCUREO Or Rura	Approximaterval Onset a Onset												
ED BY PHYSICIAN: MEDICAL	shock, or heart failu  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condi  Anachicat  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigat 3 Suicide 6 Could not determine  29a. CERTIFIER (Check only)  1 CERTIFYING P	a. DUE TO  b. DUE TO  c. DUE TO  d. Ce  tione contributing to  the Contribution to the	of coused the death.  See on each line.  O (OR AS A CONSCOUENT  O (O	DD not enter  CE OF):  CE OF):  CE OF):  CE OF):  COL Q V  CHIEF OF INJURY M  farm, street, fac	The mo	Har de of dyl	enternation of the second of t	Part I. :	24a. WAS AI PERFO	N AUTOPSY PRMED? 2 NO INJURY OC	CCUREO or or Rura	Approximaterval Onset a Onset												
COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart failu iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condi  Anachic  EXAMINER?  1	a. DUE TO b. DUE TO c. DUE TO d. Ce tione contributing to 1 Mineral 2 28a. PLACE (Month, I be did not be building to MINER: On the best of a	of coused the death.  See on each line.  O (OR AS A CONSCOUEN  O (	DD not enter  CE OF):  CE OF):  CE OF):  CE OF):  COL Q V  CHIEF OF INJURY M  farm, street, fac	The mo	Har de of dyl	enternation of the second of t	Part I. :	24a. WAS AI PERFO	N AUTOPSY RMEO? 2 NO INJURY OC	CCUREO or or Rura	Approximaterval Approximaterval Onset a  Onset a  Approximaterval Onset a  I approximate a proximate PHYSICIAN: MEDICAL	shock, or heart failu  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit  Anachig  25. WAS CASE REFERREO TO MEDICA EXAMINER?  1 YES 2 AO  27. MANNER OF DEATN  1   Vest 2   Vest 2   Accidant 3   Suicide 4   Homicide   6   Could not determine  29a. CERTIFIER (Check only 0   2   MEDICAL EXA	a. DUE TO b. DUE TO c. DUE TO d. Ce tione contributing to 1 Mineral 2 28a. PLACE (Month, I be did not be building to MINER: On the best of a	TER/Outpatient 3 DEFINJURY At home, atc. (Specify)	Do not enter  CE OF):  CE OF):  CE OF):  COLOR OF  INTERIOR M  Farm, street, fac	The mo	Har de of dyl	enternation of the second of t	Part I. :	24a. WAS AI PERFO	N AUTOPSY RMEO? 2 NO INJURY OC	CCUREO or or Rura	Approximaterval Onset a Onset
E COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart failu iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condi  Anachic  EXAMINER?  1	a. DUE TO b. DUE TO c. DUE TO d. Ce tione contributing to l. HOSPITAL: 1 Superlant 2 26a. DATE Of (Month, I) be do do do do do do do do do do do do do	DEFINJURY— At home, etc. (Specify)  Tel Control of the control of	DD not enter  CE OF):  CE OF):  CE OF):  CLE O	The mo	Har de of dyl	enternation of the second of t	Part I. :	R4a. WAS AN PERFO	N AUTOPSY PRIMED?  2 NO  INJURY OC  anner as stand dua to i	CCUREO or or Rura	Approximaterval Approximaterval Onset a  Onset a  Approximaterval Onset a  I approximate a proximate image>data:image/s3,anthropic-data-us-east-2/u/marker_images/0100/0111/1011/01001000/sfishman-markermapper-0228022953/c9e42e1f1ff8cd5bea66fe94a95ac0a9.jpeg</antml:image>												

DALIMORE, MARILAND	burs after death. Page 6 may be retained by	led in by the funeral director, page 5 should be , or removal.	medical examiner must be notified at
DIVISION OF VITAL RECORDS, F.O. DON 19149,	TO WE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the continued on the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

I. DECEDENT > AME (FIRS	st, Middle, Last)							2. DA	REG. NO.	-		3. TIME OF DEATH
August dans on		Sylvia	+ PA	STER	(SYL	VIA	PASTE		NTH DA		YEAR	10.45 4
4. SOCIAL SECURITY NUM	MBER	5. SEX	6. AGE (In yrs.	. lest birthday)	IF UNDER 1 YEA	-	DER 24 HRS.	7. DAT	TE OF BIRTH onth, Day, Year)		6. BIRTI	HPLACE (State or Foreign
214-01-74	40	1 - M 2 -	72	YRS.	MONTHS DAY	rs HOUR	S MIN.		-25-1	9		EW JERSEY
9a. FACILITY NAME (# not	institution, give s	treet and number)			9b. CITY, TOV	VN OR LOC	ATION OF D	EATH		9c. COL	JNTY OF E	
		S HOSPITA	AL .			TOW	SON			В	ALTI	MORE
RESIDENCE OF DE 10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION		-				10d. INSIDE CITY
MARYLAND	B	ALTIMORE			BZ.	LTIM	ORE					LIMITS?
10e. STREET AND NUMBER						10f. ZIP C				10g. CIT	TIZEN OF	WHAT COUNTRY?
4559 BE	NNERTO	N DR.					21236				I I	SA
11. MARITAL STATUS		12. WAS DECEDEN				DECENDEN	T OF HISPAI	NIC ORI	GIN? (Specify Yes	or No-	14. RAC	E — American Indian,
1 Never Married 2		FORCES? 1		XNO			uban, Maxica NO Specif		to Rican, etc.)		Spec	ck, White, atc.
3 Widowed 4 Div	vorced											WHITE
15. DE (Specify or	CEDENT'S EDU	CATION completed)	16a.	(Give kind of	Work done during		orking	1	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 6	+)	illa. Do NOT u				٦.				
12 17, FATHER'S NAME (First,	Adjusted to a notification			SEC	RETARY	1					OVIN	G GROUNDS
		73.000				16. M	OTHER'S NA		st, Middle, Maiden			
MORR 19a. INFORMANT'S NAME		JAFFE		195 MAILING	ADDRESS (Str	not and Nun	abor or Rural		ENNIE umber, City or Town		LOVI'	I'Z
		100										
MRS. EILEE			005 014		SITION (Name o			SIL	VER SPR			20906 own, State
21, SIGNATURE OF FUNER	IAL SERVICE LI	CONSES.	- VVC	RRUEN	CIRCLE 22. NAM		RESS OF FA	27-9			1.17	BROS . TI
23 PART I Enter the ehock, or	diseeses, or heart failure.	tillia	et coused the	deeth. Do	22. NAM 601	O RE	ISTER	ACILITY STOV	SOL LEV	VINSO BAL	ON &	BROS., IN MD 21215
23 PART I Enter the ehock, or IMMEDIATE CAUSE (F disease or condition	diseeses, or heart failure.	telleas	et coused the use on each	deeth. Do	601 not enter the	O RE	ISTER	ACILITY STOV	SOL LEV	VINSO BAL	ON &	BROS., IN MD 21215
23 PART I Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to Imm ceuse. Enter UNDERLIC CAUSE (Disease or in that initiated events	diseases, or heart failure.	complications the List only one cet	et coused the use on each	o deeth. Do line.  O Secure of the secure of	22. NAM 601 not enter the	O RE	ISTER	ACILITY STOV	SOL LEV	VINSO BAL	ON &	BROS., IN MD 21215
23 PART I Enter the ehock, or iMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm couse. Enter UNDERL CAUSE (Disease or in that initieted events resulting in deeth) LA	diseases, or heart failure. inel	complications the List only one case.  a. Due to b. Oue to case of the case of	torial torial torial torial torial torial torial torial torial torial torial torial torial torial torial torial torial torial	o deeth. Do line.  O Secure of the secure of	22. NAM 601 not enter the Suff P: On Fil XI C 1 Fe	O RE:	ISTER:	STOV ch se co	SOL LEV	BAL'	ON & TO.,	BROS., IN MD 21215  Approximate interval Betw Onset end D  b. WERE AUTOPSY FIND AMAILABLE PRIOR TO
23 PART I Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm couse. Enter UNDERL' CAUSE (Disease or in that initieted events resulting in deeth) LA  PART II. Other significations of the course	diseases, or heart failure. inel  ditions, rediete ying lury lury lury lury lury lury lury lury	complications the List only one case.  a. Due to b. Oue to case of the case of	et coused the use Dn each tori al poor as a con up of tori as a co	o deeth. Do line.  O Secure of the secure of	22. NAM 601 not enter the Suff Pi: Vi): XI (1 te	O RE:	ISTER:	STOV ch se o	SOL LETWN RD., serdiec or respi	BAL'	ON & TO.,	BROS., IN MD 21215  Approximate Interval Betwoen Conset and Do Conset an
23 PART I Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm couse. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the course	diseases, or heart failure. inel  ditions, rediete ying lury lury lury lury lury lury lury lury	complications the List Dnly one cet a. Due to b. Due to d. Die to	of coused the use pn each of the property of t	o deeth. Do line.  O Secure Co Secur	22. NAM 601 not enter the Sufficient Suffici	O RE. mode of Current Strain Current	ISTER: dying, suc  se given in	STOV ch se co	SOL LETWN RD., serdiec or respi	AUTOPSY	ON & TO., rrest,	BROS., IN MD 21215  Approximate Interval Betw Onset end Do Onset end D
23 PART I Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm couse. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in deeth) LA  PART II. Other signification of the course o	diseases, or heart failure. intel  ittions, rediete ying jury ust  cent condition  To MEDICAL	a. Due to b. Due to d. Dic to the contributing to the population of the population o	of coused the use pn each of the property of t	o deeth. Do line.  O A September of the september of the	22. NAM 601 not enter the Sufficient of the under the un	And Ade	DRESS OF FAR ISTER: dying, such se given in F DEATH (C) Residence	STOV ch se co	SOL LETWN RD., serdiec or respi	AUTOPSY	ON & TO., rrest,	BROS., IN MD 21215  Approximate Interval Betw Onset end Do Onset end D
23 PART I Enter the ehock, or immediate Cause (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm ceuse. Enter UNDERLE CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific Sequence of the condition of	diseases, or heart failure.  inel  litions, ediete ying jury ust  cent condition  To MEDICAL	a. DUE TO b. DUE TO d. DISTANCE 1 S-Mpstient 2 28e. PLACE C	et coused the use Dn each tori al population of the population of	o deeth. Do line.  O Secure of the secure of	22. NAM 601 not enter the Sufficient of the under the un	And Ade	DRESS OF FAR ISTER: dying, such se given in F DEATH (C) Residence	STOV ch se co	SOL LETWN RD., serdiec or respi	AUTOPSY RMED?	ON & TO., rrest,	BROS., IN MD 21215  Approximate Interval Betwoen the Conset and Down the Conset and Do
23 PART I Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or in that initieted events resulting in deeth) LA  PART II, Other signification of the condition of the	diseases, or heart failure.  Intions, rediste ying jury list or medical.  To MEDICAL  Pending investigation determined	Complications the List Dnly one cet a. Due to b. Due to b. Due to d. Dictor of the Contributing to the Contributing to the Contribution of the Con	et coused the use Driesch and	o deeth. Do line.  O Secure Consecuence of the cons	22. NAM 601 not enter the Sufficient of the service	E AND ADE O RE: mode of CUA Significant O RE: mode of Cua Significant O Re: mode of Cua Signific	SPESS OF FA	STOV ch se co	SOL LETWIN RD., Perdiec or respiration of respirati	AUTOPSY RMED? TO NO  NURY OF	ON & TO . , rrest,	BROS., IN MD 21215  Approximate interval Betw Onset end Do  NAMILABLE PRIOR TO COMPLETION OF CAMO OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leeding to imm ceuse. Enter UNDERL: CAUSE (Disease or in that initiated events resulting in deeth) LA  PART II. Other signific  Se ULTE  25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only) 1 CE	diseases, or heart failure.  inel  ittions, edilete tyling jury  sst  To MEDICAL  Pending investigation  Could not be determined  RTIFVING PHYS  EDICAL EXAMIN	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO	et coused the use Driesch and	o deeth. Do line.  O Secure Consecuence of the cons	22. NAM 601 not enter the Sufficient of the under the under the under the the under the the under the the under the	E AND ADE O RE: mode of CUA Significant of the control of the cont	SPESS OF FA	STOV ch se co	SOL LETWIN RD., Perdiec or respiration of respirati	AUTOPSYSMED?	ON & TO . , rrest,	BROS., IN MD 21215  Approximate Interval Betw Onset end Do Onset end D

32, REGISTRAR'S SIGNATURE

JAN UZ 1992

TO THE CENTUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO IN ENLINEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the he filed within 72 hours after death with the State Deat of Meant and Meant Hardison prior to hursal commission or removed.	
al or at	for use	
hospit	ached	
by the	be de	1
tained	Should	beldla.
y be re	age 5	A and
6 та	ector, p	901100
i. Page	ral dire	inee
r death	he fune	ai.
irs afte	n by th	dies
24 not	filled	
within	pletely	to dear
ecuted	TO COTT	tie at
pe ex	cian ar	- mora
rtificate	Syld g	ther t
ath cer	Ittendin	0 00
the de	y the a	Inform
es that	gned b	VAR S
requir	of Ma	chow
he law	e has t	E 23
CIAN: 1	he Stal	or its
PHYSI	this ce	rked
DNION	: After	le ma
ATTE	RECTOR re after	n 28
N 08	P Por	If Her
1	Within	TANT
O SEE	Pilled a	INDERTAINT If them 28 is marked or them 23 shows any injury or other fragments the medical average must be marked at
pro.	pi Z	=

	1 - FOR STATE REGISTRAR	SIAIE OF MAI	CERT	ARTMENT OF	HEALTH AND	MENTAL HYGIENI REG. NO.	E 91	36321	
	1. DECEDENT'S NAME (First, Middle, Las	et)				2. DATE OF DEATN		3. TIME OF DEATN	
	JOHN	Τ.		ROBINETTE		12 29 1991		4:26 ам	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthd			7. DATE OF BIFTH	8. B	IRTHPLACE (State or Foreign	
_	212-56-6504	1 🕱 M 2 🗌 F	41 YR	S. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-2-50		ountry) Mid.	
	9a. FACILITY NAME (If not institution, give	e street and number)	number)		OR LOCATION OF O				
OR	407 EASTLYNNE AVENUE			BALTIMORE City N/A					
딥	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY								
DIRECTOR	Md. N/A		100.	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
اِد	10e. STREET AND NUMBER			Baltimor		1- YES 2 NO			
BY FUNERAL	407 East Lynne Avenue - Baltimore			1.0	IOI. ZIP CODE		OF WHAT COUNTRY?		
S							U • S • A •		
F	1 Never Married 2 Married FORCES? 1 YES 2			If yea,	rn, Puerto Rican, etc.) Bio		IACE — American Indian, Black, White, atc.		
	3 Widowed 4 Divorced	C 70 C0		1-15-73 1 YES 2 NO Specify.			y: Specify N/A WY		
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	DUCATION ide completed)	18a. DECEDEN	IT'S USUAL OCCUPA	TION	16b. KIND OF BUS	INESS/INDUSTR		
E	Elamentary/Secondary (0-12)	College (1-4 or 5+)		of work done during in					
₩	N/A	N/A	Fork I	Lift Oper	ator	B. Gre	en & Co	0.	
ပ္ပ	17. FATHER'S NAME (First, Middle, Last)	7				ME (First, Middle, Maiden S	Surname)		
BE	George L. R	obinette			Jean				
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Stree	and Number or Rural I	Route Number, City or Town	, State, Zip Code	)	
	Mrs. Marian Robi	nette	1 Ho	olland Ct	Reist	erstown, M	d. 2113	36	
	20a. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re	moval from State	20b. PLACE AND DA	TE OF DISPOSITION (	Vame of	DATE 20c. LOC	ATION — City o	r Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LIGENOSE	arrison	Forest V	ets.Cem	1-3-92 Owi	ngs Mi.	lls, Md.	
				22. NAME.	AND ADDRESS OF FA	ick Avenue			
	G. Truman			Ba	ltimore,	Md. 21229			
	23. PART i. Enter the diseases, Di shock, Dr heart feilure	r complications that care. List only one cause of	used the deeth. D	o not enter the m	ode of dying, suci	h as cerdiec or respir	atory errest,	Approximete	
		e. Flat Dilly Dile cedse D	m eech line.						
- 1	IMMEDIATE CAUSE (Finel	/	1			-		Interval Between Onset and Death	
	disease or condition resulting in deeth)	· Clu	Shot	Jan-	166	1800			
	diseese or condition	a. CLUDUE TO (OR	S Last AS A CONSEQUENCE	E OF):	1/26	REOD			
NO	disease or condition resulting in deeth)	b			18	read			
ATION	disease or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate	b	AS A CONSEQUENCE		8	read			
FICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR .	AS A CONSEQUENCE	E OF):	81	REOD			
TIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING	bDUE TO (OR .		E OF):	81	NEOD			
CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	b	AS A CONSEQUENCE	E OF):	81	NEOD			
AL CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	AS A CONSEQUENCE	E OF):	ng ceuee given in	Pert I. 24e. WAS AN A		Onset and Death	
CAL	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	b	AS A CONSEQUENCE	E OF):	ng ceuee given in	PERFORM	ED?	Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
CAL	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	b	AS A CONSEQUENCE	E OF):	ng ceuee given in	Pert i. 24e. WAS AN A PERFORM	ED?	Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
CAL	diseese or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions	b	AS A CONSEQUENCE	E OF):	ng ceuee given in	PERFORM	ED?	Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
CAL	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE	E OF):  E OF):  Ing in the underlyie	ng ceuee given in	PERFORM 1 DES 2	ED?	Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
CAL	disease or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions are supported by the conditions of the conditions are supported by the conditions	b	AS A CONSEQUENCE	E OF):  E OF):  Ing in the underlying in the und		PERFORM 1 ES 2 (	ED?	Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
CAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions and the coust of the conditions of	DUE TO (OR A  DUE TO (OR A  d.  Ons contributing to deal  HOSPITAL: 1   inpatient 2   ERA	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resultir  Outpatient 3 □ DOA	E OF):  E OF):  26. I  OTHER: A 4   Nursing Ho  TIME OF   28c. IM	PLACE OF DEATH (Che	PERFORM 1 ES 2 (	MED?	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 STEE 2 NO	
PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions are sufficient conditions.	DUE TO (OR  DUE TO (OR  d.  Ons contributing to deal  HOSPITAL: 1   inpatient 2   ER/  28e. DATE OF INJU (Month, Dey, Ye	AS A CONSEQUENCE th but not resultir  Outpatient 3 □ DOA	28. I  OTHER: A 4 Nursing Ho  TIME OF 28c. IN	PLACE OF DEATH (Che	PERFORM  1 Seck only one)  8 Other (Specify)	JURY OCCURED	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 CYES 2 NO	
BY PHYSICIAN: MEDICAL	diseese Dr CDndition resulting in deeth)  Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR  DUE TO (OR  d.  DUE TO (OR  d.  HOSPITAL: 1   inpatient 2   ER/  28e. DATE OF INJU (Month, Dey, 1/e) 1   2   2   2   2   2   2   6   1   4   4   1   1    28e. DATE OF INJU (Month, Dey, 1/e) 28e. DATE OF INJU (Month, Dey	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resultir  Outpatient 3 □ DOA  RY 28b.1 19914:	E OF):  E OF):  26. I  OTHER: 4   Muraing Ho  INJURY 28. II  VALUE OF 28. II  VALUE OF 28. III  NUMBER OF 28. III  VALUE	PLACE OF DEATH (Che	PERFORM  1 DES 2 (  sck only one)  8 Other (Specify)  20d. DESCRIBE NOW IN.  SUBJECT	JURY OCCURED	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 CYES 2 NO	
BY PHYSICIAN: MEDICAL	diseese or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions are successful to the conditions of the conditions are successful to the conditions of the conditions are successful to the conditions of the conditions o	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  DUE TO	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resultir  Outpatient 3 □ DOA  RY  er)  1991 4:	E OF):  E OF):  26. I  A OTHER: A OTHER: A OTHER: A Nursing Ho TINUORY  1 O O Am 1	PLACE OF DEATH (Che	PERFORM  1 DES 2 (  sck only one)  8 Other (Specify)  28d. DESCRIBE NOW IN.	JURY OCCURED  SHOT	Onset and Death  24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Cyes 2 NO	
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions are suiting in deeth) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation investigation deet mined  29. CERTIFIER (Check only 1 CERTIFYING PNY)  29. CERTIFIER CERTIFYING PNY	DUE TO (OR  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  DU	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resultir  Outpatient 3 □ DOA  RY  arr  1 9 9 1 4:  URY — At home, farr  Specify)  A T	28. In the underlying in the u	PLACE OF DEATH (Che me 5X) Residence JUNE 10 PRIVAT ORKY YES 2 V NO ce	PERFORM  1 DES 2  SICK only one)  8 Other (Specify)  28d. DESCRIBE NOW IN.  SUBJECT  28f. LOCATION (Street and City or Town, State)  BALTIMOR	JURY OCCURED  SHOT  Winnber of Parts  RE, MA	Onset and Death  24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Cyes 2 NO	
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions and the country of the	DUE TO (OR  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  DUE TO (OR  d.  DUE TO (OR  1	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resultir  Outpatient 3 □ DOA  RY er; 1991 4:  URY — At home, fart Specify)  A T  nowledge, death occurrence	26. In Injury 200 2 m, street, factory, off HOME	PLACE OF DEATH (Che	PERFORM  1 DES 2 (  SCK only one)  8 Other (Specify)  28d. DESCRIBE NOW IN.  SUBJECT  28f. LOCATION (Street and City or Town, Stable) ( BALTIMOR	JURY OCCURED  SHOT  Whimber of Plumber of Plumber of Plumber of Plumber of Plumber of Plumber of Plumber of Plumber of Plumber of Stated.	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions and the country of the	DUE TO (OR A  c. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  LONG T	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resultir  Outpatient 3 □ DOA  RY er; 1991 4:  URY — At home, fart Specify)  A T  nowledge, death occurrence	26. In Injury 200 2 m, street, factory, off HOME	PLACE OF DEATH (Che me 5 X Residence JURY AT ORKY YES 2 NO ce e end plece, end due death occured at the	PERFORM  1 DES 2    B Cother (Specify)  28d. DESCRIBE NOW IN.  SUBJECT  28f. LOCATION (Street and City or Town, State) C  BALTIMOF  to the cause(a) and mann time, data and place, and	JURY OCCURED  SHOT  Winnber of Thumber of Thumber of Thumber of Thumber of Thumber of Thumber of Thumber of Thumber of the cause	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  TIVINE AVENUAL RYLAND  se(a) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions and interest in the country of the co	DUE TO (OR A  c. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  d. DUE TO (OR A  LONG T	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resultir  Outpatient 3 □ DOA  RY er; 1991 4:  URY — At home, fart Specify)  A T  nowledge, death occurrence	26. In Injury 200 2 m, street, factory, off HOME	PLACE OF DEATH (Che me 5X) Residence JURY AT ORKY YES 2 NO ce e end place, end due death occured at the	PERFORM  1 DES 2 (  28 Other (Specify)  28d. DESCRIBE NOW IN.  SUBJECT  28f. LOCATION (Street and City or Town, State)  BALTIMOF  to the cause(s) and mannellime, deta and place, and	JURY OCCURED  SHOT  Whimber of Paul  E A S  RE, MA  er ee stated.  due to the caus	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO  PLEOUS AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions and interest in the country of the co	DUE TO (OR  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  DUE TO (OR  EN  DUE TO (OR  DUE TO	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resultir  Outpatient 3 □ DOA  RY 28b. 1  1991 4:  Uffy — At home, farr  Specify) A T  nowledge, death occuration and/or investigation	26. In Indian In	PLACE OF DEATH (Che me 5 X Residence JURY AT ORKY YES 2 NO ce e end plece, end due death occured at the	PERFORM  1 DES 2 (  28 Other (Specify)  28d. DESCRIBE NOW IN.  SUBJECT  28f. LOCATION (Street and City or Town, State)  BALTIMOF  to the cause(s) and mannellime, deta and place, and	JURY OCCURED  SHOT  Whimber of Paul  E A S  RE, MA  er ee stated.  due to the caus	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  TIVINE AVENUAL RYLAND  se(a) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions and investigations.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation investigation determined  29e. CETIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  DUE TO (OR  DUE TO (OR  LOS PLACE OF  1	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resulting  Outpatient 3 □ DOA  ary  ary  ary  199 1 4:  URY — At home, farr  Specify)  A T  nowledge, death occuration and/or investign	26. In the underlyling in the un	PLACE OF DEATH (Che me 5X Rasidence  JUSY AT ORK? YES 2 NO ca e end place, end due death occured at the  29c. LICENSE NUM O . C .	PERFORM  1 DES 2 (  SCK only one)  8 Other (Specify)  28d. DESCRIBE NOW IN.  SUBJECT  28f. LOCATION (Street and City or Town, State). The Company of Town of Town, State). The Company of Town	JURY OCCURED  SHOT  Aumber of Pumber	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  2 NO  24 Pouts Autops E AVENU RYLAND  26(a) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions and the couse of th	DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  d.  DUE TO (OR  DUE TO (OR  DUE TO (OR  LOS PLACE OF  1	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resulting  Dutpatient 3 DOA  The second of the second	26. In Indian In	PLACE OF DEATH (Che me 5X Rasidence  JUSY AT ORK? YES 2 NO ca e end place, end due death occured at the  29c. LICENSE NUM O . C .	PERFORM  1 DES 2 (  28 Other (Specify)  28d. DESCRIBE NOW IN.  SUBJECT  28f. LOCATION (Street and City or Town, State)  BALTIMOF  to the cause(s) and mannellime, deta and place, and	JURY OCCURED  SHOT  Aumber of Pumber	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  2 NO  24 Pouts Autops E AVENU RYLAND  26(a) and manner as stated.	

NEL KYLY

n e gall and a se

9 24

nent to an a recommend

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY FINISPAL DIDE	the medical examiner must be notitled at once.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician medical management in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if it is such at the State Dept. of Health and Mental Hygiene prior
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trauming await, the medical examiner must be notitled at once,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior

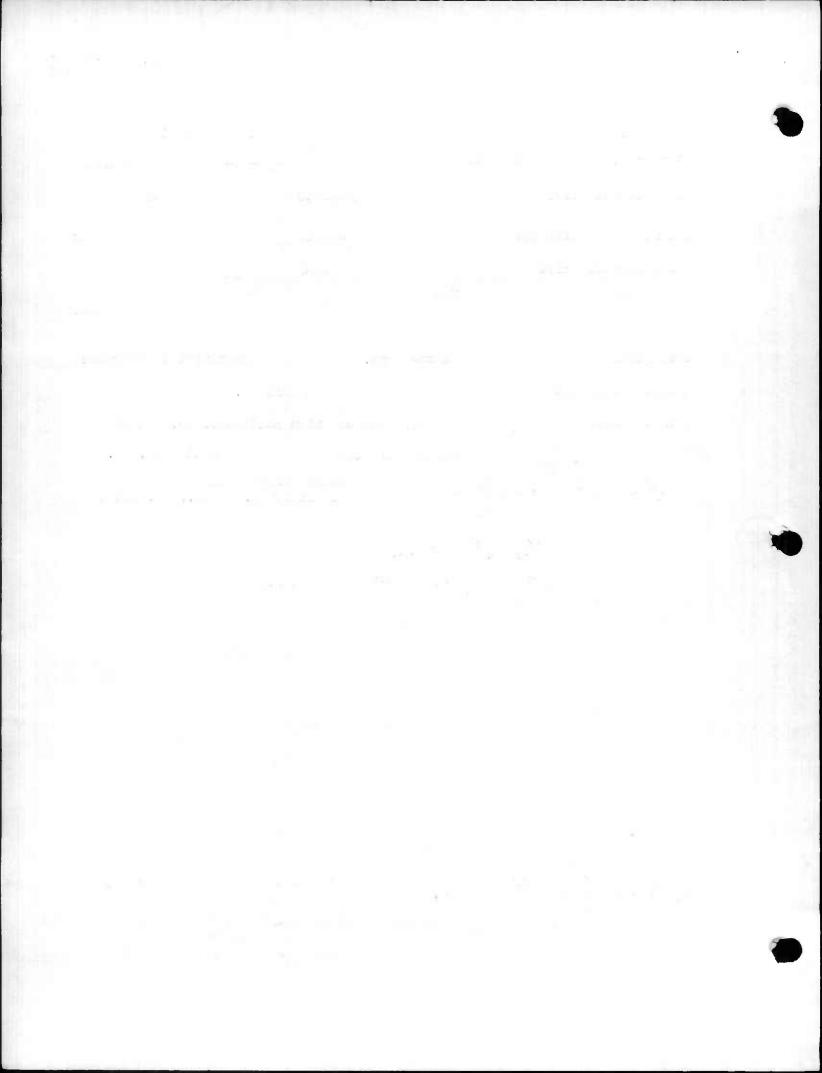
1 - STATE REGISTRAR		STATE OF I	MARVIA	ID / DEDAR	TMENT O	F HEALTH A		ACNITAL .	IVOLENI			36325
			MAILI CAL	CERTIF	ICATE (	OF DEATI	H		REG. NO.	È		
1. DECEDENT'S NAME (First								2. DATE OF MONTH	DEATH			3. TIME OF DEATH
WILLIAM		T -						12	-	30	YEAR	7:06p
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In y	yrs. lest birthday)	IF UNDER 1 YE		_	7. DATE OF (Month, D	BIRTH		8. BIRTH Country	PLACE (State or Foreign
232-18-18		1 M 2 F	7	9 YRS.	MONTHS DA	AVS HOURS	MIN.		2/191	2		st Virginia
9a. FACILITY NAME (If not in					9b. CITY, TO	WN OR LOCATION	OF OE				VTY OF DI	
CHURCH HO		AL			BALT	IMORE				=	====	
RESIDENCE OF DEC	10b. COUNT	Υ		10a CIT	Y, TOWN OR L	00471041						
MD					1timor							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				Da	T CINOI		_					1 X YES 2 NO
17 C Man	In deal of	(1)				101. ZIP CODE			i			HAT COUNTRY?
17 S. Was	ningto	n Street 12. WAS DECEDEN		0. 151150	1	2123	_				S.A.	
1 Never Merried 2 🔯	Merried	FORCES? 1	YES :	2 XINO	Il yes	DECENDENT OF s, specify Cuban,	Maxican	, Puerto Rica	specify Yea in, atc.}	or No-	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Oivo	rced	IF YES, GIVE V	AR OR DATE	S	1 🗆	YES 2 X NO	Specify:			-	Specif	White
15. OEC	EDENT'S EDU	CATION	16	ia. DECEDENT'S	USUAL OCCUI	PATION		165 KH	ND OF BUS	MESC (IND	HOTOM	WIIICE
(Specify onl) Elementary/Secondary (0	highest grade	College (1-4 or 5		(Give kind of wallife. Do NOT use	work done durin	g most of working		100. 7.11	VD OF BUS	MESS/IND	USINT	
2nd Grade			' T	Labore	r				till	Comp	זמה	
17. FATHER'S NAME (First, M	iddle, Last)			Danoic	-	18. MOTHE	R'S NAM	IE (First, Midd			arry	
	(	de Robe	rts				land		obert			
19a. INFORMANT'S NAME (7)		riose	100	19b. MAILING	ADDRESS (Str	reet and Number or					Code	
Flora Robe	rts					nington						1 3 O1
20a. METHOD OF DISPOSITI	ION		20b. PL	ACEANDDATEO			SUL	DATE		ATION —		aryland 21
1 St Buriel 2 Cremetlo 4 Donation 5 Other	n 3 🗆 Reme (Specify)	oval from State	cemeter	ry, crematory or oth	her placel	,		1			,	,
21. SIGNATURE OF FUNERAL		ENSEE	- I cec	dar Hil		E AND ADDRESS	OF FAC	1/2	Balt	ımor	e, M	aryland
1/2	- 12	20	-		21	orge J.			neral	Hom	e P.	Α.
Tenne	0//	ma	mes	RUSA	400	11 Ritch	ie i	Liture 1	Ralti	moro	Ma	. 21225
23. PART I. Enter the di ehock, or he	seeses, or coert fellure	complications that List only one cau	ceused the	8 death. Do no line.	ot enter the	mode of dying	, such	as cardiec	or reepir	atory arr	eat,	Approximate Interval Between
IMMEDIATE CAUSE (Fin		0 - 0			_							Onset and Death
resulting in death)	<b>→</b> ,	RESP	IRAS	UNG F	MU	Re						
				INSEQUENCE OF	):							
Sequentially list condition	ons,	· 25%;	515	INSEQUENCE OF								
If any, leading to immediate. Enter UNDERLYII												
CAUSE (Diseese or injur	ry 🕻	CELL DUE TO	OR AS A CO	10								
				<b>NSEQUENCE OF</b>	)·							·
that initiated evente resulting in death) LAST						no mo	00/	1000	,			
that initiated evente resulting in death) LAST		. Ann	11056	uno	nc b	reunct o						
that initiated evente resulting in death) LAST		. Ann	11056	uno	nc b				. WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
that initiated evente	nt conditions	s contributing to	death but r	not resulting in	nc b				. WAS AN A	ED?	25	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
that initiated evente resulting in death) LAST PART II. Other significan	nt conditions	. Ann	death but r	not resulting in	nc b				. WAS AN A	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated evente resulting in death) LAST PART II. Other significan	nt conditions	s contributing to	death but r	not resulting in	nc b				. WAS AN A	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other eignification in the control of the	nt conditions	s contributing to	death but r	not resulting in	DC I	ying ceuse give	en in P	ort I. 246	. WAS AN A	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignifices	nt conditions	s contributing to	AUSC desth but r	not resulting in	n the underi	ying ceuse give	en in P	ert I. 24e	PERFORM YES 2 [	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnification of the control of the	nt conditions	s contributing to  MSCALL  NOSPITAL: 12 Appetient 2 2 28a. DATE OF	desth but r	not resulting in	other:	lying ceuse give  5. PLACE OF OEAT  Home 5 $\square$ Reside	en in P	k only one)	YES 2 [	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignification of the control of the	nt conditions  TUR V  D MEDICAL	s contributing to	desth but r	not resulting in	other:  OTHER:  ON Nursing I  OF 28c.	B. PLACE OF OEAT Home 5 - Resid- INJURY AT WORK?	TH (Chec	ert I. 24e	YES 2 [	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other elgnificate PART III. Other elgnificate PART III. Other elgnifi	MEDICAL Pending	s contributing to  BUILD  ROSPITAL: 1 Inpetlant 2 2  28a. DATE OF (Month, Del	desth but r  desth but r  D    ER/Outpetler  INJURY  TO, Year)	not reculting in	OTHER: 4   Nursing   OF   28c. RPY   M   1	B. PLACE OF OEAT Home 5 Residi	TH (Chec	k only one)  Other (Sp	YES 2 [	NO NO	URED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 U YES 2 NO
PART II. Other eignification of the control of the	nt conditions  TUR V  D MEDICAL	s contributing to  BUILD  ROSPITAL: 1 Inpetlant 2 2  28a. DATE OF (Month, Del	death but r	not reculting in	OTHER: 4   Nursing   OF   28c. RPY   M   1	B. PLACE OF OEAT Home 5 Residi	TH (Chec	k only one)  Other (Sp 28d. DESCRIE	YES 2 [	NO NO	URED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART II. Other algnificate PART III. Other	MEDICAL  Pending Investigation Could not be letermined	s contributing to  BCALL  NOSPITAL: 12 Inpetlant 2   28a. DATE OF (Month, De land)  28a. PLACE Of building, 1	desth but r  desth but r  M D    ER/Outpetler  INJURY  ny, Year)  F INJURY — A  atc. (Specify)	not resulting in  S12/MS/  nt 3 DOA  28b. TIME INJU  At home, ferm, at	OTHER: 4   Nursing Is OF   28c. HY M   1	S. PLACE OF OEAT Home 5 Reside INJURY AT WORK? YES 2 N	FH (Checo	k only one)  Other (Sp 286. DESCRIB	PERFORM PERFORM YES 2 [  YES 2 [  Octiv)  SE HOW IN.  N (Street anwn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	URED  or Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
PART II. Other significate PART II. Other significate PART II. Other significate PART II. Other significate PART II. Other significate PART II. Other significate PART II. Other significate PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART II. Other significant PART III. Other significant PART II. Other significant PART II. Other significant PART III. Other significa	MEDICAL  Pending mestigation Could not be etarmined	s contributing to  SCALE  NOSPITAL: 12 Appetlant 2 2  28e. DATE OF (Month, De building, 1)	desth but r  desth but r  D 1  ERVOutpetler INJURY ny, Year)  F INJURY — etc. (Specify)	not resulting in  S120512  mt 3 DOA  29b. TiME INJU  At home, ferm, at	OTHER: 4 Nursing Is  OFF 28c.  M 1    Irreet, factory, c	S. PLACE OF OEAT Home 5 Resid- INJURY AT WORK? YES 2 N	TH (Chec	k only one)  Other (Sp 28d. DESCRIB	PERFORM  PERFORM  YES 2 [  YES 2 [  N (Street annwn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	URED or Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other eignificate PART III. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART III. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART III. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART II. Other eignificate PART III. Other eignificate PART III. Other eignificate PART II. Other e	MEDICAL  Pending myestigation Could not be letermined  FYING PHYSIC CAL EXAMINER	s contributing to  SCALE  NOSPITAL: 12 Appetlant 2 2  28e. DATE OF (Month, De building, de la bast of character)	desth but r  desth but r  D 1  ERVOutpetler INJURY ny, Year)  F INJURY — etc. (Specify)	not resulting in  S120512  mt 3 DOA  29b. TiME INJU  At home, ferm, at	OTHER: 4 Nursing Is  OFF 28c.  M 1    Irreet, factory, c	S. PLACE OF OEAT Home 5 Resid- INJURY AT WORK? YES 2 N	TH (Chec	k only one)  Other (Sp 28d. DESCRIB	PERFORM  PERFORM  YES 2 [  YES 2 [  N (Street annwn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	URED or Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
The Initiated evente resulting in death) LAST  PART II. Other algnificate of the part of t	MEDICAL  Pending myestigation Could not be letermined  FYING PHYSIC CAL EXAMINER	s contributing to  SCALE  NOSPITAL: 12 Appetlant 2 2  28e. DATE OF (Month, De building, de la bast of character)	desth but r  desth but r  D 1  ERVOutpetler INJURY ny, Year)  F INJURY — etc. (Specify)	not resulting in  S120512  mt 3 DOA  29b. TiME INJU  At home, ferm, at	OTHER: 4 Nursing Is  OFF 28c.  M 1    Irreet, factory, c	S. PLACE OF OEAT Home 5 Resid- INJURY AT WORK? YES 2 N	TH (Chec	k only one)  Other (Sp 286. DESCRIE City or To the cause(s)	PERFORM  PERFORM  YES 2 [  YES 2 [  N (Street annwn, State)  and mannyn, state)	JURY OCC	URED  or Rural Ro  d.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
thet initiated evente resulting in death) LAST  PART II. Other algnificate of the part of	MEDICAL  Pending  Provided to the letermined  FYING PHYSIC  CAL EXAMINER  OF CERTIFIER	NOSPITAL: 10 Appetient 2 28e. PLACE Of Month, De 28e. PLACE Of building, 10 CIAN: To the besis of ax	desth but r  desth but r  M D I  ER/Outpetler INJURY - r  ny, Year)  F INJURY - atc. (Specify)  my knowledge amination and	not resulting in  S120512  mt 3 DOA  29b. TiME INJU  At home, ferm, at	OTHER: 4 Nursing Is  OFF 28c.  M 1    Irreet, factory, c	S. PLACE OF OEAT Home 5 Reside INJURY AT WORK? YES 2 N office	TH (Chec	k only one)  Other (Sp 286. DESCRIE City or To the cause(s)	PERFORM  PERFORM  YES 2 [  YES 2 [  N (Street annwn, State)  and mannyn, state)	JURY OCC	URED  or Rural Ro  d.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
The Initiated evente resulting in death) LAST  PART II. Other algnificate of the property of t	MEDICAL  Pending  Provided to the letermined  FYING PHYSIC  CAL EXAMINER  OF CERTIFIER	NOSPITAL: 10 Appetient 2 28e. PLACE Of Month, De 28e. PLACE Of building, 10 CIAN: To the besis of ax	desth but r  M D    ER/Outpetlei  INJURY  F INJURY — inter. (Specify)  my knowledge amination and	not resulting in  S120512  mt 3 DOA  29b. TiME INJU  At home, ferm, at	OTHER: 4   Nursing is OF 28c. RRY M 1   Irreet, fectory, c	S. PLACE OF OEAT Home 5 Reside INJURY AT WORK? YES 2 N office	TH (Chec	k only one)  Other (Sp 286. DESCRIE City or To the cause(s)	PERFORM  PERFORM  YES 2 [  YES 2 [  N (Street annwn, State)  and mannyn, state)	JURY OCC	URED  or Rural Ro  d.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO

74.7.0

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If

e ho	letac		nce
by th	2		at
peu	pino		Hed
retai	5 sh		noti
y be	page		Pe
е ша	tor,		nust
age	direc		er T
F. P	eral		min
r dea	le fe		exa
affe	ā	9	E3
ď.	5	-	ă
7	팀	ij	2
Ř	I.	Ē,	星
pa	ij.	H, C	ě
SECU.	ž.	ğ	쑱
De e	E.	P B	Į,
팀	基	ñ.	er tr
Sertif	Buil	ygie!	to
ath	ttend	国	10 .
e de	the a	Мел	in I
hat th	10	and	I A
res ti	ignec	ealth	6 5
requi	sen s	O H	how
NB.	as be	Jept.	23
The	ate h	tate [	lem
MAI	rtific	he S	1 JO
1XSI	is ce	ith t	ed.
1G P	ter th	ath v	nark
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed warms and after death. Page 6 may be retained by the ho	L. DRECTOR: After this certificate has been signed by the attending providing and comprehensing the funeral director, page 5 should be detact	ar de	f hem 28 is marked, or item 23 shows any injury, or other traumatic event. The medical examiner must be notified at once
ATTE	CTO	afte :	28
OH.	DIRE	hour	Hem
1	-1	2	-

		CERTIFICA	TE OF DEATH	MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
EVELYN M. ROESL				12 29	1991	
4. SOCIAL SECURITY NUMBER 216-28-1979	1 □ M 2 🖾 F 6]		NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 2-21-1930	Co	RTHPLACE (State or Foreign suntry) Maryland
9a. FACILITY NAME (If not institution, give	A CONTRACTOR OF THE PARTY OF TH	9b.	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	
5145 Terrace Dr.	ive		Rosedale		Balti	more
10a. STATE 10b. COUNT	r ltimore	10c. CITY, TO	WN OR LOCATION		4	10d. INSIDE CITY LIMITS?
Maryland Ba	rtimore		Rosedale		40 OUTSTEN	1 YES 3 NO
5145 Terrace D	misso		21236			
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		SA ACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		If yes, specify Cuban, Mexic  1 YES 2 NO Speci	en, Puerto Ricen, etc.)	E	llack, Whita, atc. pecify: White
15. DECEDENT'S EDU (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	18s. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	AL OCCUPATION done during most of working red.)	16b, KIND OF BUS	INESS/INDUSTR	Y
12th grade	College (1-4 or 5+)	Claims De	pt.	Contine	ental T	nsurance
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden		
Charles John He	SS		Mar	ie W.		
19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Town	1, State, Zip Code	)
George Roesler	Addison of	5145 T	errace Drive	Baltimore,	Md. 2	1236
20a. METHOD OF DISPOSITION  ONE of the control of t	moval from State	other place) Parkwood (	N (Name of cemetery, crematory or emetery		timore	
21, SIGNATURE OF FUNERAL SERVICE L		78	Lassahn Fur 7401 Belai:	neral Home	bM.	21236
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	b. Any str	A CONSEQUENCE OF):	Very Scleso.	us .		
that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):	underlying cause alives to	Part I. 24s. WAS AN	auroney T	
PART ii Other significant condition		out not resultand in th		I FEEL IN 1 248 TEND AIR		245 WEDE AUTOROV ENDI
PART II. Other algnificant condition	contributing to death			PERFOR		AVAILABLE PRIOR TO
	Solution and to destra			1 🗍 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
EXAMINER?	HOSPITAL:	_   თ	26. PLACE OF DEATH (C	1 □ YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out 28s. DATE OF INJURY	ipetient 3 DOA 4 (	26. PLACE OF DEATH (C THER: ] Nursing Home 5 ☐ Rasidence	1 □ YES 2	□ NO	AMILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1   Inpetient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year)	on petient 3 □ DOA 4 €	26. PLACE OF DEATH (C THER: □ Nursing Home 5 □ Rasidenca	1   YES 2	□ NO	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year)	Ipetient 3 DOA 4 E	26. PLACE OF DEATH (C THER: Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 VES 2 NO	1   YES 2	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpetiant 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Spr	ipstient 3 DOA 4 28b. TIME OF INJURY  Y — A1 home, farm, stree	26. PLACE OF DEATH (C THER: Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 VES 2 NO	1  YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  28d. DEŞCRIBE HOW I  28d. LOCATION (Street City or Town, State, State, State)	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO  NO D  ural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Special Content of the best of my known NER: On the besis of axamination	ipstient 3 DOA 4 28b. TIME OF INJURY  Y — A1 home, farm, stree	26. PLACE OF DEATH (C THER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO t, factory, offica	1  YES 2  Theck only one)  8  Other (Specify)  28d. DE\$CRIBE HOW in the control of the control o	NJURY OCCURE	COMPLETION OF CAUSI OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Special Content of the best of my known NER: On the besis of axamination	ipstient 3 DOA 4 28b. TIME OF INJURY  Y — A1 home, farm, stree	26. PLACE OF DEATH (C THER:  Nursing Home 5  Residence 26c. INJURY AT WORK?  M 1 YES 2 NO I, factory, office the time, data and place, and du my opinion, death occured at the	1  YES 2  Theck only one)  8  Other (Specify)  28d. DE\$CRIBE HOW in the control of the control o	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  D  D  Ural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Spo	ipetient 3 DOA 4 E  28b. TIME OF INJURY  Y — A1 home, farm, streecity)  wiedge, death occurred at on and/or investigation, in	26. PLACE OF DEATH (C THER:    Nursing Home 5   Rasidence   28c. INJURY AT   WORK?   1   YES 2   NO   Note of the second of the	1  YES 2  Theck only one)  8  Other (Specify)  28d. DE\$CRIBE HOW in the control of the control o	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  D  D  ural Route Number,

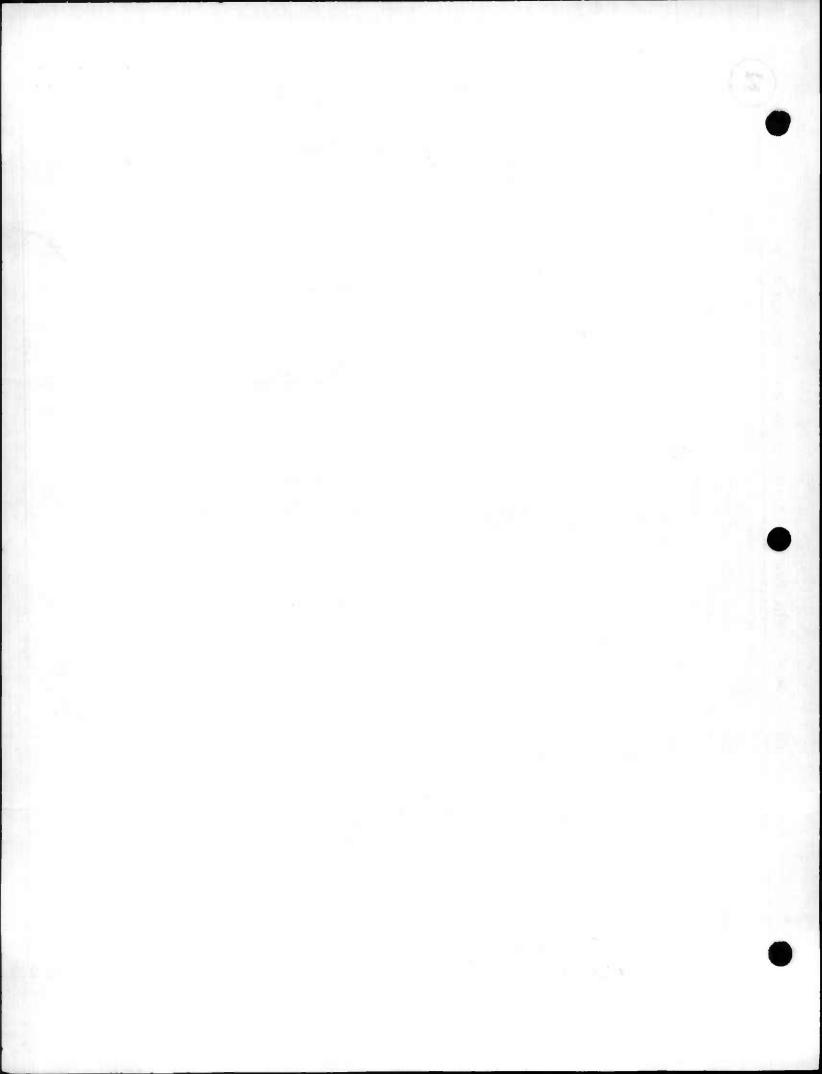


IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lext) BERTHA		RUBENST	EIN		2. DATE OF DEATH DON'TH D	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215–34–5539		(In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	100	NOTING ACE /Crate or Familia
		1.0	37 YRS.	MONTHS DAYS	HOURS MIN.	09 119	1904	MARYLAND
_	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
0	SINAL HOSPI	TAL		BAL	TIMORE			
EC	10a. STATE 10b. COUNT	TY	10c, CITY	TOWN OR LOCAL	TION			ded mores over
DIRECTOR	MARYLAND	BALTIMOR			IMORE			10d. INSIDE CITY LIMITS? 1 YES 2 XHO
VERAL	100. STREET AND NUMBER 6619 DEANCROFT I	RD.		101	21209	9		OF WHAT COUNTRY? SA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	N U.S. ARMED 2 PNO DATES	If yes, sp	ENDENT OF NISPA ecity Cuben, Maxica 2 M NO Specif	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) fy:		RACE — American Indian, Black, White, atc. Specify: WHITE
	15. DECEDENT'S EDI (Specify only highest grad	JCATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION	ON at of working	16b. KIND OF BU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk dane during ma retired.) USEWIFE		1	AT HOME	
NO	12 17. FATHER'S NAME (First, Middle, Last)				40 MOTHER OF MA			
BE C	MORRIS EPS	STEIN			YE.	TTA (UNKN	OWN)	
10	19a. INFORMANT'S NAME (Type/Print) EDWIN RUBENSTEIN	N.	196. MAILING A 85 F	IARVARD	DR. H	Route Number, City or Tow ARTSDALE, N	ž \$10530	9)
	20a_METHOD OF DISPOSITION 1 Xeuriet 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from Stata 20t	PLACEAND DATE OF	DISPOSITION (NE	me of 12,	/31/91 20c. LO	CATION — CITY OF	E, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	- 11			D ADDRESS OF FA	N & BROS.	INC.	
		Levens		6010	REISTERS	STWON RD.,	BALTO.	,MD 21215
	23. PART I. Entar tha diseasas, or ahock, or haart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MyoCAR  DUE TO (OR AS A	ach ilna.			h as cardiac or reapi	ratory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	A CONSEQUENCE OF):					
EBI	reaulting in death) LAST	d						
2	PART II. Other significant condition	as contributing to death h	aut not regulated to	Ab d- d- l- l-				
DICAL	SCLERODERMA		out not readiting in	the undarrying	cause givan in	Part i. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 _ YES 2	NO NO	OF DEATH?
Σ	HYPERTENSIO	N				'		1 TES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL							
2	EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH (Ch	eck only one)		
\$	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp				6 Other (Specify)		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJUI		RK?	26d. DESCRIBE NOW II	NJURY OCCURE	,
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, atro-	eet, factory, office	-	28t. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 📈 CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurred n and/or investigation,	at the time, date	and place, end due	to the cause(a) and man	ner es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE							
O BE	DEVET	TEN M.D.			SIWAI		P 12/	NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, P.	rint)	_			£ /
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
		helia Davidson Ps						



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	HEGISTHAH		EKIIF	CALE	OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	Edith Kelo	EDIT	H REI	CHEL)	2. DATE OF DEATH MONTH	š 9)	EAR 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 107-34-7016	5. SEX 6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS. WS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN . 19,	1896	BIRTHPLACE (State or Foreign Country) NEW YORK
TOR	99. FACILITY NAME (If not institution, give a PIKESVILLE NU RESIDENCE OF DECEDENT				WN OR LOCATION OF DIKESVILLE	PEATH	9c. COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY NEW YORK	Υ	10c. CITY	, TOWN OR L	OCATION YORK			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CONTRACTOR NA			10f. ZIP CODE		10g. CITIZEN	1 X YES 2 NO
FUNERAL	450 EAST 63rd  11. MARITAL STATUS  1 □ Never Married 2 □ Merried	STREET #1C  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 THE STREET FYES, GIVE WAR OR DATES.	RMED NO	If ye	s, specify Cuben, Mexic		or No.— 14.	USA  RACE — American Indian, Slack, White, etc.
ED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDU	CATION 16s D		USUAL OCCU	YES 2 NO Speci	16b, KIND OF BU	SINESC (IND. IS	SpecifiWHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	Give kind of w le. Do NOT use	ork done during retired.)  LES CI	g most of working	TOLK NIND OF SU		ARTMENT STORE
0	17. FATHER'S NAME (First, Middle, Last)		- Dir	<u> </u>		AME (First, Middle, Maiden		FACTIMENT DIONE
W .	MEYER  19a. INFORMANT'S NAME (Type/Print)	RUBIN	OL NAM 40	ADDRESS (O	14	GOLDA Route Number, City or Tow	WOLFS	
2	MR. RICHARD REIC	CHEL	15-B	PIPI	HILL COUR	T (THE FAL	n, State, Zip Co LS) BA	LTO., MD 2120
	20e. METNOD OF DISPOSITION  1X Buriel 2 Cremetion 3 Remote 4 Donation 6 Other Specify)	oval from State cemetery, co	rematory or oth	FDISPOSITIO	N(Neme of AEL CONG.		-4	or Town, State
	21. SIGNATURE OF PONEBAL SERVICE LIC	PNOPE		22. NAM	E AND ADDRESS OF FA	CILITY SOL LEV	INSON	& BROS., INC.
	Mark	Danne				OWN RD., B		
	23. PART. Enter the disease of ahock, or heert failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Res puis L		anter the	mode of dylng, suc	th an cerdinc or reepi	retory arrest	Approximate Interval Between Onset and Death
20	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A CONSE	-us (	a-	collep	2		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events reaulting in death) LAST	CDUE TO (OR AS A CONSE	OUENCE OF)	1:				
3		d						
MEDICAL	PART II. Other eignificent condition				ying cause given in		MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: M								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		21 OTH5A:	A. PLACE OF DEATH (Ch	eck only one)		
2	1  YES 2 NO	1 Inpatient 2 ER/Outpatient	3 DOA	Nursing	Nome 5 - Realdence			
	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1	INJURY AT WORK?  YES 2 NO	28d. DEŞCRIBE NOW II	NJURY OCCUR	
	3 Suicida a Could not be detarmined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, st	rant, fectory, (	office	281. LOCATION (Street e City or Town, State)	nd Number or F	lural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	CIAN: To the best of my knowledge, d R: On the beele of axaminstion end/or	eath occurred	at the time,	date end place, end due n, death occured at the	time, date end place, en	ner as stated.	use(s) and menner ee stated.
2	29b. SIGNATURE AND TITLE OF CERTIFIER	1	15.5		29c. LICENSE NUI	MBER		GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, F	Print)	H31	61)	12	(26/9)
	31. DATE FILED (Month, Day, Year)	2 32 PEGISTRAR'S SAGNATURE						
III.	The state of the s	32 REGISTRAR'S SIGNATURE						

months and a series of the first of the first

\$ \$^

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	RTIFICATE C	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		3. TIME OF DEATN
	ROBERT ROGERS				6,1991	10.51 M
3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest	birthday) IF UNDER 1 YEA	R IF UNDER 24 HRS.	DECEMBER 2 7. DATE OF BIRTH		10:51a.m. M
1	11.1 PM 714 D NOME DO DO	YRS. MONTHS DAY		(Month, Day, Year)	Coun	(State or Foreign
100	2011 00 11G 1 A 34			6-10-		na,
~	9a. FACILITY NAME (If not institution, give street and number)	96. CITY, TOW	N OR LOCATION OF D	EATN	9c. COUNTY OF	DEATH
CTOR	THE JOHNS HOPKINS HOSPITAL	BALTI	MORE CITY		BALTIMO	RE CITY
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				1======================================	U UIII
DIRE	On d	10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?
	ma	BAI	TO .			1 TES 2 NO
M	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAP COUNTRY?
E	2217 E. Biddle St		2121	3	1/2	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM	MEO 13. WAS I	DECENDENT OF NISPA	NIC ORIGIN? (Specify Yes	or No.   14. RAC	E - American Indian,
	1 Never Married 2 Married FORCES? 1 YES NO IF YES, GIVE WAR OR DATES	O If yes.	specify *uben, Maxico (ES ? NO Specific	in, Puerlo Rican, etc.)	Blac	ck, White, etc.
ВУ	3 Widowed 4 Divorced	1	c'herabi	10	1/ Spec	sken
B	15. OECEDENT'S EDUCATION 18a. DEC	EDENT'S USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDUSTRY	
	(Specify only highest grade completed) (Gh Elementary/Secondary (0-12) College (1-4 or 5 +)	re kind of work done during Do NOT use retired.)	most of working			
7		4600				
COMPLET	t7. FATHER'S NAME (First, Middle, Last)	1201	40 1407117010 111	ME (First, Middle, Maiden		
	JAMES During		-		Sumame)	
띪	Willes Rogers			een Roy	UKS.	
2	19e. INFORMANT'S NAME (Type/Print)	MAILING ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
	Chileen Rogers o	1017 E	Diddle.	5. 54m	nd 2.	12/3
		NO DATE OF DISPOSITION natory or other place)	(Name of	DATE 20c LO	CATION — City or T	own, Stata
		To CLAST.		131 131	4110-1	nil
E-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22, NAME	AND ADDRESS OF FA	CILITY		
200	Betts Funeral Hom			1	1.	_
-		u 11	2914.	JAKO!	116 5	1
	<ol> <li>PART I. Enter tha diseases, or complications that caused the des shock, or heart failure. List only one cause on each line.</li> </ol>	ith. Do not antar the	moda of dying, aud	h es cardiec or reapi	ratory arreat,	Approximata Intarval Between
	IMMEDIATE CAUSE (Final					Onsat and Death
190	disease or condition resulting in death)	Au au	ur.			5 days
	OUE TO (OR AS A CONSECU	UENCE OF):	11.			-07
z	· vertricula	Palrul	los to	dried		5 days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	UENCE W)	-00000			A
S	cause. Enter UNDERLYING					
正	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF TO CON	UENCE OF);				
H	resulting in death) LAST					
MEDICAL	PART II. Other algnificant conditions contributing to death but not re	suiting in the undari	ing ceuse given in	Pert I. 24s. WAS AN PERFOR		. WERE AUTOPSY FINDINGS
20	drug alrue			t YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
AEC	<u> </u>					OF DEATN?
-				-		1   125 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28	PLACE OF OEATH (Ch	eck only one)		
Sic	EXAMINER?  1 YES 2 NO  1 PER/Outpatient 3	OTHER:				
¥	27. MANNER OF DEATH 28s. OATE OF INJURY		ome 5 Residence			
	1 Netural 5 Pending (Month, Day, Year)	INJURY	INJURY AT WORK?	28d. OEŞCRIBE HOW II	NJURY OCCURED	
B	2 Accident Investigation		YES 2 NO			
	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home building, atc. (Specify)	ie, ferm, atreet, tactory, o	ffice	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED						
7	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dear	th occurred at the time, d	ate and place, and due	to the ceuse(s) and men	ner sa stated.	
2	one) 2 MEDICAL EXAMINER: On the basis of examination and/or in					a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					
BE	L 1/2 /01-		29c. LICENSE NUI	noch	29d. DATE SIGNED	. /
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	AT (F 0.1 ::			12	26/91
	Ton 2/500 1150 Ton 11	21) (Type, Print)	4 = - 4			
	31. DATE FILED (Month, Dey, Year)  32. REGISTRAR'S SIGNATURE	2017	4000	BULT	MD 2	21210
	TOWER 110 JO HAS HOP  31. DATE FILED (Month, Day, Your)  12 26 91 JAN 0 2 1992	Julia Davi	dson-Randell	2		

WASTON TREE

a product many of a special and an

BALTIMORE, MARYLAND 21215-0020	ANY. The law requires with a property of the seconded within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should minoral.	lical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, 9.0. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires with a fiftcate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial proper to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO.		35330
	e Histr	atma	nn		2. DATE OF DEATH DATE OF DAT	7 - 9E	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-20-7792	1 M 2 D F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-23-191		MRTHPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not institution, give str  Baltimore County RESIDENCE OF DECEMENT		9		or Location of DE ltimore		9c. COUNTY (	of DEATN imore
10e. STATE 10b. COUNTY Maryland How	ard	10c. CITY, 1	West	TON Friendsh	<b>i</b> p		10d. INSIDE CITY LIMITS?  1 YES 2 NO
100. STREET AND NUMBER 12470 Barnard Wa	•		101	21794		0.0	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 KNio	It yee, spo	ENDENT OF HISPAN Icity Cuben, Mexicer 2 NO Specify.	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EQUC (Specify only highest grade of Elementary/Secondary (0-12) 12 yrs.	ATION completed)  College (1-4 or 5+) 4 years	16a. DECEOENT'S US (Give kind of work life. Do NOT use no Farmer	done during mo:	DN st of working	16b. KINO OF BUS	mploye	
17. FATNER'S NAME (First, Middle, Last) George Frederick	Stratmann			Elise	Margaret	Riemens	
190. INFORMANT'S NAME (Type/Print)  Mrs. Helen Strat		12470 Ва	arnard	Way West	oute Number, City or Town Friendshi	p, Md.	"21794
20e. METNOD OF DISPOSITION 1 C Burlel 2 □ Cremetion 3 □ Remot 4 □ Donetion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	vel from State ceme	PLACE AND DATE OF D	Cemete	ry 12/3	1/91   Bal	timore.	, Maryland
* Lesselv Dus	und Hon		Lassa 7401	o ADDRESS OF FAC hn Funers Belair Ro	al Home	Md. 2	21236
23. PART / Enter the diseasea, or co ahock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition and interesting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF):	4			etory erreat,	Approximete Interval Between Onset end Deeth
PART II. Other eignificent conditions Cerebrul Try Subdural H	contributing to dooth bu function emotiona	t not reaulting in t	he underlying	cause given in P	Part I. 24a. WAS AN / PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 ÑO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO	HOSPITAL:		THER:	ACE OF DEATH (Chec			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Oay, Year)	28b. TIME OF	P 28c. INJU WOR	RY AT	28d. OESCRIBE NOW IN	JURY OCCURED	
3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY - building, etc. (Specif)	– At home, term, stree //	t, fectory, office		28t. LOCATION (Street en City or Town, Stete)	nd Number or Rui	ral Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.	AN: To the best of my knowled On the basis of examination of	dge, death occurred st	the time, date of my opinion, de	and place, and due to	o the ceuse(e) end mann	er ee stated.	se(e) end menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	wo Hous	e Phys	-juin	29c. LICENSE NUMB			NED (Month, Day, Year)
She Kiem Ong	mD, Balt		enty Gr.	enal H	08pital 1	Randell	Jun 1203
JAN 0 2 1992	32. REGISTRAB'S SIGNAT				4	- 44	

White Edward III and 

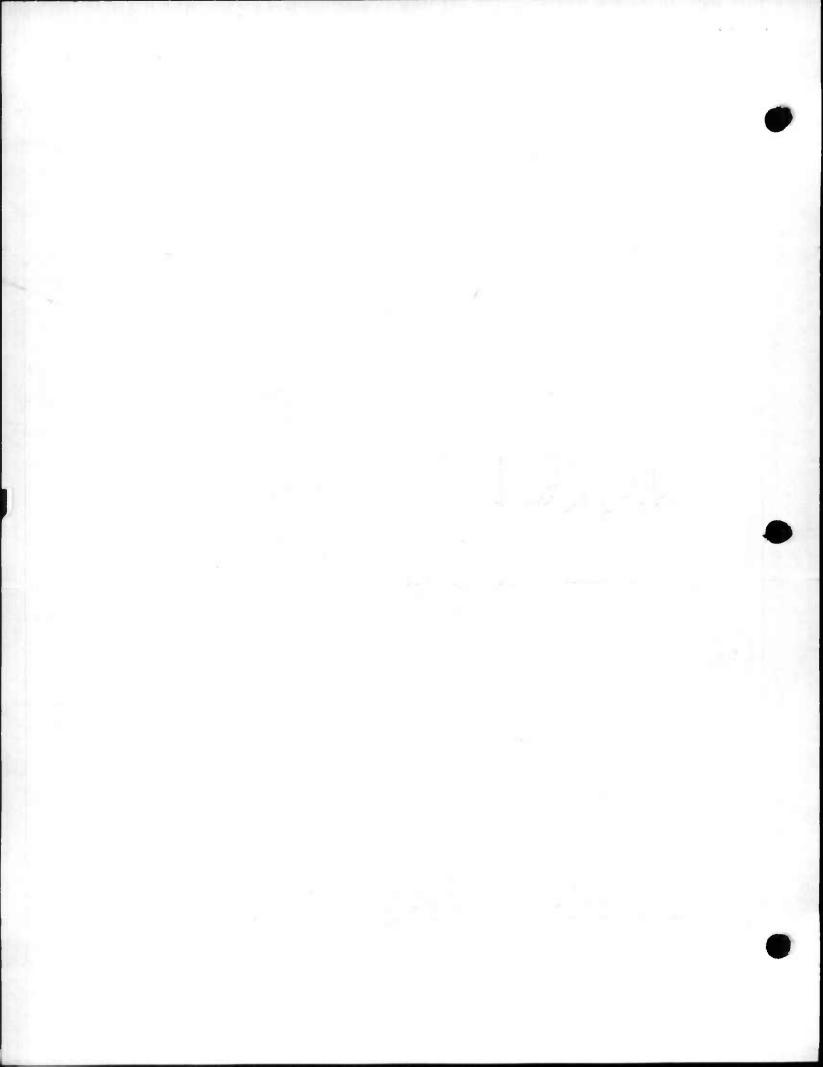
comprehension and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the properties of the principle of the princ TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Inous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the death of the same of the burial-trans be filed within 72 hours after death with the State Dept. of Health and the properties of the purial century. If Item 28 is marked, or Item 23 shows any inject or other transmitted event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA
1. DECEDENT'S NAME (First, Middle JOHN WILLIAM	
JUHN WILLIAM	PIKUTHEK
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II

AND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	1. DECEDENT'S NAME (First,	Middle, Last)				-				2. DATE OF DEATH			3. TIME OF DEATN
	JOHN WILLIA	AM STR	OTHER							DECEMBER	2/.	YEAR	
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDE	R I YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	24,		IPLACE (State or Foreign
	220 10 099	96	1 📉 M 2 🗌 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct 21, 1	917	Count	WV
	90. FACILITY NAME (If not in	stitution, give s	street end number)			9b. CIT	r, TOWN	OR LOCAT	ON OF DE			NTY OF D	
OB	SACRED HEAD		PITAL			CU	MBEF	LAND	ì		A	LLEG	ANY
5	RESIDENCE OF DEC	10b. COUNTY	v				0						
E	MD					Y, TOWN		TION					10d. INSIDE CITY LIMITS?
1	10e. STREET AND NUMBER	Alle	gany		1 1	Rawli		f. ZIP COD	-				1 TES 2 X NO
RA	Rt 3 Box	113						2 1557				J.S.A	VHAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	115	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.				IIC ORIGIN? (Specify Yes			E — American Indian,
BY F	1 Never Merried 2 🔀		FORCES? 1	YES 2 []	NO		If yee, sp	ecify Cubi	ın, Mexica	n, Puerto Rican, atc.)	01110-	Black	k, White, etc.
	3 Widowed 4 Divo	= 10						20110	ороспу				hite
COMPLETED	(Specify only	EDENT'S EDU highest grade	CATION completed)	16e. D	ECEDENT'S Give kind of D. Do NOT us	USUAL O	CCUPATIO	ON ast of worki	ng	16b. KIND OF BU	SINESS/INC	DUSTRY	
٣	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	reman					Railroa	٠.		
ME	17. FATHER'S NAME (First, M.	iddle Leeth		FO	reman	ı							
	Frank Iri		rother					-		ME (First, Middle, Maiden			
H	19a. INFORMANT'S NAME (7)	0	rocher	T 10	h MAILING	ADDRES	C /Ctmmt		rtle	Noute Number, City or Tow	111		
유	Helen V. St				t 3 E							Code)	
	20a. METHOD OF DISPOSITI			20b. PLACE					Ings		CATION —	City of To	wa State
	1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donation 🗲 ☐ Other	n 3 🗆 Ram	oval from State	cemetery or	ematory or o	ther place!			lens	12/27/91 Ke			
- 1	21. SIGNATURE OF FUNERAL	SERVICE DO	ENSEE	1000				ND ADDRE			2,002	, ,,,,	20720
	Maria	NT	to V			R	lotri	ick E	uner	al Home	,		W 06706
	23. PART I. Enter the di	senses, or c	complications the	caused the d	eath. Do r	not enter	the mo	de of du	Main	Street I	ceyse	r, w	IV 26726
	iMMEDIATE CAUSE (Fin	sart ranure.	List only one cau	ise on aach lin	a.								Approximata interval Batween Onset and Daath
	disease or condition reaulting in death)	<b>+</b>	. Leu	to E	espi	rai	Tor	4	Fa	emon i F	2	· ×	
			DUE TO	(OR AS A CONSE	QUENCE O	F): /	. /	1			_		
NO	Sequantially list conditi	ona,	b. DUE TO	(OR AS A CONSE	DALC	ter	10	7	Mec	emon 1 H	1		
Y.	If any, leading to immediate. Enter UNDERLY	diata NG	002 10	6.515	•	r):							
MEDICAL CERTIFICATION	CAUSE (Disease or Inju- that initiated events	ry 1	C	(OR AS A CONSE	OUENCE OF	F):							
A	resulting in death) LAS	T b	d										
9	PART II. Other significa	nt condition	e contribution to	do ath hus and						T			
E S	July Salar S	Condition	s continuuting to	daatii but not	rasulting	ın tha ur	ideriyin	g cause i	given in i	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ä										1 YES 2	NO		OF DEATH?
										_			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26 01	10E 0E 0	- A-TA1 (C)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpetlant 1	- DOA	OTHER	3:			ck only one)			
Ĕ	27. MANNER OF DEATH		26e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ		aldenca	8 Other (Specify) 26d. DESCRIBE NOW II	VIURY OC	CUBED	
BY P		Pending nvestigation	(Month, D	ay, Year)	INJ	URY	WO	RK?	NO			301120	
	3 Suicide 6 G	Cowlid not be	26e. PLACE O	F INJURY — At he atc. (Specify)	ome, farm, s	street, fact	ory, offic			26f. LOCATION (Street e	nd Number	or Rural R	loute Number,
COMPLETED	4  Homicide	fetermined		are (opvery)						City or Town, State)			
2	290. CERTIFIER 1 CERT	FYING PHYSI	CIAN: To the best of	my knowledge, de	eath occurre	ed at the t	lme, date	end place	end due	to the cause(e) end men	ner as etat	ed.	
O	one) 2 MEDIO	CAL EXAMINE	R: On the beels of e	xamination end/or	Investigatio	n, in my o	pinion, d	eath occur	ed at the t	lime, date end place, en	d due to th	e ceuse(e	) end menner ee stated.
BEO	295 SIGNATURE AND TITLE	OF CENTIFIER						29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
	V 11		ecia	40				DO	8377		•		24.91
۵ ا	30. NAME AND ADDRESS OF												
	DR. URIEL V	ELAND]	LA, M.D.	924 SE	TON	DRIV	E, C	UMBE	RLANI	D, MD 2150	2		
	31. DATE FILED (Month, Day, )	2 1992	32 REGISTRA	म्हार इसकेम धार्थ									
	JAII U	n 1000	0										



TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

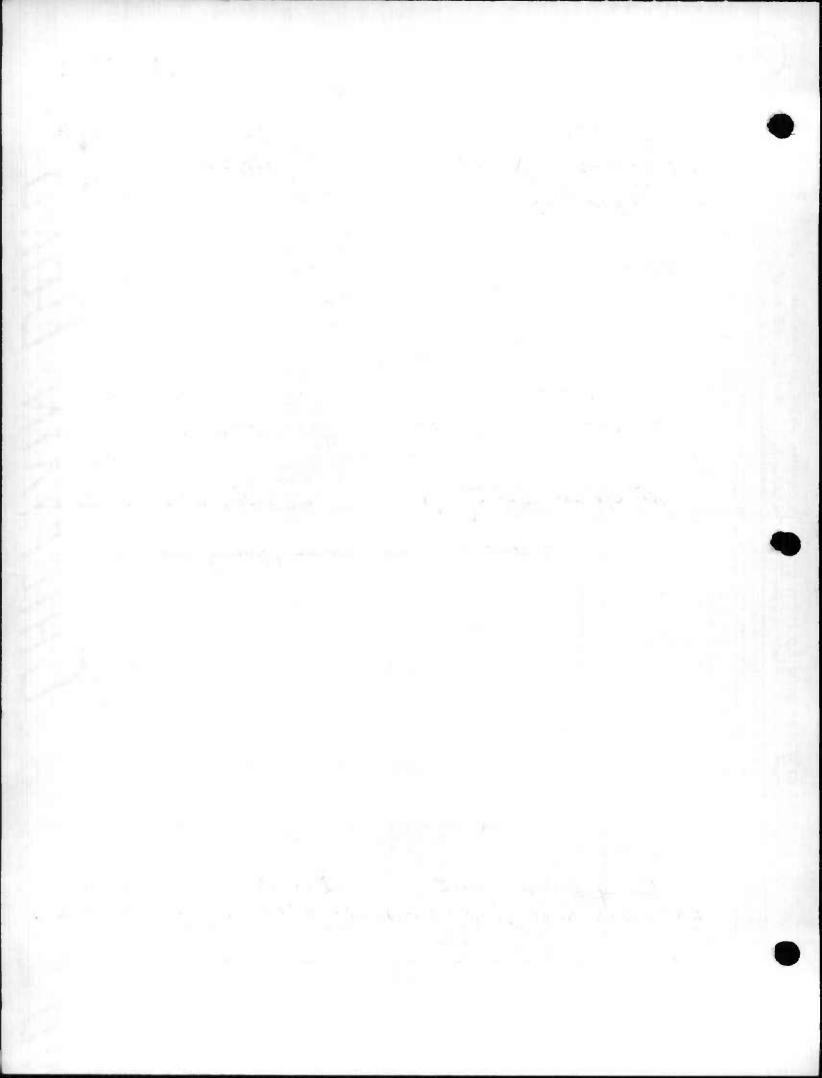
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1			1
- 1	- 31	79	1
A	. 4	۲.,	
4.4	000	-	/

STATE REGISTRAR	STATE OF MAK		FICATE OF			YGIENE EG. NO.		
1. OECEOENT'S NAME (First, Middle, Last)	,				2. DATE OF C	DEATH DAY	YEAR	3. TIME OF OEATH
Mary Smit					12 -	- 31-	91	9:26 AM
A SOCIAL SECURITY NUMBER	1.7	SE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	v. Year)	8. BIRT	HPLACE (State or Foreign try)
219-10-0056	1 M 2 AF	69 YRS.			14.16.1	22		MARYLAND
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF O	EATH /	9c. CO	UNTY OF	DEATH
ST JOSEPH N	tosp			TOWSON			BALT	TIMORE
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c, Cl	TY, TOWN OR LOCA	TION			_	10d. INSIDE CITY
MARYLAND			BAT.T	IMORE				LIMITS?
10e. STREET AND NUMBER				r. ZIP COOE		10g. CI	TIZEN OF	WHAT COUNTRY?
4211 KENSHAW A	AVENUE			21215			Т	JSA
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMEO		CENOENT OF HISPA			-	E — American Indian, ck, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	R DATES		pecify Cuban, Maxica 3 2 NO Specif		n, atc.)	Spec	
15. DECEDENT'S EDI			S USUAL OCCUPATI		16b. KIN	O OF BUSINESS/II	NOUSTRY	
(Specify only highest grad	College (1-4 or 5+)	(Give kind of	work done during muse retired.)	ost of working				
11TH		HOUSE	EWIFE					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middl	e, Malden Surname;		
CHARLES LERG	DY DEETS			THE	ERESA K	ATHERIN	E ORM	IOND
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORESS (Street	and Number or Rural				
CHARLIE C. SMITH		4211	L KENSHAV	AVENUE,	BALTO	. MD.	21215	
20a. METHOO OF DISPOSITION 1 X Burlal 2 Cremation 3 Ref	noval from State	20b. PLACE OF OISPO	OSITION (Name of ce	metery, crematory or		20c. LOCATION -	— City or T	own, Stata
4 Oonation 5 Other (Specify)		DRUID RI	DGE CEMI			BALTIMO	ORE,	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	10	22. NAME A	NO ACCRESS OF FA	CZ TR	FINERA	HOM	TE .
· a alla	n Soch	h		ROLAND				
Sequentielly list conditions, if eny, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	6OUE TO (OR /	AS A CONSEQUENCE	OF):					
PART II. Other aignificent condition	ns contributing to deat	h but not resulting	in the undarlying	ng Ceuse given in		. WAS AN AUTOPS PERFORMEO?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
					10	YES 2 NO		OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF OEATH (C	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	me 8 - Rasidence	8 Other (Sr	pecify)		
27. MANNER OF OEATH  1 Naturel 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye.		ME OF 28c. IN	JURY AT ORK? YES 2 NO		BE HOW INJURY O	CCUREO	
2 Accident  3 Suicide 4 Homicide  6 Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home, farm Specify)	, street, factory, off	ca		N (Street and Numi own, State)	ber or Rural	Route Number,
2 MEDICAL EXAMIN 296. SIGNATURE AND TITLE OF CERTIFI	SICIAN: To the best of my k ER: On the basis of exemin ER - Ul fem	ation and/or investigat			e time, date and	l place, end dua to	the cause	(a) and manner as stated.  O (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	OEATH (ITEM 27) (Ty)	T, JOSEP	14 HOSI	DITAL	Towso	IN I	MD-2120
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE						
attit y www.								



TO BE COMPLETED BY FUNERAL DIRECTOR

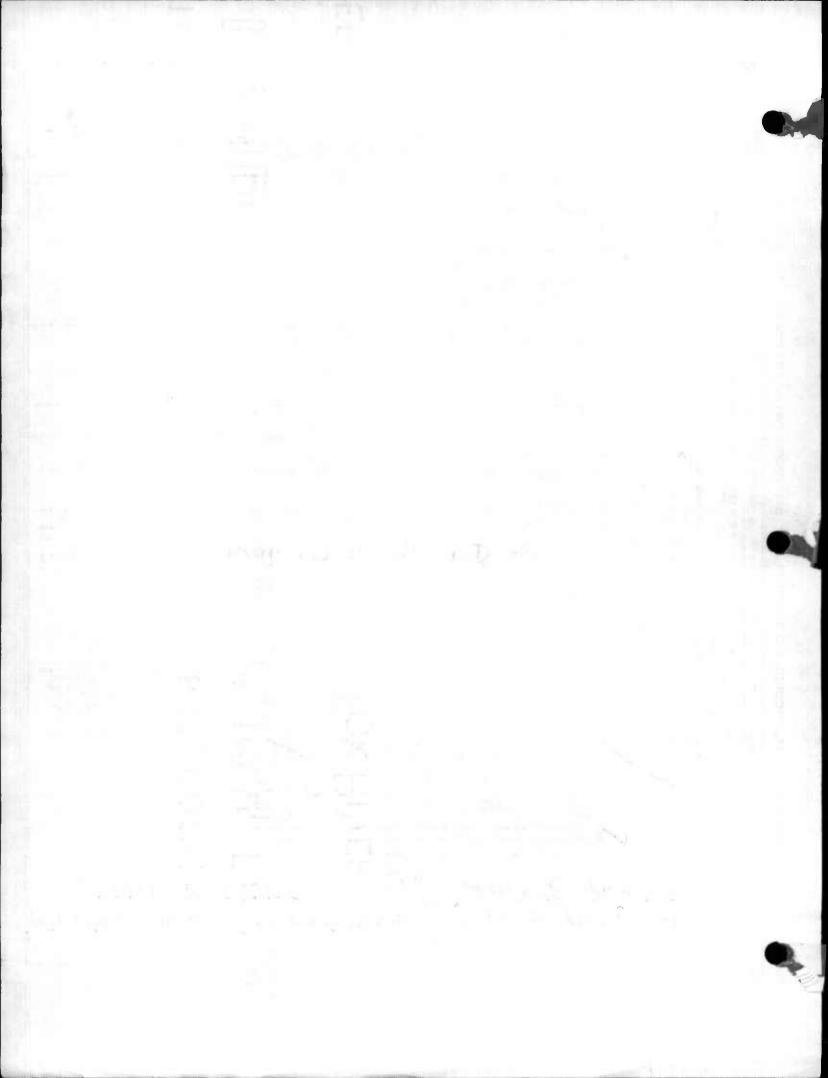


FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N		
1. DECEDENT'S NAME (First, Middle, Las		ECTUR		2. DATE OF DEATH	DAY 30 19	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 21.3-20-21.29	5. SEX 6		F UNDER 1 YEAR   IF UNDER 24 HRS	Administration of the control of the	1919	BIRTNPLACE (State or Foreign Country) FLORIDA
9a. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN OR LOCATION OF	1	_	Y OF OEATN
7017 PARK HEIGH	HTS AVE., AP	r. A	BALTIM	ORE		
10a. STATE 10b. COUR	ITY	10c. CITY,	TOWN OR LOCATION  BALTIMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
7017 PARK HEIGH	HTS AVE., AP	Г. А	212	15	τ	JSA
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Otvorced	12. WAS DECEDENT ET FORCES? 1 X IF YES, GIVE WAR WWII -	YES 2 NO	13. WAS DECENDENT OF NIS If yes, specify Cuban, Mer 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	Yea or No—	4. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S US	SUAL OCCUPATION rk done during most of working	16b. KIND OF	BUSINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use i	ATTORNEY	Δ	T LAW	
17, FATHER'S NAME (First, Middle, Last)	-			NAME (First, Middle, Mail		
	EL JUDAH SPI	ECTOR		SUSSIE		
19a. INFORMANT'S NAME (Type/Print)	- CODINI OF		DDRESS (Street and Number or Ru			Code)
	PECTOR					BALTO., MD 21
20a, METHOD OF DISPOSITION		20b. PLACE AND DATE O				ty or Town, State
1 Couriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	emoval from State	of cometany cromatory of	r other place)	12/30/91		ALLSTOWN, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF SOL LEVINS	FACILITY		
> Ellens	ue No.	Va am				O., MD 21215
Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE OF):				3 Years
	_ d					
PART II. Other significent condit	iona contributing to de	ath but not resulting in	the underlying cause given	PER	SAN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)		
1 WES 2 DATO	HOSPITAL:		OTHER: 4   Nursing Home 6   Nesider	nce 6 - Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF IN. (Month, Day,		OF 28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCI	JRED
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF II building, etc	NJURY — At home, farm, str (Specify)		281. LOCATION (Str City or Town, S		or Rural Route Number,
one)			ist the time, date and piece, and			
29b. SIGNATURE AND TITLE OF CERTIF	Tuedma	n hus	29c. LICENSE	NUMBER 01703	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	Fri Cav	of OBATN (ITEM 27) (Type, I	3 Crossroud	Dr. Suy	F 34	Owing , Mules Mis
JAN 0 2 1992	funa Davidson	FIGHALUBE				





36334

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH TREG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH EDITH 6:03A SCHWARZ 24 PAULINE 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig 28 1 - M 2 DF 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ospita RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO Baltimor 10s. STATE 10h COUNTY M FUNERAL 10e STREET AND NUMBER 101. ZIP CODE WHAT COUNTRY? 6414 PARK HEIGHTS AVE., APT. E-4 121 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTR (Specify only highest (Give kind of work done during most of working life. Do NOT use retired.) 12 College (1-4 or 5+) SEAMSTRESS WOMEN'S CLOTHES notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THEODOR MATHILDE RAGER HERZ 19a. INFORMANT'S NAME (Type/Print) MR THOMAS A SCHWARZ 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. CHARLES A. SCHWARZ 89 PEACHTREE LANE ROSLYN HEIGHTS, NY 11577 20a. METHOD OF DISPOSITION

1 Burlai 2 Cremation 3 Removal
4 Donation 5 Page 10 must be 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, Stata Donation 5 Other (Specify) AHVAS CHESED RANDALLSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 war 23. FART I. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only ona ceuse on Intarvai Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ DUE TO (OR AS A CONSEQUENCE OF): ellulitis resulting in death) traumatic event, Stenosus AORNO CERTIFICATION Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Potycy The min CAUSE (Disease or injury Injury, or other DUE TO OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VerA Show Them! shows any 1 - YES 2 NO 1 YES 2 NO certificate has been the State Dept. of the State Dept. of tem 23 sh 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatiant 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidenca 8 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending M 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 🔲 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death or 295, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 12/24/9 Modical ATTENDING D 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SchWARTZ M. D.

32. REGISTRAR'S SIGNATURE ... will ason fandale

JAN U 2 1992

24 nours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

page 5 should be detached for use as the burial-transit

filled in by the funeral director, ion, or removal.

been signed by the attending physician and completely file it, of Health and Mental Hygiene prior to burial, cremation,

this c

After the

medical

Pages 1, 2, 3 should

permit.

P.O. BOX 68760, DIVISION OF VITAL RECORDS,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: Aft hours after dea TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho

STIEST ATTEMPT Y N1-11-1 VI PARTITION IN THE PARTY AND ADDRESS OF THE PART

posteril us a medical

DIVISION OF VITAL RECORDS, P.O. BOX 68760, In the ADSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

d fillowing. The law equites that the death centilicate be executed within 24 hours after death. Page o may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	900
retained by th	5 should be d	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
may be	or, page	ust be
-age	al direc	iner m
r oeam.	al.	ехаш
nrs arre	in by th	edical
24 190	filled ion, or	the m
WILLIAM	npletely	vent,
ובניתובת	and con burial,	atic e
20 20	ician a	пави
Illicate	g physiene pi	ther
an me	tal Hyd	, or 0
ale u	y the a	Injur
DIN CO	gned b	s any
inha.	been si	show
ווב ומא	e has	m 23
CIAIN.	ertificat he Stal	or ite
io io	E E	rked,
DAILOR	: After	ls ma
N I I	RECTOR rs after	т 28
אר ס	AL DIP 72 hou	If Iter
100	HJNER within	PORTANT: If Ite
1	THE HINERAL DIRECTOR: After be filed within 72 hours after death	MPOR
11	-	_

	FOR											91	3	5335
	1 - STATE REGISTRAR		SIAIE OF N	MARYLAND	/ DEPAF	ICATE	OF I	DEATH AND	MEN	REG. NO	E			
	t. DECEDENT'S NAME (First	Middle, Last)								DATE OF DEATH	AV .	YEAR	3. TIME (	OF DEATH
	4. SOCIAL SECURITY NUMBER	SHIRLE		SCHE						12 26		991	1:	45 A M
	219-28-1		5. SEX 1 M 2 KP F	8. AGE (In yrs. I	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		ATE OF BIRTH Month, Day, Year) 10-24-19	930	Count	IPLACE (St.	ate or Foreign
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	TOWN	OR LOCATION OF D	EATH	20 01 20		JNTY OF E		
CTOR	THE JOHNS	HOPK	INS HOSPI	TAI.		B/	ALTI	MORE CIT	Y					
DIRECTOR	MARYLAND	10b. COUNTY	LTIMORE		10c. CIT	Y, TOWN O		TIMORE					10d. INSH	DE CITY IS?
FUNERAL	10e. STREET AND NUMBER 2902 CH	OKEBER	RY CT.				101	ZIP CODE 2120	09		10g. CI	US	WHAT COU	
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	12.1	MAS DEC	ENDENT OF HISPA	WC 0	10100 (0 14 M				100/-
BY	1 Never Married 2 X 3 Widowed 4 Divo	Married roed	FORCES? 1	YES 2 AR OR DATES A	NO	,	r yes, sp	ecify Cuben, Maxico 2 NO Specif	en, Pu	erto Rican, etc.)	or No-	14. RAC Blac Spec	E — Americ k, White, at thy: WH	en Indien, c. ITE
	15. DEC	EDENT'S EDU	CATION	18a. C	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +	,	Give kind of the Do NOT us  CLE		luring mo	st of working					IPANY	
CON	17. FATHER'S NAME (First, M.	iddle, Last)			CBL	100		18. MOTHER'S NA	ME (F	irst, Middle, Maiden			22.711.72	
BE	JAM		SIMMONS						OSE		EDMAI			
2	19a. INFORMANT'S NAME (7)	The state of the s	'ED	1				nd Number or Rural		Number, City or Tow.		(p Code)	200	
	20a. METHOD OF DISPOSITI	ON	10-1	20h PLACI	EANDDATE					OATE 20c. LO				
	1X Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remo (Specify)	oval from Stata	cemetery, c	rematory or o	ther place)	ONG	12-2	- 1			BURG		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	1 1 1/1/	ew	0110	22.1	NAME AN	REISTER	CILITY	SOL LE	VINS	& AC	BROS	., INC. 21215
CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition reauting in death)  Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or input that initiated avents resulting in death) LAS	ona, flate NG	DUE TO DUE TO	O CAYOO OO AS A CONSI	dral EQUENCE OF EQUENCE OF HE	Pa	faner	extre	n	arcm	oma	a		hours months
PHYSICIAN: MEDICAL CI	Leukem	old	contributing to	death but not	resulting i	in tha und	deriying	ı cause givan in	Part	i. 24a. WAS AN PERFOR	MED?	24b	AVAILABLE	ON DF CAUSE
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck on	ly one)				
7	1 VES 2 NO		Inpatiant 2 🗆	ER/Outpatient	1	4 🗆 Nurs	ing Home	5 - Rasidenca						
BY Pr	Natural 5 🗆 I	Pending	28a. DATE OF (Month, Da		28b. TIMI	E OF URY M	28c. INJI WO! 1 \square Y	JRY AT RK? ES 2 NO	28d.	DESCRIBE HOW IN	JURY OC	CURED		
	3 Suicide 8 G	Could not be letermined	28s. PLACE OF building, a	INJURY — At h	ome, farm, a	treet, facto	ry, office		28f.	LOCATION (Street a City or Town, State)	nd Numbe	r or Rural F	loute Numbe	og .
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	CAN: To the beat of r	my knowledge, d	anth occurre	ed at the tir	ne, data	and place, and dua	to the	cause(s) and man	ner as ata	ted.	) and mana	
N P		OF CERTIFIER	R					29c. LICENSE NUM					(Month, Day	
2	30. NAME AND ADDRESS OF	1/11	COMPLETEO CAUSE	OF OEATH (ITE	EM 27) (Type,	Print)	,,,			. 1		10	46/	71
	31. DATE FILED (MORT), Day, Y	Wo 14 2"1992	32. REGISTRAF	S SIGNATURE	er //c	o Ma	cilbi	0x 130	a t	trmore,	MI	2	2120	05
	JAN	~ 1332	g											

Myrx one of Wileyandian Ramp 5, 16 25 19 TOTAL STATE AND IN A SALES OF AN AREA STATE OF A SALES BALTIMORE, MARYLAND 21215-0020

TO THE TOTAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE TOTAL INTEGRAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the completely filled in the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT II from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-7751-510 FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

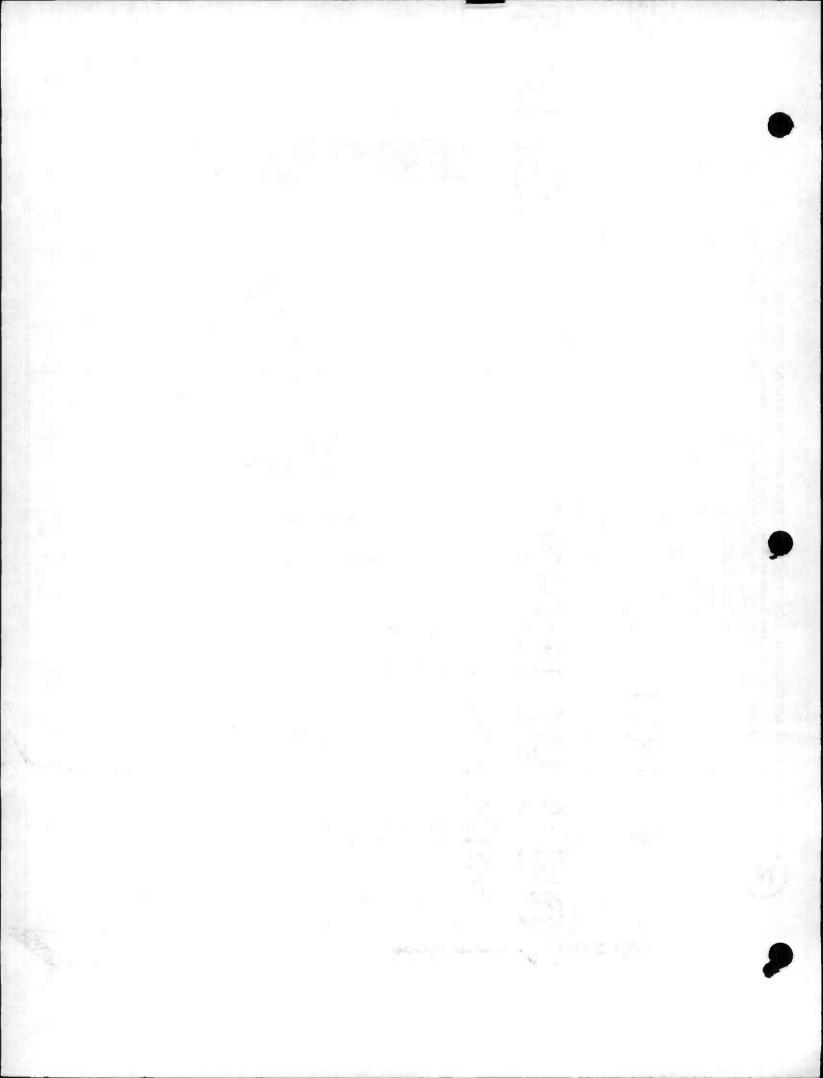
	ricalottan		CEI	KIIIFIG	CATE	OF DEAL	H	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lust) SAMUEL L.		SI	LVEF	RMAN		1	2. DATE OF DEATH DO 2	19	3. TIME OF DEATN 9 8:55 P.M
			E (In yrs. lest b		IF UNDER 1 YE			7. DATE OF BIRTH		6. BIRTHPLACE (State or Foreign
	217-38-0392	1 🔀 M 2 🗌 F	91	YRS.	ONTHS DA	YS HOURS	MIN.	(Month, Day, Year)	000	Country)
	9e. FACILITY NAME (If not institution, give street	et and number)		3	9b. CITY, TO	WN OR LOCATIO	N OF OEAT	TH THE		LITHUANIA  NTY OF DEATN
DIRECTOR	15 CHARLES PLAZ	A APT 13	305	_	BALT	IMORE	CIT	Y		
ਨੂੰ	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY									
3	10			10c. CITY,	TOWN OR LO					10d. INSIDE CITY LIMITS?
	MARYLAND  100. STREET AND NUMBER				DALT	IMORE				1 YES 2 NO
FUNERAL	15 CHARLES PLA	ZA, APT. 13	305			10f. ZIP CODE		201	10g. CIT	USA
J.	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARME	D	13. WAS	DECENDENT OF	NISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			1 🗆	YES 2 NO	Specify:	Puerto Rican, atc.)		Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECE	DENT'S US	SUAL OCCUP	ATION	,	16b. KIND OF BUS	SINESS/INC	DUSTRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do			most of working				
M		5+		ATT	ORNEY				LA	W
8	17. FATHER'S NAME (First, Middle, Lest)  MORRIS SILV	ERMAN				18. MOTHE		ACHEL (		
B	19a. INFORMANT'S NAME (Type/Print)	EIGHIA						,	UNKN	
2		DMAN						ite Number, City or Town		
	MRS. EVELYN SILVE						API			., MD 21201
	1 Donation 2 Other (Specify)	al from Stata Ce	BETH	tory or othe	or place) OH CO	NG. 12	2-29-			City or Town, State  LTIMORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1			22. NAM	E AND ADDRESS	S OF FACIL	SOL LEV	TNSO	N & BROS., INC.
	Hydrey L. D	tellman						WN RD., E	BALTO	., MD 21215
	ehock, Dr heert feffure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	O Couse on	OSC	160		-		ss cardiec or respi		Interval Between
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in desth) LAST	OUE TO (OR AS								
0	PART II. Other significent conditions of	contributing to death	but not resu	uiting in	the underly	dag source of	una la Da	- 1   A		
EDICAL		To acating	DUCTION TEST	aiting in	me under	ying cause giv	ven in Pe	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								_ 1 _ YES 2	KHO	COMPLETION OF CAUSE DF 0EATH?
≥								-		1 TES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			-	20	. PLACE OF DEA	TH Cheek			
Sic		OSPITAL:	netlant 3 🗆		THER:					
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF INJURY		8b. TIME C	OF 28c.	INJURY AT		Other (Specify)  Bd. DESCRIBE HOW IN	LIURY OCC	TIRED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJUR		WORK?				one)
	3 Suicide 6 Could not be	26e. PLACE OF INJURY	Y — At home,	farm, stre	et, factory, o	ffica	26	81. LOCATION (Street as	nd Number	or Rural Route Number.
COMPLETED	4 Nomicide determined	building, atc. (Spe	спу)					City or Town, State)		
7 1	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	viedos desth	occurred i	et the time of	ete and alane				
<b>S</b>	one) 2 MEDICAL EXAMINER:	On the besis of examination	on end/or Inve	atigation,	in my opinio	, death occured	at the tim	e, date and place, and	due to the	o couse(s) end menner es stated.
	296, SIGNATURE AND TITLE OF CERTIFIER					-				
8	AND	N				29c, LICEN				SIGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	EATH (ITEM 27	7) (Type Pri	int)	0.0.	M.E	•	12.	-28-1991
	X. A. SV	Mex	11			STREET	BAI	LTIMORE	MAR	YLAND 21201
	31, DATE FILED (MONIT! Day, Year)  JAN 0 2 1992	32. REGISTRAR'S SIGN	IATURE.							

11 - 17 - 1

Annual Property of the Control of th

his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	4
1, 2, 3	
. Pages	
permit	
I-transit	
e buria	
se as th	
od for us	
detache	once.
ad bluc	led at
ge 5 sh	e notif
ctor, pai	unst b
rai dire	iner
the func	e exam
d in by or remo	umatic event, the medical examiner must be no
tely fille mation,	t, the
comple	c even
ian and	anmati
physic ene prio	ther tra
rttending tal Hygi	, or 0
nd Men	inju
signed Health a	ws an
s been ept. of	23 shows any injury, or other tr
icate ha	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
is certif	ed, or
After th	mark
ECTOR:	n 28 i
72 hou	if iter
FUE	RTANT
1	MPC

	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT OF I		MENTAL HYGIEN	_	1 36337
	1. DECEDENT'S NAME (FIST, Middle, Just)	Schu	(GILBERT				2. DATE OF DEATH	AY B YE	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.6	BIRTHPLACE (State or Foreign Country)
	218-18-4245  9a. FACILITY NAME (If not institution, give st		83		9h CITY TOWN	OR LOCATION OF DI	1_4-10-190	9c. COUNTY	MARYLAND OF DEATH
DIRECTOR	918 ARBUTUS DRIVI					APOLIS			ARUNDEL
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
		NE ARUND	EL		ANNAI				LIMITS?
FUNERAL	10e. STREET AND NUMBER				, K	1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
W W	918 ARBUTUS DRIVE		IT EVER IN U.S. ARI	-		214	~~		USA
	1 Never Married 2 X Married		YES 2. N		If yes, s	ecify Cuban, Maxica	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES(121)		1 🗆 YE	NO Specif	y:		Specify: WHITE
日	15. DECEDENT'S EDUC (Specify only highest grade		(Gh	ve kind of	USUAL OCCUPATI	ON ost of working	16b, KIND OF BU	SINESS/INDUST	RY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	BRO	KER			SEA FOO	D
S	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BEC	MOSES	SCHWAR	rz				MARY	FARBER	
10	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zip Coo	io)
٦	MRS. HELMA SCHWAF	RTZ	9	18 A	RBUTUS I	RIVE AN	NAPOLIS, M	D 214	03
	20s. METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Rame  4 Donation 5 Other (Specify)	oval from Stata	of cemetary,	cremator	e of disposition y or other place) OUNG MEN			CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //		DAA T	22. NAME A	ND ADDRESS OF FA		LTIMOR	& BROS., INC.
	· Ellersue	dev	roon	1	6010 R	EISTERST	OWN RD., E	BALTO.,	MD 21215
CERTIFICATION	23. PART I. Enter the diseases, or cashock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO	O (OR AS A CONSEC	OUENCE C	CEP:				Approximate Interval Between Onset end Death
E I		d				_			
	PART II. Other significent condition	s contributing to	death but not n	esuiting	In the underlyle	ng cause given in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
20						5	1 _ YES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?
ME							_		1   YE\$ 2   NO
ä			3.5						
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		- 330	OTHER:	PLACE OF DEATH (C)	Cara lucio		
1YS	1 YES 2 NO	1 inpatient 2	ER/Outpatient 3	26b. Til		me 5 Residence	6 Other (Specify)  28d. DESCRIBE HOW	IN HIEV OCCUR	FO
BY PI	1 Natural 5 Pending 2 Accident Investigation		Day, Year)		JURY W	ORK? YES 2 NO	200. DESCRIBE NOW	Magni occon	
	3 Suicide S Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At ho i, etc. (Specify)	me, farm,	street, factory, off	ce	2st. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
COMPLETED	Change						a to the cause(a) and me s time, data and place, a		ause(a) and manner as stated.
BE	294 SIGNATURE AND TITLE OF CERTIFIE	/wc	Our	) U	nD	29c. LICENSE NU	MBER 3	29d. DATE SI ▶ /2	GNED (Month, Day, Year)
D 10	10 le . f.	O COMPLETED CAN	JSE OF DEATH (ITE	M 27) (Typ	1833	Firest	Andre A	7440	In Pain
	31. DATE FILED (Month, Day, Year) JAN 0 2 1992	32. REGISTR	1	1	10-7		17010 ( 1)	rica	
	JAN U 2 1992	o were	kurdson-you	ndelle	2	-		m	021401



BALTIMORE, MARYLAND 21215-0020 S P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law jequing TO THE FUNERAL DIRECTOR: After this certificate has been soon be filed within 72 hours after death with the State Dept. of Head DIVISION OF VITAL RECO

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

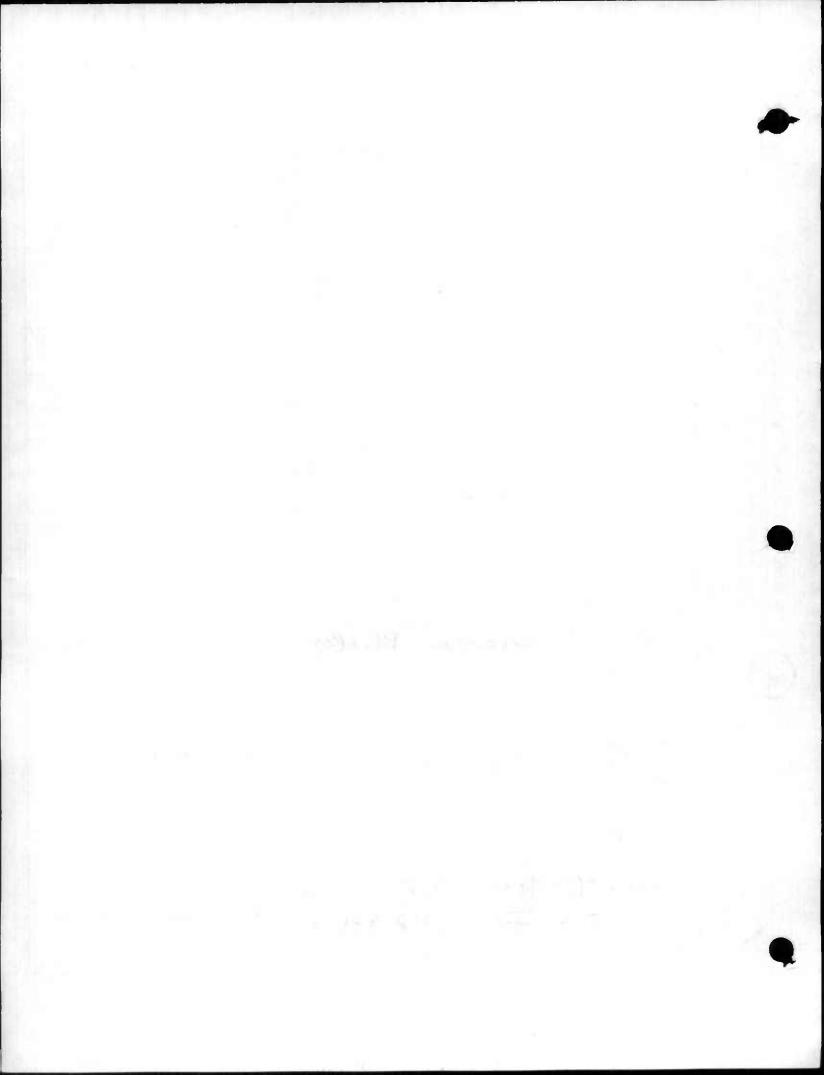
	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND C	/ DEPAF	RTMEN	T OF H	HEALTH	AND I	MENTA	L HYGIEN	E	9	36338
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI		DEA		2. DATE	OF DEATN	_		3. TIME OF DEATN
	Matilda The	0 m p 5 0	h						MONT		W	YEAR	7. CC 1 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDE	R I YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN		- / /	IPLACE (State or Foreign
	213-07-5958	1 - M 2 - F	80	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year) 0-15-1	7	Countr	y)
	9a. FACILITY NAME (If not institution, give stre	eet and number)	- 00		96. CIT	Y. TOWN	OR LOCATION	ON OF DE		1-12-1		NTY OF D	Va.
R	Joseph Aich	ey Ho	spice	,	-		· i M C				9		EATH
DIRECTOR	RESIDENCE OF DECEDENT					CETT	I Ind C	7, 6	_			144	
H	Md. Ba:	lto.			Y, TOWN			,					10d. INSIDE CITY
		100.		Tu	rne	rs S	Stat	10n					1 YES 27 NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE	E			10g. CIT	ZEN OF V	VHAT COUNTRY?
i i	238 Oak St.						212	22				US	Sa
5		12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F HISPAN	VIC ORIGI	1? (Specify Yea	or No-	14. RACE	— American Indian, c, White, atc.
ВУ	1 Never Married 2 Married 3 N Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR OATES	X			2 XNO			Rican, etc.)		Speci	
												Bla	ack
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade of	ompleted)	(0	ECEDENT'S Give kind of	work done	during mo	ON ost of workin	g	168	. KIND OF BUS	INESS/INE	DUSTRY	
٦	Elementary/Secondery (0-12)	College (1-4 or 5+)	) [ ""	e. Do NOT u			. ,						
× I	17. FATHER'S NAME (First, Middle, Last)				Do	omes	tic						
		D = 1								Middle, Maiden 3			
BE	William Scott  19a. INFORMANT'S NAME (Type/Print)	Palme						rand			gus		
2			19							ber, City or Town			
	LILLIAN CRAIG							. Ba	alto	., Md			
	20e. METHOD OF DISPOSITION 1 M Burlat 2 Cremetion 3 Remov	ral from State	20b. PLACE cemetery, cri	ematory or o	ther place!				OAT	/ / /	ATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)	Neee	Gali	lee	Bar	ot.	Chu	rch.	Cen	LAp	pom	atax	. Va.
	Service Bloom	-								N & S	ONC		
	James a	· Mo	ton	7								λ	ld.21217
	23. PART U Entar tha diseases, or co shock, or heart failure. Li	mplicationa that	caused tha de	eath. Do r	not antar	tha mo	da of dyl	ng, sucl	as care	flac or respir	atory arr	eat,	Approximata
	IMMEDIATE CAUSE (Final	at only one caus	e on aach lin	о.									Interval Batween Onset and Death
	disease or condition resulting in death)												
		DUE TO (	OR AS A CONSE	OUENCE OF	F):								
Z	Commendation that are also to b.												ļ
ERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSE	OUENCE OF	7):								
2	CAUSE (Disease or Injury												
1	that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSE	QUENCE OF	3/	10	01						
8	d.	Carre	inoma	V	Dla	da-	? -						4 mes
0	PART II. Other significant conditions	contributing to d	laath but not	resulting (	n the un	darlying	Cause o	iven in l	Part I	24a. WAS AN A	UITOBEV	245	WERE AUTOPSY FINDINGS
2						,	, ,			PERFORM		240.	AMILABLE PRIOR TO COMPLETION OF CAUSE
									- 1	1   YES 2	NO		OF OEATH?
Σ									- 1		,		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN: MEDICAL		HOSPITAL:			OTHER	₹:	ACE OF DE			-	1		9
¥	27. MANNER OF DEATN	28a. DATE OF II					5 🗆 Res	idenca (			tosp	105	1.4
	1 Natural 5 Pending	(Month, Day		28b. TIMI		28c. INJU	RK?	224	28d. DES	CRIBE NOW IN	JURY OCC	CURED	
В	2 Accident Investigation	200 BLACE OF	IN H IPW As b.				ES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	building, or	INJURY — At he tc. (Specify)	ome, tërm, e	rreet, fact	ory, office			City	ATION (Street an or Town, State)	d Number	or Rural Ro	oute Number,
H	29a. CERTIFIER			-									
COMPLET	(Check only 1 CERTIFYING PHYSICIA	AN: To the beat of m	ny knowledge, de	eath occurre	d at the ti	lme, date	and place,	end due	to the cau	se(s) and mann	er ae state	ed.	
00	2 MEDICAL EXAMINER:	On the basis of axa	mination and/or	Investigation	n, In my o	pinion, de	eth occure	d at the t	time, data	and place, and	due to the	e cause(s)	and manner as atated.
BE (	200. SIGNATURE AND TITLE OF/CRUTTURER	terre	M	7			29c. LICEI	NSE NUM	BER		29d. OATE	SIGNED	(Month, Day, Year)

3 Suicide 6	Could not be detarmined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)	281. LOCATION (Street City or Town, State	and Number or Rural Route Number,
29a. CERTIFIER (Check only one) 2 1	ERTIFYING PHYSICIAN:	To the best of my knowledge, death occurred at the time, dete the basis of axamination and/or investigation, in my opinion, o	and place, end due to the cause(s) and me death occured at the time, data and place, at	inner se stated.  nd dus to the cause(s) and manner as atated.
290. SIGNATURE AND TO	TLE OF CHITTINER	10	29c. LICENSE NUMBER	29d. OATE SIGNED (Month, Day, Year)

C

828

JAN 0 2 1992 Davidson - Randall



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the precured within 24 Nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed that has been signed to the law oppose of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF	MARYLAND C	DEPAR ERTIF	ICATI	OF HE OF	DEAT	AND I	MENTAL HYG	NO.	J 1	00000
	1. DECEDENT'S NAME (First, Middle,		Tutal	. 4.	١٨				2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	30 H	Q I	THPLACE (State or Foreign
	213-03-184	13 1 M 2 D F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	9-12-	09	Cou	Vid a
	9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY	, TOWN (	OR LOCATION	ON OF DE			OUNTY OF	
OR	Church Hou	me Hosp	ital		6	alt	ıwo	Ye.	Lity	₩ €	3014	imore
띮	RESIDENCE OF DECEDER	COUNTY		I soo CIT	Y, TOWN C			111				
DIRECTOR	Md. B	altimore		100.01	t, lown c		sex					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	our vinoro					ZIP CODE			100 (	HTIZEN OF	1 TYES 2 NO
ER/	315 Magnol	ia Terra	ace					122	1	log. C		S . A .
BY FUNERAL	1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 M WAR OR DATES	RMED NO		If yes, sp	ENDENT O	n, Maxicar	IC ORIGIN? (Speci n, Puerto Rican, at	ly Yea or No—	14. RAI Bla Spe	CE — American Indian, ck, White, atc.
9	15. DECEDENT' (Specify only highest	S EDUCATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND O	F BUSINESS/		111100
	Elementary/Secondary (0-12)	College (1-4 or 5		Sive kind of a			st of workin	g		7		
COMPLETED	6th		- 0	arpe	nte	r			Bet.	nlehe	m S	Steel
	17. FATHER'S NAME (First, Middle, La								ME (First, Middle, M			-
BE	Harry Tuto  19a. INFORMANT'S NAME (Type/Print	hton						ane		enson		
5	Judith For	*	16	1317					allsto			1047
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3   4 Donation 5 Other (Specify,	Removel from State	20b. PLACE cometery, cri	AND DATE	OF DISPOS		me of		DATE 20	Balto		the state of the s
	21. SIGNATURE OF FUNERAL SERVI		0.00	DC WI	-			S OF FAC				
	23. PART I. Enter the diseases	Conne	lly		7:	110	Sol	ler	s Poin	t Roa	d 21	undalk 222
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Oue to	OCHAS A CONSE	ovence or columnce or rati	inq	9	Seps	213				Onsat and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant cond		daath but not	ssuiting i	n the un	dariying	cause g	iven in F	PE	S AN AUTOPS RFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 A NO
흐	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)			
17S	1 TYES 2 NO		ER/Outpatient 3		4 🗆 Nurs	ing Home			Other (Specify,			
BY P	1 Natural 5 Pending 2 Accident Investige		lay, Year)	26b. TIME	E OF URY M	28c. INJU WOI 1 Y		Corn.	26d. DESCRIBE H	OW INJURY O	CCURED	
	3 Suicide 6 Could no 4 Homicide detarmin		OF INJURY — At he etc. (Specify)	me, farm, s	treet, facto	ery, office			281. LOCATION (St City or Town, S	reet and Numb Nate)	er or Rural	Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING I	PHYSICIAN: To the best of a	my knowledge, de	ath occurre	d at the ti	me, data	and place,	and dua t	o the ceuse(s) end ime, data and plac	menner es a	lated. the cause(	s) and manner as stated.
_ 11	296. SIGNATURE AND TITLE OF CER	TIFIER					29c. LICE	NSE NUME	BER	29d. D/	ATE SIGNE	(Month, Day, Year)
O BE	Kerrenklder	mb Ho	use of	cer			D3	89	93	•	12/3	solai
	30. NAME AND ADDRESS OF RERSO  POLY CU  31. DATE FILED (Month, Day, Year)	ermo	22. S. C In's signature	YCPU		str				re N		
	JAN U Z 1992	7	201									

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the time the certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been a reveal by this rending physicial be filed within 72 hours after death with the State Dept. of Humbrand and Hygiene prior
REG	w reques	bt. of Hear
OF VITAL	PHYSICIAN: The la	this certificate has with the State De
DIVISION	L DR ATTENDING I	DIRECTOR: After hours after death
	HOSPITA	FUNERAL within 72
	TO THE	TO THE be filed

-	1 - FOR STATE REGISTRAR	STATE UF MARY	LAND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	MY YI	3. TIM	E OF DEATH
	Ronnie	Timmons				Dec. 27	1991	EAR	
	4. SOCIAL SECURITY NUMBER			FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE Country)	(State or Foreign
Н	218-44-1640	1 € M 2 □ F	45 YRS.	MINS DATS	HOURS MIN.		946		ryland
	9a. FACILITY NAME (If not institution, give s			b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH	
	Washington Co	ounty Hosp	ital	Hager	stown		Was	hing	ton
	10a. STATE 10b. COUNT	Υ	10c. CITY, 1	OWN OR LOCA	TION			10d. IN	ISIDE CITY
	Maryland		Ra.	timor	.0			LI	MITS?
	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN	OF WHAT CO	
	4714 Wakefield	Road #1	.03		2121	6	111	SA	
	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPA	ANIC ORIGIN? (Specify Ye		RACE Ame	orican Indian,
1	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			S 2 NO Spec	can, Puarto Rican, atc.)		Black, White, Specify:	alc.
				1				H	Black
ı	15. DECEOENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use r	done during me		16b. KIND OF BU	SINESS/INDUST	FRY	
ı	9th Grade	College (1-4 or 5 +)	ing. Do Not use /	aurou.)					
ı	17. FATHER'S NAME (First, Middle, Last)				40 1407145000 14	AME (First, Middle, Maiden			
	Bernard Timmo	n c					,		
I	19a. INFORMANT'S NAME (Type/Print)	7115	19b. MAILING AL	DRESS (Street )		eta Hawth		del	
	Kathy J. Timmo	ns	4714 1	Jakofi	old Po	#103 ad Balti	more	MD	21216
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION /Na			CATION - City		21216
	1 X Burial 2 Cremation 3 Ram 4 Donalion 5 Other (Specify)		emetery, crematory or other Cedar Hij	plece)	eterv	12/31 Ba	12.00		
	21. SIGNATURE OF FUNERAL SERVICE LIC					ACILITY Nutter	Fune	ral H	omes Ti
	> 1/00 10 00	0 Bu.O.	,,	250	1.Gwyn	ns Falls , Marylan	Parkw	av.	Omed I
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	,					
	PART II. Other algoriticant condition	d	0 8 9		g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	AVAILAI COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITH? ES 2   NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF DEATH (C	heck only one)			
- 66	1 TES 2 NO	HOSPITAL: 1  Hopetlent 2 ER/Ou		THER:  Nursing Hore	ne 5 🗆 Residence	6 Other (Specify)			
		28a. DATE OF INJURY	28b. TIME C		JURY AT	26d. DESCRIBE HOW	INJURY OCCUR	ED	
	27. MANNER OF DEATH	(Month, Day, Year)				1			
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO	1			
	1 Netural 5 Pending	(Month, Day, Year)	Y — At home, farm, stre			281. LOCATION (Street City or Town, State)	and Number or F	Rural Route Nu	mber,
	1 Netural 5 Pending Investigation 3 Suicida 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	(Month, Day, Year)  28e. PLACE OF INJUR building, atc. (Sp	wledge, death occurred a	et, factory, office	e and place, and du	City or Town, State) e to the cause(s) and me	nner as atated,		
	1 Netural 5 Pending Investigation 3 Suicida 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	(Month, Day, Year)  28e. PLACE OF INJUF building, atc. (Sp  ICIAN: To the best of my kno  R: On the basis of axeminat	wledge, death occurred a	et, factory, office	e and place, and du	City or Town, State) e to the cause(s) and mer e lime, date end place, er	nner as stated,	ruse(s) and m	enner as stated.
	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Day, Year)  28e. PLACE OF INJUF building, atc. (Sp  ICIAN: To the best of my kno  R: On the basis of axeminat	wledge, death occurred a	et, factory, office	e and place, and du	City or Town, State) e to the cause(s) and mer e lime, date end place, er	nner as stated,		enner as stated.
	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Day, Year)  28e. PLACE OF INJUF building, atc. (Sp  ICIAN: To line best of my kno R: On the basis of axeminati	wiedge, death occurred on and/or investigation, in the state of the st	et, factory, office at the time, date in my opinion, d	and place, and du leath occured at Ih	City or Town, State) to the cause(s) and me e Ilme, date end place, er	nner as stated, and due to the call 29d. DATE Side	GNED (Month,	anner as stated.  Day, Year)
	1 Netural 2 Accident 3 Suicida 4 Homicide  29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIE	(Month, Day, Year)  28e. PLACE OF INJUF building, atc. (Sp  ICIAN: To line best of my kno R: On the basis of axeminati	wiedge, death occurred on and/or investigation, in the state of the st	et, factory, office at the time, date in my opinion, d	and place, and du leath occured at Ih	City or Town, State) e to the cause(s) and mer e lime, date end place, er	nner as stated, and due to the call 29d. DATE Side	GNED (Month,	anner as stated.  Day, Year)

Western E reader the forest the second of the quale ble

DHMH-18 Rev 1/89

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

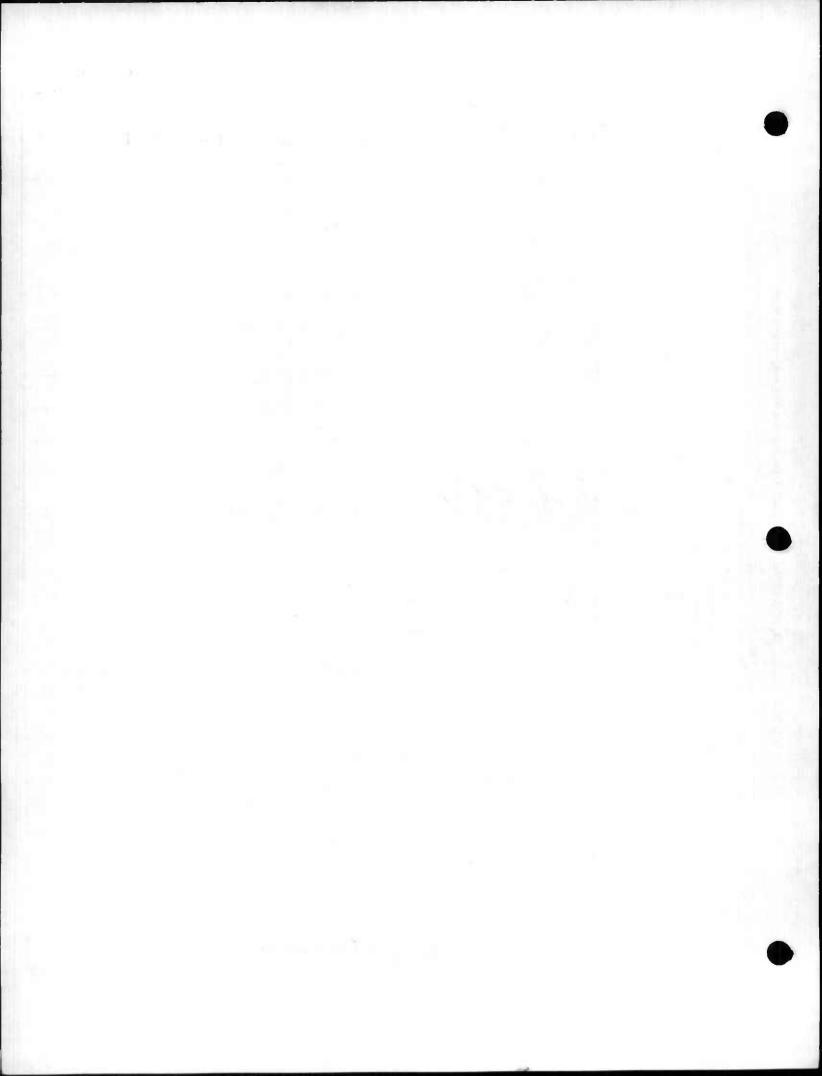
TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR	SIAIL OF MAN	CERTIFI	CATE	OF DEATH	MICHIA	REG. NO.				
BOBBY L		L. THOMA				ATE OF DEATH		YEAR	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	A CONTRACT OF A	E (In yrs. lest birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS	7. DATE	OF BIRTH	30 6	Country)	LACE (State or Foreign Carolina	
9e. FACILITY NAME (# not institution, give street end number) St. Joseph Hospital		7110.	9b. CITY, T		OR LOCATION OF DEATH			out inor	ATH	
RESIDENCE OF DECEDENT			TOWB	OIL			Dare	Illiot		
Maryland Balt	imore	r, town or ltimo				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔯 NO				
100. STREET AND NUMBER 1734 Red Oak Rd.			101. ZIP CODE 21234			U.S.A.				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced	12. WAS DECEDENT-EVE FORCES? 1 YI	ES 2 NO	lf y	S DECENDENT OF HISP rea, specify Cuban, Mex YES 2 X NO Spe	ican, Puerto		or No— 14. RACE — American Indien, Black, White, etc. Specify: White			
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCC	UPATION ring most of working	16	b. KIND OF BUSI				
Elementary/Secondary (0-12)	College (1-4 or 5+)	e retired.)	Supervisor	: :	Sears R	Co.				
17. FATHER'S NAME (First, Middle, Lest) Harry Thomas				MOTHER'S NAME (First, Middle, Malden Sumama) Ethel Davis						
190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Rathy Garner  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Rt. 2, Box 391, Jonesville, S. C. 29353										
20a. METHOD OF DISPOSITION 1 Burlal 2 G Cremetion 3 Rem 4 Donation 8 Other (Specify)	noval from State	206. PLACE OF DISPOS Hilltop Se	rvice	corp. 1/2	2/92		son,		n, State	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/		ME AND ADDRESS OF CK TOWSON 50 York Ro						
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF	e p	nlmmy	d	nare	-		Interval Between Onset and Death	
PART II. Other algorificant condition	na contributing to deat	h but not reaulting	In the und	erlying couse given	in Part I.	24s. WAS AN A PERFORM	IED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH	(Check only	one)				
1 VES 2 NO	1 Inpatient 2 ER/0		4 🗆 Nursir	ng Home 5 🗆 Residen			HIDV OOO	IDEC		
1 Natural 5 Pending 2 Accident Investigation	Natural 5 Pending (Month, Day, Year) Accident Investigation				28d. DESCRIBE HOW INJURY OCCURED					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, stc. (-	URY — At home, farm, ( Specify)	street, factor	y, offica		OCATION (Street ar ty or Town, State)	nd Number o	or Rural Ro	ute Number,	
Cornect Crity	SICIAN: To the best of my ki								and menner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIED  Attributed by	EB . 0	m.s.		29c. LICENSE	NUMBER				Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	EON (TEM 27) (TIPO	Print)ST				LIZ	ows	ON, MD-	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE			-				VI VOY	

Lecion I Inches Burnell II was

DIVISION OF VITAL RECORDS PO BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the first that the firs
IMPORTANT: IT ICEM 40 IS MARKED, OF ITEM 43 SHOWS ANY INJURY, OF OTHER TRAINFAILS EVENT, THE MEDICAL EXAMINER THUS DE BOTTLED AT ONCE.

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE						WENT/	REG. NO			00092	
	1. OECEDENT'S NAME (First, Middle, Lest)	Helen Marie Vana							2. DATE OF DEATH MONTH 2 DAY 28 9 3. TIME OF DEATH 05 5 5 M					
	217 38 1514	5. SEX 1  M 2  F	8. AGE (In yrs. last 50	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		of BIRTH th, Day, Year) 24/194		Country	PLACE (State or Foreign	
DIRECTOR	University Hospital Ba						TOWN OR LOCATION OF DEATH  1timore City  9c. COUNTY OF DEATH  =======							
EC	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION	-					10d, INSIDE CITY	
L DIR							Burnie					LIMITS? 1 YES 2 NO		
BY FUNERAL	7611 Marcy Drive						101. ZIP CODE 21060					ZEN OF W	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	Never Married 2 Married FORCES? 1 ☐ YES 2 NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:						14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)					CCUPATIO during mos	N st of workin	g	16		USINESS/INDUSTRY			
OME	9th Grade  17. FATHER'S NAME (First, Middle, Last)		HO	Housewife								Maker		
		line W	Most Sr							Middle, Melden	Sumame)			
	Julius W. West Sr. Tina Madkins  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
10	Frank A. Vana			7611	Mar	cy I	rive						nd 21060	
	20e. METHOD OF DISPOSITION 1 © Burdel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 3 Other (Specify) 3 Other (Specify) 4 Donation 5 Other (Specify) 4 Date 20c. LOCATION — City or Town, State 3 Clen Haven Memorial Park 12/3 Glen Burnie, Maryland													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  George J. Gonce Funeral Home  4001 Ritchie Hwy. Baltimore									e P.A.					
CERTIFICATION													Approximate interval Between Onset and Death	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the under the start of the contribution of th						larlying cause given in Part I.				PERFORMED?		24b. WEHE AUTOPSY FINDINGS AMALAILE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:					ACE OF DE	ATH (Che	ck only o	ne)				
YSI	1 YES 2 NO	Inpatient 2	ER/Outpatient 3	DOA	OTHER 4 Nun		5 🗆 Res	sidenca 8	Othe	or (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation								26d. DE	DESCRIBE HOW INJURY OCCURED				
	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At home, farm, street, lectory, building, stc. (Specify)				ory, office					and Number or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
BE	296. SIGNATURE AND TITLE OF CERTIFIER	un answin				29c. LICENSE NUMBER				29d. DATE	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	F OF DEATH (ITEM	27) (Type,	Print)	SI	r (	300	+, ,	uve, 1	<u>un</u> :	2171	1	
	31. DATE FILED (Month, Day, Vear)	32. REGISTRAR	s signature 0 2 1992	711	Pulia.	Davids	on-Ro			1		110		



36343 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)			WALLACE					DEATH	3. TIME OF DEATH		
	ROBERT				CE			МОМТН	3 1	1 1 5	9EAR	5:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS E		IF UNDER 24 HRS.	7. DATE OF I	BIRTN ly, Ybar)		S. BIRTI	NPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	1-7	133	YRS.	N 72.11		SALARON CORP.	7-0	22-	80	3.	C.
OB	2429 EAST		STREE'	Г	-		TIMOR	DEATH E CITY		9c. COU	INTY OF E	HAB
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	24										
DIRECTOR	m D.	•		10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER				1311	170	-					1 YES 2 NO
FUNERAL	2429 E. Pro	STON	5+			101, 21	D In	13		10g. CIT	IZEN OF 1	WHAT COUNTRY?
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13. WA	S DECEN	IDENT OF HISP	ANIC ORIGIN? (S	pecify Yea	or No —	14. RAC	E — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 N	0	lt y	YES 2	fy Cuban, Maxi	can, Puarto Ricar	n, atc.)		Blac	k, Whita, atc.
	15. DECEDENT'S EDI	WWA	7				1				N.	egro
131	(Specify only-highest grad	e completed)	(G/	CEDENT'S ve kind of a Do NOT us	WSUAL OCCU	UPATION ing most o	of working	16b. KIN	ID OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	LAE								
00	17. FATNER'S NAME (First, Middle, Last)					1	S. MOTNER'S N	IAME (First, Middl	e Maiden	Sumama)		
ш	PAUL WALL	ACE					DRO	15/1/2	2	Bo	4/1	/
0 8	19a. INFORMANT'S NAME (Type/Print)	1 11	198	MAILING	ADDRESS (S	itreet and	Number or Run	I Route Number, C	City or Town	n, State, Zip	Code	\$1210
-	Lowise W	ALLAC	0	242	9 E	7.	Prest	on ST	-	Bos	170.	mo
	100a METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram	loval from State	20b. PLACE A cemetary, cres	ND DATE	OF DISPOSITION	ON (Name	U. V.AC	DATE	20c. LO	CATION —	City or To	wn, Stata
	4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	15-19	nn	1501	2/2	rest	16/	0	win	95	m: (15 M)
	Botts Guneral Mana Manager Licensee											
-	15e115 -un	nekal	Hone		11	21	NIC	AHOL	in	55	1	
	23. PART I. Enter the diseeses, or shock, or heart failure.	complications that List only one cau	it ceusad the dea	ath. Do r	ot enter the	e mode	of dying, su	ch es cardiec	or respli	ratory ari	rest,	Approximata
	IMMEDIATE CAUSE (Finel disease or condition											
	resulting in death)  ASTHMA  DUE TO (OR AS A CONSEQUENCE OF):											
-	_	502 10	(OR AS A CONSEC	UENCE O	-):							
CERTIFICATION	Sequantially list conditione, if any, leeding to immediate	bDUE TO	(OR AS A CONSEO	UENCE OF	÷):							
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	с										
빌	thet initiated evente resulting in deeth) LAST	DUE TO	(OR AS A CONSEO	SEQUENCE OF):								
병		d										
	PART II. Other eignificent condition	ns contributing to	death but not re	sulting i	n the under	rlying c	ause given i	Part I. 24a	. WAS AN		24b	. WERE AUTOPSY FINDINGS
MEDICAL								1	PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME											.	OF DEATH?
ä								_   '	NOU	4KY		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE	E OF DEATH (C	heck only one)				
IYS	XX YES 2 NO		ER/Outpatiant 3		4 - Nuraing			6 Other (Spe				
	1 Natural 5 Pending	28a. DATE OF (Month, D	ay, Year)	28b. TIMI INJ	URY	c. INJURY WORK?	7	28d. DESCRIB	E NOW IN	JURY OCC	URED	
ВУ	2 Accident Investigation 3 Suicida	28e, PLACE O	F INJURY — At hon	a tarm a			2 NO					
COMPLETED	4 Homicide 6 Could not be	building,	atc. (Specify)	·m, twrrer, a	treet, ractory,	Offica		261. LOCATION City or Tov	vn, State)	nd Number	or Rurai R	loute Number,
LE I	29a. CERTIFIER (Check only one)	CIAN: To the heat of	ens knowledge, dee		4 -4 45 - 41							
MC	(Check only one)  2  MEDICAL EXAMINE	R: On the besie of	in tion and/or in	vestigation	n, in my opini	on, death	pleca, and du	e time data and	and mann	ter sa atat	ad.	) and manner to the d
	296. SIGNATURE AND TITLE OF CENTIFIE	A /3 /5	-			-	c. LICENSE NU					
H	Junt.	Well h	Alvo	1		29	OCI			≥ 1 2	E SIGNED	(Month, Day, Year)
8/	30. NAME AND ADDRESS OF PERSON WN		E OF DEATH (ITEM	27) (Type,	Print)					. , 2		
	MAKIO F. GOLLE			ENN	STRI	EET	BAL	TIMORE	, MAI	RYLA	ND	2 1 2 0 1
	JAN 0 2 1992	32. REGISTRA	R'S SIGNATURE									

nuld be datached for use as the bunal-transit permit, Pages 1, 2, 3 should staned by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Programmer and the hospital DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral control of the control of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neithfind at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

17-1 77-

0 =xc 1

21 2 28 KH KH

1. DECEDENT'S NAME (First, Middle, Last)

29K SIGNATURE AND TITLE OF CERTIFIER

JAN 0 2 1992

4Mynum

31. DATE FILED (Month, Day, Year)

Mount bulling

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Koon

82. REGISTRAD'S SIGNATURE

BE

2

5. SEX

1 M 2 # F

4. SOCIAL SECURITY NUMBER

1 - STATE REGISTRAR

MARY

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Afr. American

Approximate

24b. WERF AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Interval Between

Onset end Death

1 F YES 2 NO

2 4

10:27

s. BIRTHPLACE (State or Foreign

Md.

BALTIMORE, MARYLAND 21215-0020	the mained by the hospital or attending physician.	un is should be detached for use as the burial-transit permit. Pages 1,	matified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORI	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per commission by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral research should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene brior to burial, cremation, or removal	IMPORTANT: Il Hem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examine manner marking at once.

215-18-3287 10/21/06 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 70 NORTH ARLINGTON STREET BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Md. FUNERAL 16a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 701 Arlington Ave. # 507 21217 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-ill yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 H Never Married 2 Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Char kind of work done during most of working 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Whittington Charles Whittington Henrietta BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2025 N. Wheeler Ave. Henrietta Bailev Baltimore, Md. 21216 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 \$\mathcal{H}\$ Burlet 2 \( \text{Coremetton} \) 3 \( \text{Removal from State} \)
4 \( \text{Donation} \) 5 \( \text{Other/Snorth} \) Arbutus Mem. Park Donation 5 - Other (Specify) Arbutus, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition . DTHEROSCIUMOTIC CAMPIONASCULM reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY CARCINOHO DEM REDS 1 YES 2 1 NO DUIGECOM 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA OTHER: 1X YES 2 NO e 5 X Realdence 6 C Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY --- Al home, larm, atreet, factory, office building, atc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAYS

8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS.

WHITTINGTON

2. DATE OF DEATH

7. DATE OF BIRTH

MONT 12

2 5 DAY

1991

USA

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

12/26/1991

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

O.C.M.E.

111 PENN STREET BALTIMORE, MARYLAND 21201

The Teach of the Control of the Cont

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the immitting the cian and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Heam and the complete of t
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the members are completely filled in by the funeral director, page 5 should be detached
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires man in recommendation are executed within 24 flours after death. Page 6 may be retained by the hose
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND

1. DECEDENT'S NAME (First, Middle, Last	6)	CE	HIII	CATE	OF DEATH		REG. NO	•		
Edith	WHET	751				MO	TE OF DEATH		VEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YE	AR IF UNDER 24	100 7.04	cember			6:40 A
214-26-4061	1 □ M 2 → F	69	YRS.	MONTHS DA		AIN.	onth, Day, Year)	000	Country)	ACE (State or Foreign
9e. FACILITY NAME (If not institution, give	atmet and number)	09		01 OF THE		re	0 20,		Md.	
		mi+-1			WN OR LOCATION	OF DEATH		9c. COUNT		
RESIDENCE OF DECEDENT	are Hos	spitar		Ros	sville			Balti	more	County
10e. STATE 10b. COUN	ITY		10c. CITY	TOWN OR LO	CATION				10	d. INSIDE CITY
Md. Ba	ltimore			Dan	dalk					LIMITS?
10e. STREET AND NUMBER				Dan	101, ZIP CODE					YES 2 TO
8038 Delhave	n Road					20		1724		T COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN ILE ADA	450	40.000	212				S.A.	
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 N		It yes	DECENDENT OF I i, specify Cuben, I YES 2 NO	GIN? (Specify Yer to Rican, etc.)	or No 1	Specify: Whi	American Indian, hite, etc.	
15. DECEDENT'S ED	UCATION	16a. DEC	CEDENT'S I	JSUAL OCCUP	PATION		6b. KIND OF BUS	NESS/INDIES		UE
(Specify only highest grad Elementary/Secondary (0-12)	de completed)  College (1-4 or 5 +	(Gh	Do NOT use	ork done during retired.}	most of working					
7th		,	ouse	wife			-			
17. FATHER'S NAME (First, Middle, Last)		31.	3 -100	- T amulu C	18. MOTHER	'S NAME (EL-	t, Middle, Malden	Cumper =1		
	gtman									
19a. INFORMANT'S NAME (Type/Print)	Omeni	1 101	MAU DIC	ADDRESS C			Boring			
Byron C. Whe	+70]	196.			et and Number or					
20a. METHOD OF DISPOSITION	0261				ven Ro	ad.			212	
t ☐ Buriel 2 ☐ Cremetion 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	cernetecy, creat	nd date of attempt of a transfer of the control of	er place)	(Name of	(		CATION - CIT		State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Oak Lawn Cemetery 12/31 Balto, Md.  22. NAME AND ADDRESS OF FACILITY  Connelly Funeral Home of Dundalk										
23. PART I. Enter the disease, or shock or heart falling	onne	lly	/	1/110	Solle	rs	Point.	Rd . Rs	1 to	ndalk Md.21
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in deeth) LAST	b. Pyloric DUE TO	ITEUS OR AS A CONSEOU	UENCE OF)	:						
PART II. Other significent condition	ns contributing to	death but not re	euiting in	the underl	ying cause giva	n in Part I,	24a. WAS AN			RE AUTOPSY FINDINGS
							1 T VEG 0	-Y		MPLETION OF CAUSE
							1 TYES 2	TV NO		DEATH?
							T TES 2	∑V NO		DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL.				. PLACE OF DEAT	H (Check only		[V NO		DEATH?
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL;	ER/Outpatient 3 (		OTHER:	. PLACE OF DEAT		one)			DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 XV Inpetient 2  28s. DATE OF I	NJURY	28b. TIME	OTHER: Nursing P	Iome 5 Reelde	nce 6 🗆 Ot	one)		1 (	DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 XNO	1 XV Inpatient 2 🗆	NJURY	DOA	OTHER:   Numing     NF   28c.	lome 5 - Raelde	28d. D	one)		1 (	DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF I (Month, Day 28s. PLACE OF	NJURY	28b. TIME INJU	OTHER: I Nursing P  DF 28c. RY 1	INJURY AT WORK?  YES 2 NO	28d. D	one)	JURY OCCUR	1 [	DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. DATE OF I (Month, De) 28e. PLACE OF building, a	NJURY y, Year)  INJURY — At homits. (Specify)  my knowledge, deat	28b. TIME INJU	OTHER:    Nursing	Iome 5 Reelde INJURY AT WORK? YES 2 Ne ffice	284. D 281. LC	her (Specify) ESCRIBE HOW IN OCATION (Street a by or Town, State)	IJURY OCCUR	1 [	DEATH?  YES 2 NO  Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28e. DATE OF (Month, De)  28e. PLACE OF building, a  SICIAN: To the best of n	NJURY y, Year)  INJURY — At homits. (Specify)  my knowledge, deat	28b. TIME INJU	OTHER:    Nursing	IOME 5 Reside INJURY AT WORK?  YES 2 No ffice lets and piece, and 1, death occured a	28d. D 28t. LC CA  due to the c	her (Specify) ESCRIBE HOW IN OCATION (Street a by or Town, State)	IJURY OCCUR  nd Number or  ner as stated,  I due to the c	RURAL ROUTE	DEATH?  YES 2 NO  Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2  NO  27. MANNER OF DEATH 1  Netural 5  Pending Investigation 3  Suicide 8  Could not be 4  Homicide determined  29a. CERTIFIER (Check only	28e. DATE OF (Month, De)  28e. PLACE OF building, a  SICIAN: To the best of n	NJURY y, Year)  INJURY — At homits. (Specify)  my knowledge, deat	28b. TIME INJU	OTHER:    Nursing	INJURY AT WORK? YES 2 Not files and piece, and it, death occured a 29c. LICENSE	28d. D  28d. D  28t. LC  CA  d dus to the c	her (Specify) ESCRIBE HOW IN OCATION (Street a by or Town, State)	nd Number or ner as stated, if due to the co	1 [RED Rural Route	DEATH?  YES 2 NO  Number,  I manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28e. DATE OF I (Month, De)  28e. PLACE OF building, a  SICIAN: To the best of m.  ER: On the basis of axis	NJURY , yber)  INJURY — At home rec. (Specify)  my knowledge, deat armination and/or im	28b. TIME INJU No, tarm, str th occurred vestigation,	OTHER: 6   Nursing h DF 28c. RY 1   rest, tactory, o at the time, o	IOME 5 Reside INJURY AT WORK?  YES 2 No ffice lets and piece, and 1, death occured a	28d. D  28d. D  28t. LC  CA  d dus to the c	her (Specify) ESCRIBE HOW IN OCATION (Street a by or Town, State)	nd Number or ner as stated, if due to the co	1 [RED Rural Route	DEATH?  YES 2 NO  Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   XNO  27. MANNER OF DEATH 1   X Netural   5   Pending Investigation 3   Sulcide   8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINI	28e. DATE OF I (Month, De) 28e. PLACE OF building, a SICIAN: To the best of mER: On the best of axis	NJURY , yber)  INJURY — At home rec. (Specify)  my knowledge, deat armination and/or im	28b. TIME 1NJU 10 the, term, ste th occurred vestigation, 27) (Type, F	OTHER:    ON Long   Department	INJURY AT WORK?  YES 2 Not files  Interest and piece, and the death occurred at 29c. LICENSE	28d. D 28t. LC 28t to the control of the time, de	her (Specify) ESCRIBE HOW IN OCATION (Street a by or Town, State)	nd Number or ner as stated, if due to the co	1 [RED Rural Route	DEATH?  YES 2 NO  Number,  I manner as stated.

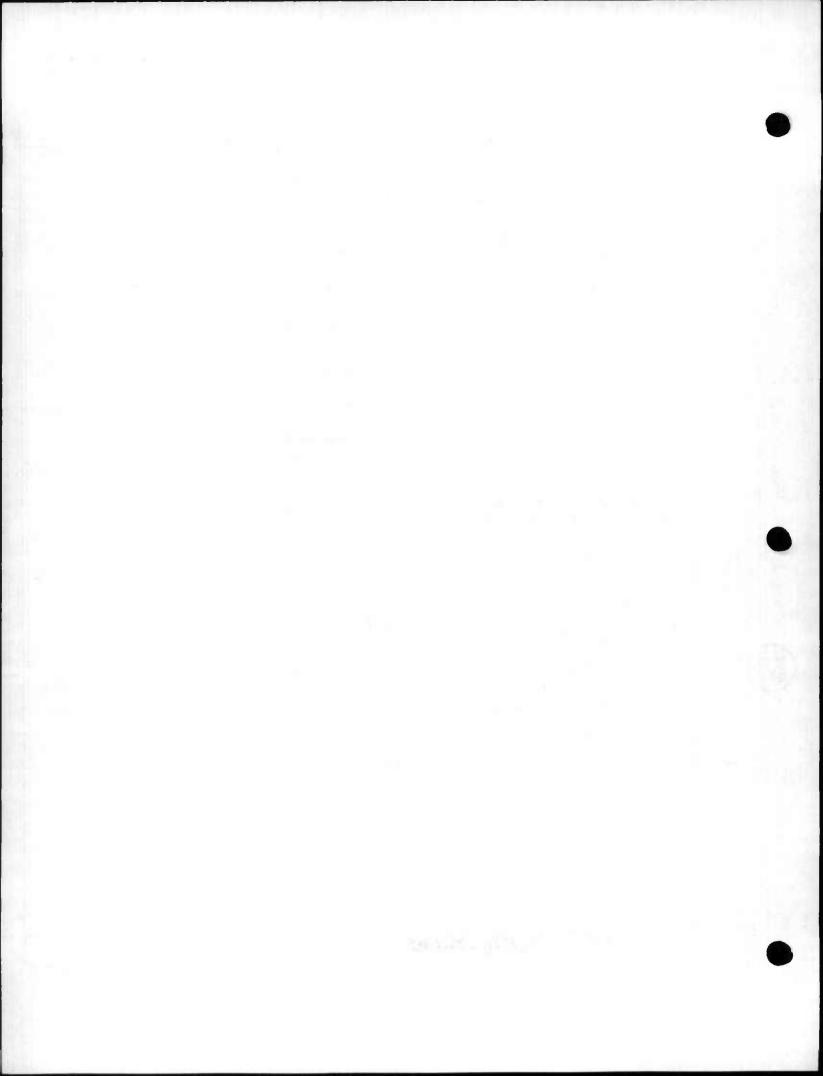
DIVISION OF VITAL RECORDS PO. BOX 68760,

after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the completely filled in by the funeral director name 5 should be deliamed by the beautiful to deliamed as the business pages 1.9 a should be deliamed by the beautiful to deliamed by t	moval,	leal examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires Marie and refuse the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) 2 1992

Julia Dundson-Andres

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL H	YGIENE	1 35346
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  CLAYENCE Williams	2. DATE OF D	EG. NO.  DEATH DAY  26	YEAR 8:08 A
	4. SOCIAL SECURITY NUMBER  5. SEX  1	7. DATE OF B (Month, Day	IRTN ; Year) O / 11	8. BIRTHPLACE (State or Foreign Country) MARYLAND
DIRECTOR	SINAI HOSPITAL Baltimore			alt. City
	MD Batt-City Buttonion			10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO}\)
FUNERAL	4700 Hart-ford Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF NISPA	214 ANIC ORIGIN? (So	6	IZEN OF WHAT COUNTRY?
BY	1 Never Merried 2 Married 3 ▼ Wildowed 4 Divorced    The content of the content	cen, Puerto Rican,	, atc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Speedly only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  UNEMPLOYED	16b. KINE	OF BUSINESS/IND	DUSTRY
BE CON	JOSHUA WILLTAMS	AME (First, Middle,	, Maiden Surname)	
10	JESSICA JOHNSON HAMILTON  196. MAILING ADDRESS (Street and Number or Rural 62.7 MT. HOLLY STREET	Route Number, Cl	ty or Town, State, Zip	
	20b. PLACE AND DATE OF DISPOSITION   20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory of other place)   21. SIGNATURE OF UNITABLE BLICENSEE	OATE	CATONSV	City or Town, State ILLE, MARYLAND
	JOSEPH H. BR	OWN JR.	TO MD 2	1223 · P O BOY ///3
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, and ehock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a	ch sa cerdiec d	or respiratory arm	rest, Approximate Interval Betwee Onset end Deat
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.			
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Deabeles mellins'		WAS AN AUTOPSY PERFORMED? YES 2 \( \square\) NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  † YES 2 NO
YSICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1		cify)	
BY	27. MANNER OF CEATH  1 Nestural 5 Pending 2 Accident Investigation 2 Pending Investigation 2 Replace OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 VES 2 NO	26d, DESCRIBE	HOW INJURY OCC	
COMPLETED	4 Nomicide determined building, etc. (Specify)	City or lowi	n, State)	or Rural Route Number,
	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due one)  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the	to the ceuse(e) of time, date end p	and manner es atate	ed. e ceuse(s) end menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUI  30. NAME AND ADDRESS OF PERSON WHO DOMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	MBER	29d. OATE	SIGNED (Month, Day, Year)



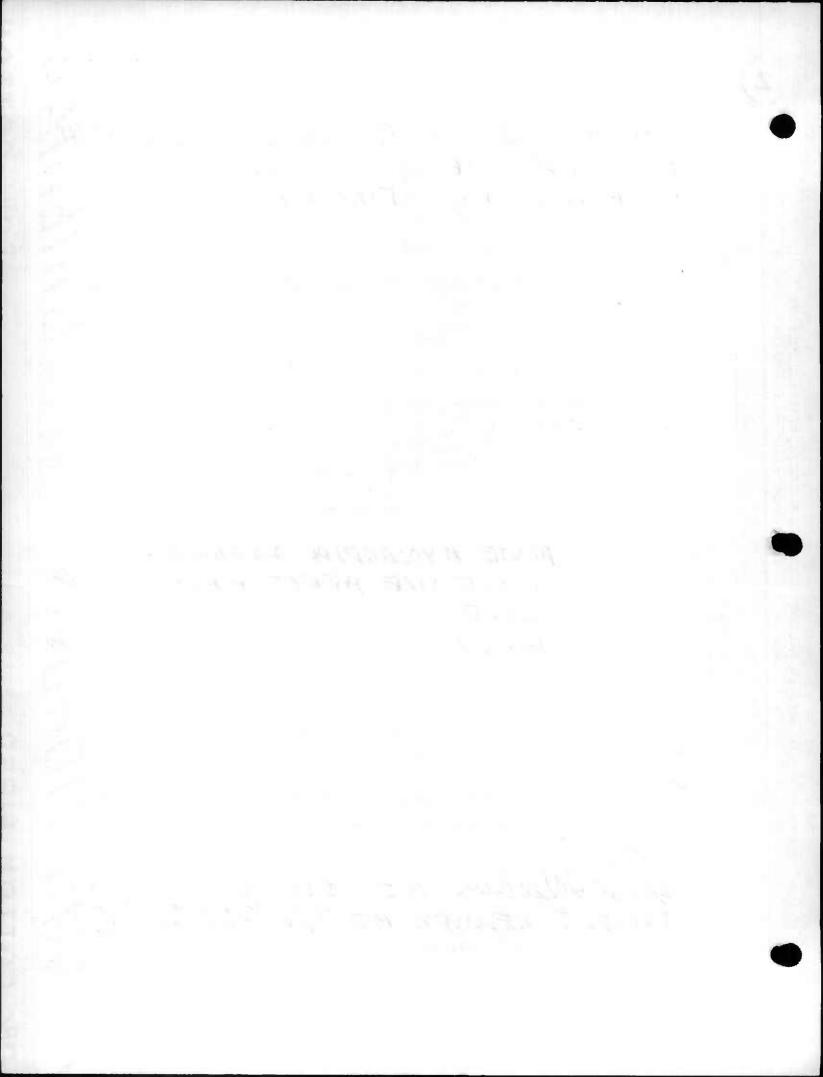
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	ay VEAR	3. TIME OF DEATH
William	L. Whiteh	nair		1 - 5/2	12-30-1		10:21P H
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	HPLACE (State or For Inc.
290-09-2321	1 € M 2 □ F	76 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-7-191	Coin	st. Va.
9a. FACILITY NAME (II pet institution, give			9b. CITY. TOWN O	R LOCATION OF DE		9c. COUNTY OF	
		1 = 1		,			
2927 Patapsco	Ave.		Finksb	urg		Carro	11 Co.
10a. STATE 10b. COUNT	ΓY	10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY
Md. Ca	arroll	Fi	nksbur	a			LIMITS?
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
2927 Patapsco	AVe.			21048		U.S.	Δ
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED			C ORIGIN? (Specify Yes	or No.— 14. RAC	E — American Indian.
1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes, spe	city Cuban, Maxican	, Puarto Rican, atc.)	Blac	ck, White, etc.
3 Widowed 4 Divorced	WWII	N DATES	I L TES	2 NO Specify.		Spe	White
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUSTRY	779
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during mos retired.)	at of working			
8th	College (1-4 of 5 4)	Fork L	ift Op	erator	Can	Co.	
17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden	Surname)	
Frederick W	nitehair				etta Gre		
19a. INFORMANT'S NAME (Type/Print)		19h MAILING A	INDRESS (Street a		oute Number, City or Tow		
Mrs. Edyth N.	Whitehair				. Finksk		. 21048
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT	_			CATION — City or 1	
1 Burial 2 Cremation 3 Res	noval from State	other place)					Finkchur
Donation 5 Other (Specify)	IOPHER ()	Patapsco	Unite	d Metho	dist Chu	irch Ce	m. Md.
21. SIGNATURE OF FUNERAL SERVICE L	(-)				ler Fune	ra1 Uo	m o
Crock D	Wiskim	VIA)			d Rd. Ba		
23. PART I /Entar the diseases, or	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUM		t antar the mo	de of dving, suct	ss cardiac or resp	iratory srrest.	Approximata
shock, or heart failure	. List only one cousa or	n each line.			·		interval Between
iMMEDIATE CAUSE (Fine) disease or condition	No start	11/10	1.0.5		rana a	200100	Onset and Death
resulting in death)	* HCVIC	11 400	17862	1134 -	-10 -141	40)1010	
	A C. D. C.	CONSEQUENCE OF	a 11	FONS	FAFAI FA	IC CIPICS	7 VFA
Sequentially list conditions,	b. 0116	AS A CONSEQUENCE OF	E 17	21412	PH	11/11/1	4 / 4 / 11
if sny, leading to immediate cause. Enter UNDERLYING	CAN	T CONSEQUENCE OF	•				LOVEN
CAUSE (Disease or injury	C. DUE TO (OR	AS A CONSEQUENCE OF					14 TLM
that initiated events resulting in death) LAST	1.613	/ 🖸	*				SYEDI
	a. HYCV	12,					1/1-11-
PART II. Other significant condition	ons contributing to deat	h but not resulting in	the underlying	ceuse given in			b. WERE AUTOPSY FINDINGS
					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 YES :	2   NO	OF DEATH?
					<b>-</b>	- 1	1 YES 2 NO
25. WAS CASE BEFERRED TO MEDICAL			00.04	AGE OF BEITH ON	1		
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
1 YES 2 NO	1 Inpatient 2 ER/C			e 5 🗆 Residenca			
27. MANNER OP DEATH  1	26e. DATE OF INJUI (Month, Day, Ye	RY 28b. TIME INJU	RY WO	RK?	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation				rES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJ building, atc. (	URY — At home, farm, at Specify)	reet, factory, office		26f. LOCATION (Street City or Town, State		Route Number,
4 Homicide determined							
29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the beat of my ki	nowledge, death occurred	st the time, data	and place, and due	to the cause(a) and ma	nner as stated.	
to the state of th	NER: On the basis of examin						(a) and manner as stated.
29b. SIGNATURE AND TYTLE OF CERTIF							
(LEGOTOENIA)	11/10/1/	Q . MA	-	29c. LICENSE NUM	l Co /	290. DATE SIGNE	ED (Month, Day, Year)
MIN 9	Medde	~3. M	1	V115	46	16	31-41
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)	9121	V175718	cton	ROAD
VHILLET	T. MIET	LIVER	MN	WE	STMIN	CTFO	-MDZ111
JAN () 2, 1992	32. REGISTRAR'S S	SIGNATURE		•			/
UMIT U & 1332	I donne in milatory	- Nation					



permit.

burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. as the use be detached for notified at page 5 should pe must n by the funeral director, removal. examiner medical filled in by t 6 the attending physician and completely fille I Mental Hygiene prior to burial, cremation, the requires that the death certificate be executed within event. traumatic other 6 Injury, n signed by the Health and N any t. of Heal Dept. OR ATTENDING PHYSICIAN: The law this certificate ha with the State Do irked, or item 2 marked, After 1 S DIRECTOR: / 28 TO THE FUNERAL DIRECT
be filed within 72 hours at
IMPORTANT: If item 2 HOSPITAL

표

223

1	
(N)	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH

5 45 P. M 2. DATE OF DEATH Webb J. Jean 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign NOV. 24, 1919 DAYS 322-16-3131 1 - M 2XXF 72 YRS. MD. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. BALTIMORE, CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3811 CANTERBURY ROAD 21218 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No—If yes, specify Cuben, Mexicen, Puerto Rican, atc.)

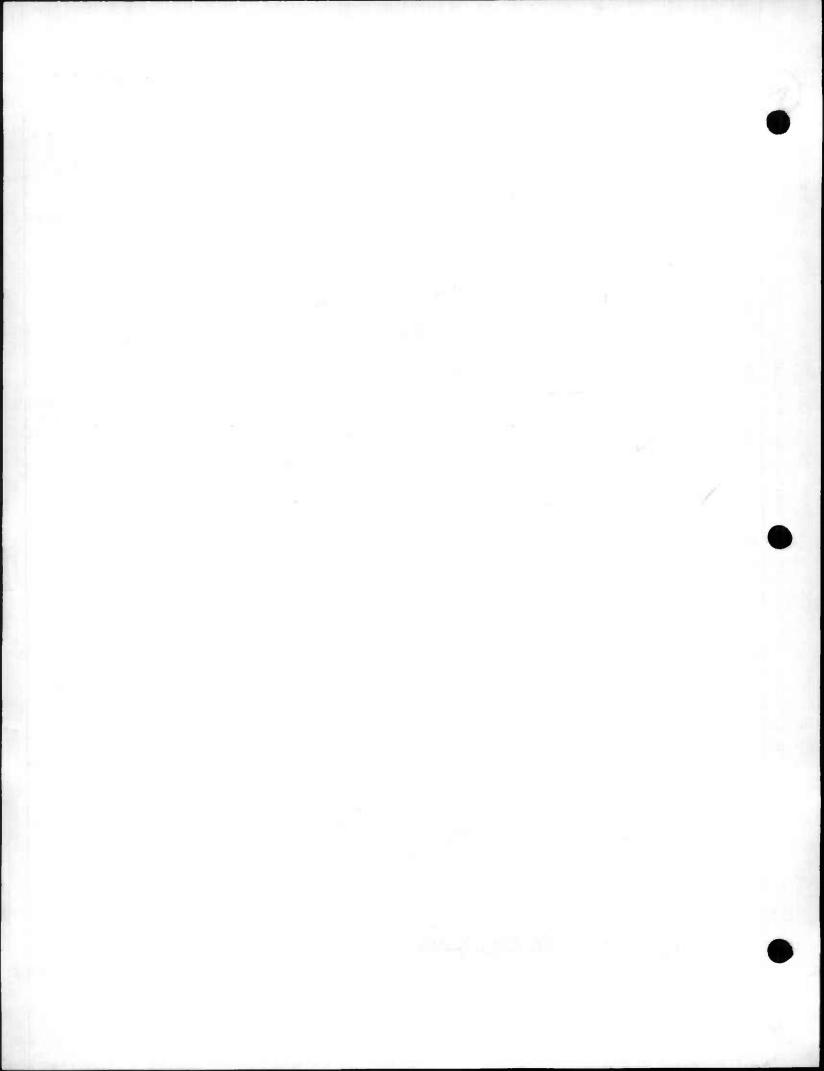
1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried Married BY Specify: 3 Widowed 4 Divorced WHITE ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL 12 HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Johnston NEWMAN KOHNSTON MABEL DORNEY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 G.STEWART WEBB 3811 CANTERBURY ROAD. BALTIMORE, MD. 21218 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE GREEN MT. CREMATORY 12/31 BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 William HENRY W. JENKINS AND SONS. BALTO, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition\_ Failure IVes reaulting in death) VIS DUE TO (OR AS A CONSEQUENCE OF): static CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS . PERFORMED? AVAILABLE PRIOR TO 00 4 roidi COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 Inputient 2 ER/Outputient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street end Number or Rural Route Number. City or Town, State) 6 Could not be 4 Homicide 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurad at the time, data and place, and due to the ceuse(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 38 29d. DATE SIGNED (Month, Day, Year) 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BBINSON Box FLAG DENGTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 10,2,1992

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	HEGISTHAR		CERTIFI	CATE OF D	PEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Leat, MARGARET	EBECCA	WA	ARD		2. DATE OF DEATH	AY 9 TEA	3, TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH		M M
	214-46-0987 Se. FACILITY NAME (If not institution, give	1 🗆 M 2 😾 F	83 YRS.	MONTHS DAYS H	OURS MIN.	(Month, Day, Year) 07 02 19(	Co	RTHPLACE (State or Foreign nuntry) ARYLAND
0 R	NORTH ARUNDEL HO		CIATION	GLEN BU		ATH	9c. COUNTY O	COUNTY
딦	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY	I soo CITY	TOWN OR LOCATION				
FUNERAL DIRECTOR	MD ANNI	E ARUNDEL		OKLYN PAR				10d. INSIDE CITY LIMITS?  1 YES 2 NO
ERAL	100. STREET AND NUMBER HAMMONDS LANE & I	ORINGOOD DO	240		P CODE			F WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		225 DENT OF HISPANI	C ORIGIN? (Specify Yea	U.S.A.	ACE — American Indian.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 N		if yea, specif	Y Cuban, Maxican X NO Specify:	Puarto Rican, atc.)	В	leck, White, atc.
0	15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTR	WHITE
Ē	Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during most o retired.)	f working	1	District the second	
COMPLETED	8	NONE	HOMEMAKE	ER		OWN HOM	E	
8	17. FATHER'S NAME (First, Middle, Lest)			10	. MOTHER'S NAM	E (First, Middle, Malden		
BE	SHELBY CLARK	<u> </u>				DONALDSON		
0	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
	ELAINE HARVEY 200. METHOD OF DISPOSITION					E HANOVER		
	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND DATE Of cemetary, crematory or other and the company of the compan	er placel			CATION — City or	
	21. SIGNATURE OF UNERAL SERVICES LI	CSHSEE	LEN HAVEN		PAKK ADDRESS OF FACI	1-2 GLEN	BURNIE	, MD
	Plaraget	Umson				ERAL HOME	DIIDNITE	. MD 21061
	23. PART I. Enter the diseases, or abock, or heart feilure.	compilcations that cau	sed the deeth. Do no	ot antar tha moda	of dying, such	ea cardiac or respi	retory errest,	Approximata
	IMMEDIATE CAUSE (Finei	_			0			Intervel Between Onsat and Death
	disease or condition resulting in death)	. B VIK	AL BRO	NCHO	LNE	UMONL	A	
		T L L	AS A CONSEQUENCE OF	71				
CERTIFICATION	Sequantisily list conditions, if any, lasding to immediate	DUE TO (OR A	AS A CONSEQUENCE OF			0.11. 14		
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	CHRON	ic obs	TRUC	TIVE	PALW	ONAK	<b>Y_</b>
	that initiated events resulting in death) LAST	O A L C	A CONSEQUENCE OF	15 11	- 1 0 -	TA	SEA.	SE
H H	Continue in death, Exer	" COINIO	ESTI	VE H	EARI	FAILU	RE	
	PART II. Other aignificant condition	na contributing to deat	h but not resulting in	the underlying co	use given in P	art i. 24a. WAS AN	AUTOPSY ] 2	4b. WERE AUTOPSY FINDINGS
EDICAL	HYPERTE	USIVE A	KTERM	)-SCLE	ROTIC	PERFORI	Van	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	ALNOSOCO	00 1100	CARDIO	D-VASC	ULAR	DISEAS		OF DEATH?
ä	OLD CEKE	SKU-VAS	CVLAR	ACCID	ENT	-		
PHYSICIAN: M	25. WAS CASE REFERRED O MEDICAL EXAMINER?	SEPSE HOSPITAL:	2	26. PLACE	OF DEATH (Chec	k only one)		
IYS	1 TYES 2 NO	1 Ninpatiant 2 - ER/C	Outpatient 3 DOA	Nursing Home 5	☐ Rasidence 8	☐ Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Yea	RY 28b. TIME IV) INJU	OF 28c. INJURY RY WORK?	AT 2	28d. DESCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation	25- 81 405 05 10 11	Im. A.A.		2 NO			
COMPLETED	3 Suicide 8 Could not be datarmined	building, etc. (S	URY — At home, farm, str Specify)	eet, factory, office		28f. LOCATION (Street as City or Town, State)	nd Number or Rure	al Route Number,
MPLE	29a. CERTIFIER (Check only one)	ICIAN: To the best of my kr	nowladge, death occurred	at the time, date and	place, and due to	the cause(e) and mani	ner as stated.	
ō	2 MEDICAL EXAMINE	ER: On the basis of examina	ation and/or investigation,	in my opinion, death	occured at the tir	me, data and place, and	due to the ceus	
	29b. SIGNATURE AND TITLE OF CERTIFIE	R D						
BE	Hargorin	gh MD.	Attendin	44-14W	LICENSE NUMB	514160	29d. DATE SIGN	
	Hargorin	SCOMPLETED CAUSE OF D. 75410-A R	Attendin	44-14W	LICENSE NUMB	514160	29d. DATE SIGN	

Or Monday.

I VIGHT BRUNCHO FINELMOLLEN I MELLUEMEA CHRONIO BEST RICTIVE PVILNELINEX CHRONIO BEST RICTIVE PVILNELINEX CENTRE TO SEE STEELE PVILNELINEX

GENTRAL PROTECTION OF A CONTRACT PREPARED AND A CONTRA

X

MINISTER WHAT I WANTED THE WAR CONTRACT THE REAL PROPERTY OF THE PARTY

and I have

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OTATE OF MAIL			ATE OF	DEATH	MEH IVE	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	V	YEAR	3. TIME OF DE	ATH
LINCOLN YOUNTZ						DECE	MBER 3		991	8:35	A M
4. SOCIAL SECURITY NUMBER		GE (In yrs. last bir		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)		8. BIRTH Countr	IPLACE (State or . ry)	Foreign
219-03-2772  9e. FACILITY NAME (If not institution, give s	1 M 2 F	17		CITY TOWN!	OR LOCATION OF DE		4-17	0. 000	MAR'	YLAND	
VA MEDICAL CENTER	treet and number)					EATH					
RESIDENCE OF DECEDENT				FORT H	OWARD			BAL	TIMO:	RE	
MARYLAND BALT	MORE	i I	BALTI	OWN OR LOCAT	TION					10d. INSIDE CIT	
4504 ELSRODE AVENU	JE				1214					STATES	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR OF WORLD WA	ES 2 NO	D	It yes, ap	ecity Cuban, Mexica 2 NO Specify	n, Puerto F	? (Specify Yea Nican, etc.)	or No-	14. RACE Black Spec	E — American Inck, White, atc.  #y: WHITE	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			UAL OCCUPATION		16b.	KIND OF BU	BINESS/IND	OUSTRY		
Elementery/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do	NOT use re	etired.)							
5		PAI	NTER		I	_	DUSTR		PAIN	ring	
17. FATHER'S NAME (First, Middle, Lest) JOSEPH YOUNTZ					18. MOTHER'S NA EDITH	MIL	STEA	D			
190. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS					INT ROAD					21052	
20e METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rem  4  Donation 5  Other (Specify)	oval from State	20b. PLACE OF other place		ON (Name of ce	metery, crematory or	en.	20c. LO	CATION -	City or To	own, State	D.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22 NAME A	NO ADDRESS OF FA	CILITY	~	10	MIS	moi	55
· When	- F- 5	Lair		- Visi	13 12	35	201	6	X	ODDV	VIII
23. PART I. Enter the disease for ahock, or heart tenure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CANCER (	n aach lina.	S								Between nd Death
Sequentially list conditions, if any, laeding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	c	AS A CONSEQUE									
that initiated events resulting in death) LAST	d	AS A CONSEQUE	ENCE OF):								
PART II. Other significant condition DIABETES MELLIT	_	th but not rea	ulting in 1	the underlyin	g cause given in	Part 1.	24a, WAS AMPERFO	RMED?	248	D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O DF DEATH?	OR TO F CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (Ch	neck only or	16)				
1 TYES 2 NO	1 🖾 Inpatient 2 🗆 ER/		DOA 4	☐ Nursing Hor	ne 5 Residence		• • • • • • • • • • • • • • • • • • • •				
27, MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	RY ar)	286. TIME C INJUR	Y W	JURY AT ORK? YES 2 NO	28d. DES	SCRIBE HOW	INJURY OC	CURED		
3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJ building, etc. (	URY — At home Specify)	, farm, stre	et, factory, offi	CO .	28f. LOC City	ATION (Street or Town, State	end Numbe )	er or Rural	Route Number,	
(Orloca Orlay	ICIAN: To the best of my k									a) and menner a	a stated.
296. SIGNATURE AND TITLE OF CERTIFIE	waln in	aD'			29c. LICENSE NU	MBER		29d. DA		0 (Month, Dey, Ye. 31 <b>–</b> 91	Br)
30. NAME AND ADDRESS OF PERSON WI CAROLINA CUSTODIO			, , , , .	,	Dr. HOLLS	D 30	0.1-	F.C.			
31. DATE FILED (Month, Day, Year)	Julia Davidson	STATE TO ALL	L CEN	ILEK FU	KI HOWAR	J. M	210	152			
JAN 02 1992	gruha Navidson	- Mande	P <sub>3d</sub>								

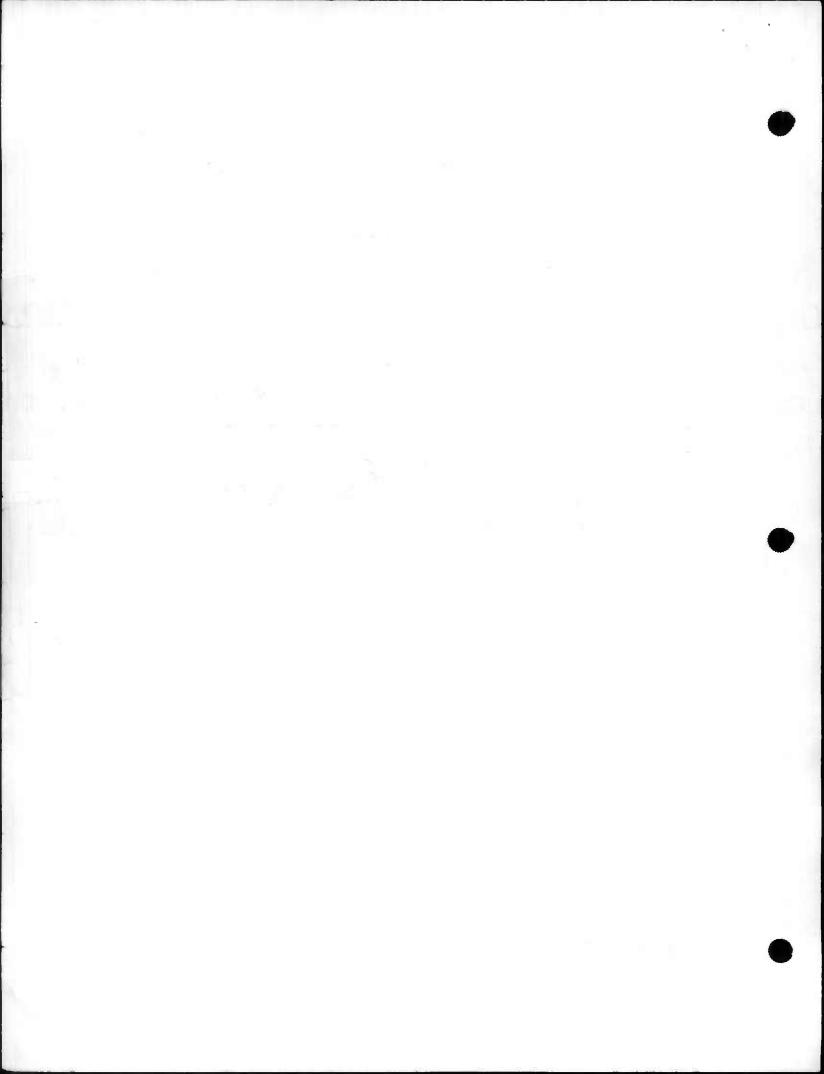
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

**DHMH-18 Rev 1/89** 

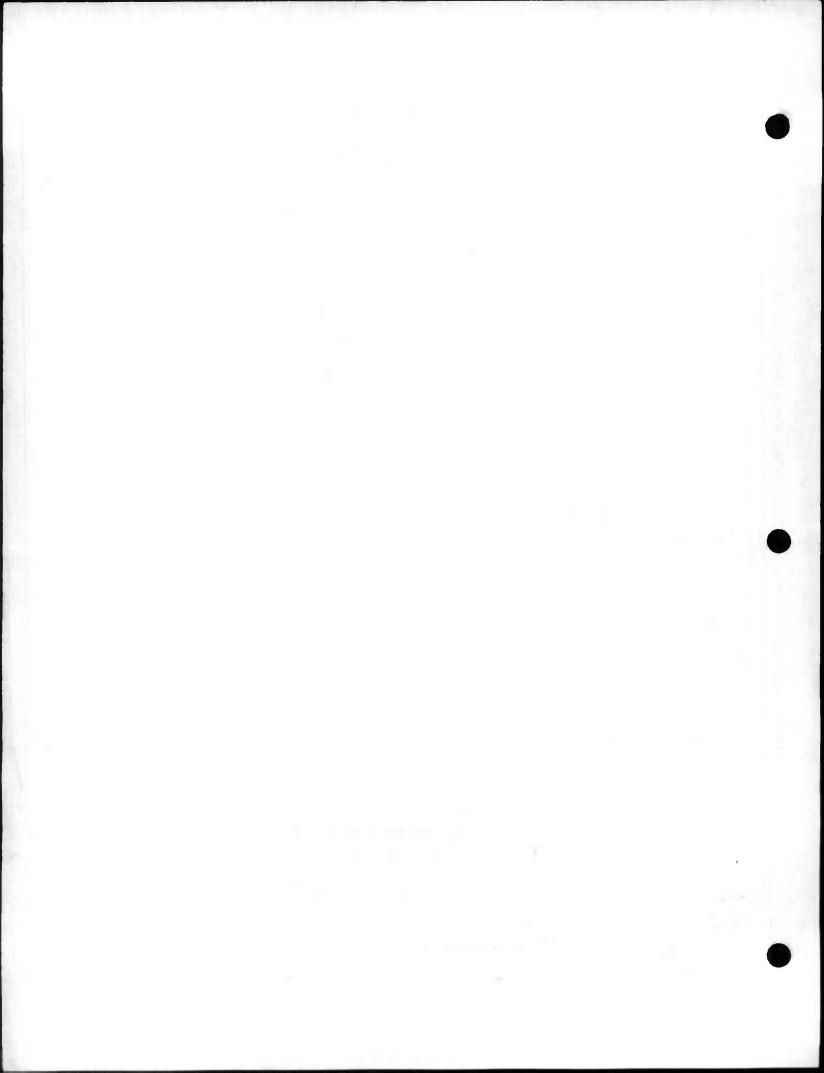


THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF I	ARYLAND /	DEPAR	TMENT	OF H	EALTH AN	D MEN	ITAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Las	Rose Z. As	skins					2.	DATE OF DEATH		99I <sup>MAR</sup>	3, TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 230–10–9114	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HR	s. 7. C	Month, Day You			PLACE (State or Foreign ly)
TOR	9a. FACILITY NAME (If not institution, give Evergreen Nursing					TOWN OF	LOCATION OF		11-10 40		INTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COU	NTY			y, rown o		ON					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 5113 Arbutus Ave	enue					21P CODE 1215			10g. CIT	IZEN OF V	VNAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	MED	11	yes, spec	NDENT OF HIS	xican, Pu	RIGIN? (Specify arto Rican, etc.)	Yas or No-	14. RACE Black Speci	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 8th	DUCATION ide completed)  College (1-4 or 5+	(Gh	Do NOT us	usual oc work done d e retired.)	uring most	of working		16b. KIND OF	BUSINESS/INC	DUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last)						Rosa The	ompso		,		
10	Clifton H. Askins,	Sr	196	5113	ADDRESS Arbutu	(Street and S AV			number, city or mone, Mo		Code)	
	20a. METHOD OF DISPOSITION  1 V Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE A cemetery, crem	ND DATE O	her place)	rion (Nam	Park	1 .	DATE 20c.	LOCATION -		wn, Stata
	21. SIGNATURE OF PUNERAL SERVICE	a Ch	ron			Marc	ADDRESS OF h F/H We Wabash	est		.sa cas y	1 10	
	23. PART I. Entar the diseases, o shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition resulting in desth)	s	PNLVY	mence of	nic	tha mod	of dying, s	uch ss	cardisc or re	spiratory an	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially liet conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSECUTION AS	UENCE OF	):	/4n	9<5	der	T			
MEDICAL	PART II. Other significant condition	ons contributing to	death but not ra	suiting i	n the und	lerlying	cause given	in Part	PERF	AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	EB/Outputlant 2	7004	QTHER:		E OF DEATH (					
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	NJURY	28b. TIME	OF 2	Bc. INJUF	S Reeldenc Y AT 77 B 2 NO	_	Other (Specify) DESCRIBE HOV	V INJURY OCC	CURED	
	3 Suicide 6 Could not be detarmined	28s. PLACE OF building, a	INJURY — At hom rtc. (Specify)	ne, farm, s	reat, fector	ry, office		281.	LOCATION (Stree City or Town, Sta	et and Number te)	or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of a	my knowledge, dag amination and/or in	th occurre	d at the tim	ne, data ar Inion, dea	d place, and d	lue to the	cause(a) and n	anner ea stat	ed, e cause(a)	end menner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIF	Rols	1	no	)	2	9c. LICENSE N	UMBER 79	28	29d. DATE	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	People	Sing	27) (Type,	Print)	ite	IR	ZH	ร์พกร	e M.	クス	1215
	JAN U 3 1992	Fish Deirdson	A SHOW AND THE					, ,				

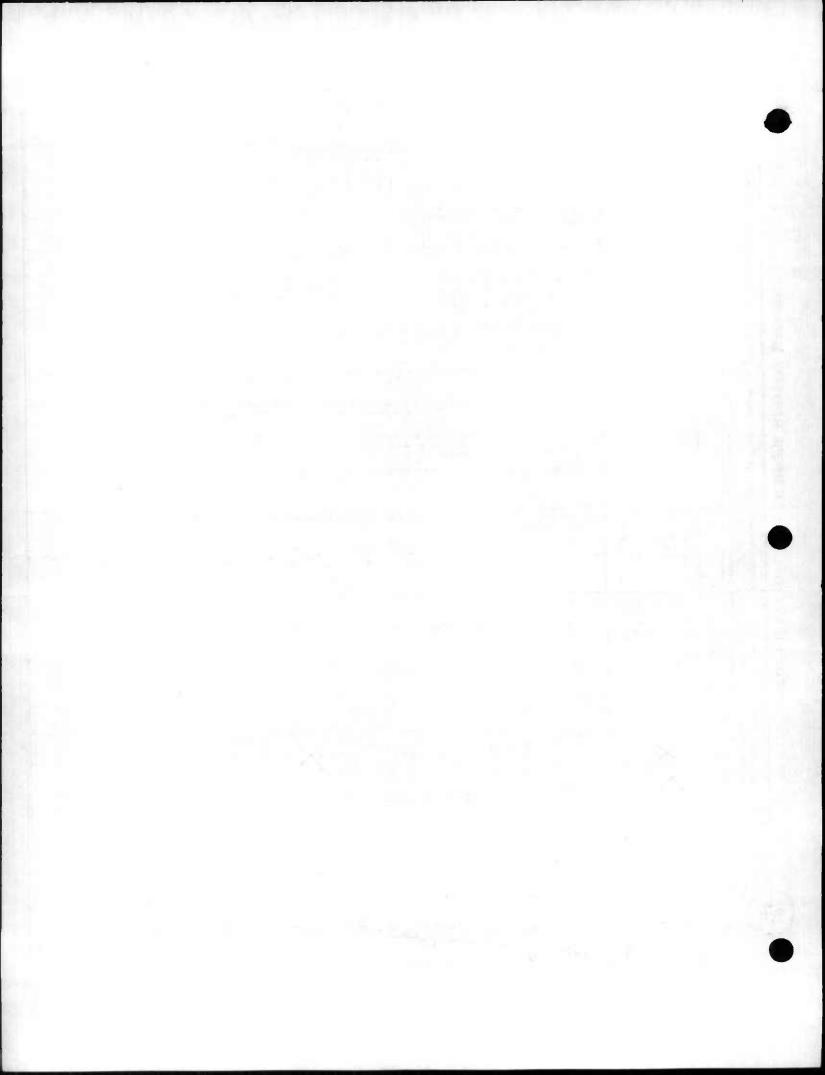


own any injury, or other traumatic event, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or item 23 sh

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART	MENT OF	HEALTH ANDEATH	ID MENT	AL HYGIEN			00002
	1. DECEDENT'S NAME (First, Middle, Last)  Elizabeth						MON	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  070-42-5785  90. FACILITY NAME (If not institution, give	1 M 2 KF	8. AGE (In yrs. last	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	n. 7. DAT	e of Birth oth, Day, Year)			LACE (State or Foreign
TOR	2407 Perring Woods R	oad			Baltimo		F DEATH		Baltimose Balto.		
DIRECTOR		Baltimore		10c. CITY,	Baltim						IOd. INSIDE CITY LIMITS?  YES 2 X NO
FUNERAL	100. STREET AND NUMBER 2407 Perring Wo					1. ZIP CODE 21234			U.	S.A.	IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X N	MED O	If yes, s	ecify Cuban, Mi	SPANIC ORIG exicen, Puerle pecify:	IN? (Specify Yea Ricen, atc.)	or No — 1	Black, Specify.	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12) 8 yr¹s	JCATION e completed) College (1-4 or 5 +)	(GA life.	CEDENT'S UP TO kind of wo Do NOT use	sual occupation of the done during more retired.)	ON st of working	16	6b. KIND OF BUS	SINESS/INDU:	STRY	
	17. FATHER'S NAME (First, Middle, Last)  Matts Victor -	Panaandak	1 Pos		.1.1			, Middle, Maiden			
BE	10a INFORMANT'S NAME (Type/Dried)		1	rgend.	DDRESS (Street		nda	Josef			lersdotter
2	Mrs. Beatrice L.	Narveser	1		as #10			noon, only or nown	n, otere, zap o	000)	
	20e. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Ren  4 Donation 5 Other (Specify)				DISPOSITION (N er place)			TE 20c. LO	cation — cir taten	y or Town	and, N.Y.
	21. SIGNATURE OF FUNERAL SERVICE LI	utoch	Hartsock	.Jr.	an Ceme						214 ford Rd.
CERTIFICATION	23. PART I. Enter the diseases, or complications they caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE PF):  Approximation interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, interval is considered to bounder the mode of dying, such as cardiac or respiratory arrest, and the mode of dying arrest the mo										Approximate Interval Between Onset and Deat  >/weel
MEDICAL	PART II. Other eignificant condition	na contributing to d	eath but not re	aulting in	tha underlyin	g cause given	in Part i.	24e, WAS AN PERFOR	MED?	C	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
TH TOICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH	(Check only o	ne)			
	1 YES 2 NO	1 Inputient 2 I E		DOA 4	THER:		ce 8 🗆 Oth	er (Specify)			
10	1 Return 5 Pending Investigation	28a. DATE OF IN (Month, Day,	Ybar)	28b. TIME (	M 1 🗆	RK? 'ES 2 NO	28d. DE	SCRIBE HOW IN	IJURY OCCUP	RED	
	3 Suicide 8 Could not be determined	building, at	NJURY — At hom :: (Specify)	e, farm, atre	et, factory, offic		281. LOI City	CATION (Street as or Town, State)	nd Number or	Rural Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	CIAN: To the best of m	instian and or in							ause(a) a	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	7	1	lan	0	29c. LICENSE	NUMBER	7	29d. DATE S	GNED (M	Ionth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH Gregory S. Pokry	o completed cause wka MD 84	of death (Item 06 Harfor	27) (Type, Pr d Road	Baltim					1.1	
	JAN 03 1992 4	Ma Davidson	SIGNATURE Hande 00			-					

The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	me certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-transfer narmy. Page 1. 2. a heard	The State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The law requires that the c	ite has been signed by the	ate Dept, of Health and Me	em 23 shows any Injui
OR ATTENDING PHYSICIAN	DIRECTOR After this certifical	hours after death with the St.	llem 28 is marked, or II
THE HOSPITAL	NO THE FUNERAL	be filed within 72	IMPORTANT: II

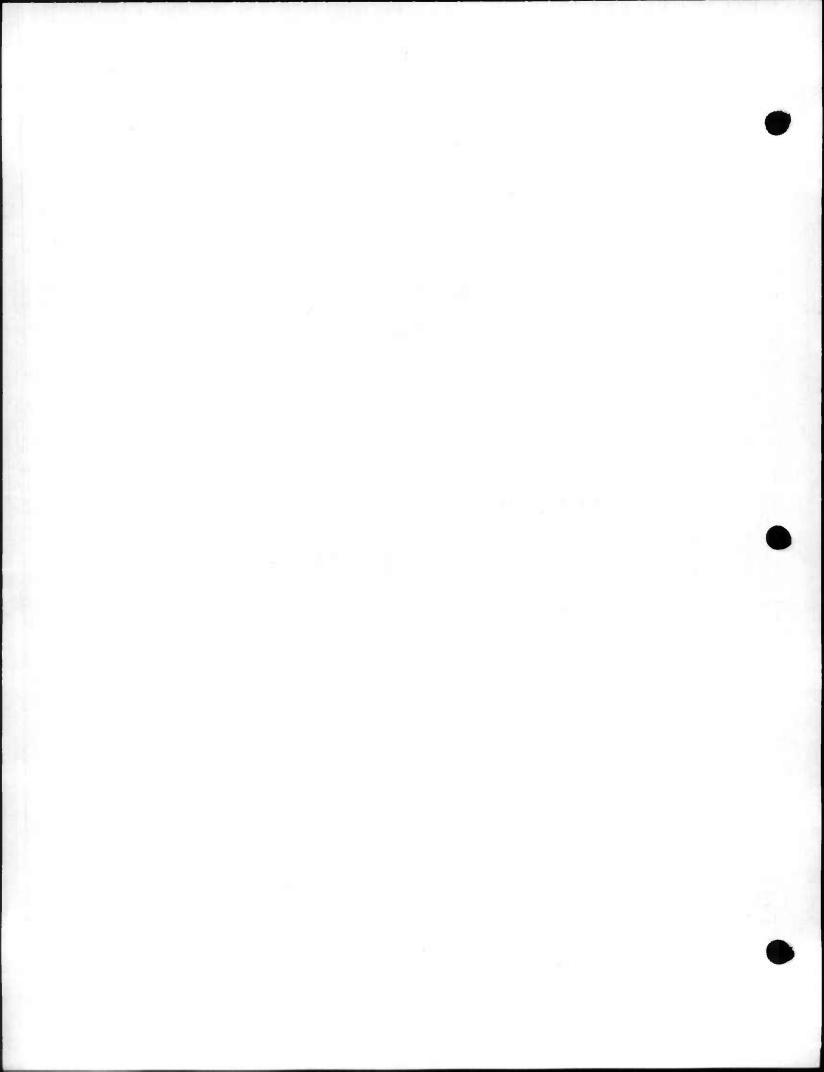
1 - STATE REGISTRAR	STATE		CERTIF	IOAII		DEA			REG. N	0.			
1. DECEDENT'S NAME (First, Middle Ben;	iamin F.	Brow	wn, Sr					2. DATE	OF DEATH	29	GEAR .	3. TIME OF DEATH 10:43 D.	
4. SOCIAL SECURITY NUMBER	5. SEX		yrs. lest birthday)			IF UNDER			OF BIRTH		8. BIRTH	PLACE (State or Forei	in in
577-24-2893	1 M 2		YRS.	MONTHS	DAYS	HOURS	MIN.	4_	th, Day, Year) 5–1923		Counti	w Md	
9a. FACILITY NAME (If not institution 1135 Pop				9b. CITY	NOWNOT,	R LOCATIO		ATH		9c. COUI	NTY OF D	EATH	
RESIDENCE OF DECEDE	NT	. 50.		1			-						
MD 106.	COUNTY			ry rown o Balti								10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER				Dail		ZIP CODE	9	_		10g. CITI	ZEN OF V	1 X YES 2 NO	
	Grove St					212						USA	
11. MARITAL STATUS  1 Never Married 2 Marrie  3 Widowed 4 Divorced	12. WAS DEC FORCES: IF YES, G	EDENT EVER IN 1 X YES IVE WAR OR DAT	U.S. ARMED 2 NO ES		WAS DECE If yes, spe- 1 YES	cify Cubar	າ, Maxicar	, Puerto	N? (Specify ) Rican, etc.)	es or No	14. RACE Black Speci	— American Indian, k, White, atc.	
15. DECEDENT (Specify only highe Elementary/Secondary (0-12)	S EDUCATION st grade completed) College (1-4		16a. DECEDENT'S (Give kind of life. Do NOT u	s usual of work done use retired.)	during mos	N t of working	g	166	. KIND OF B	USINESS/IND	USTRY		
17. FATHER'S NAME (First, Middle, L	ast)		3			18. MOTH	ER'S NAM	AE (First, i	Middle, Maide	n Surname)	_		_
James H. Brown							Mary	Hawk	ins Br	nun			
190. INFORMANT'S NAME (Type/Prin	nt)						or Rural R	oute Num	ber, City or To	wn, State, Zip			
20s METHOD OF DISPOSITION		20b. F	LACEANDOATE	OFDISONS	ITION /Non	no of		Bal		Md 21		wn Siste	_
1 Burial 2 Cremation 3 4 Donation 5 Other (Specif		a cemei	Garris	other place)	rest. I	/etera	an	1	92 Ow				
				7011 1 01					JEI OYY	THUS MI	113-	178	
IMMEDIATE CAUSE (Final	les vi	thet ceused in ceuse on eed	the deeth. Do	not enter	MARC 4300	H FU Wab	s of FAC INERA ash	Ave	OME - W ., Ba	EST 1timor	e. N		
23. PART I. Enter the disease shock, or heert for immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	e	o thet ceused in ceuse on each	the deeth. Do	not enter	MARC 4300	H FU Wab	s of FAC INERA ash	Ave	OME - W ., Ba	EST 1timor	e. N	Approximete Intervel Betw	
23. PART I. Enter the disease shock, or heart fa immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Du  b. Du  c. Du  d.	e thet ceused in ceuse on each of the total and the total	consequence o	not enter	NAME AND MARC 4300 the mod	ADDRESS H FU Wab	s of FACE INERA ash ng, such	AVE ass core	OME - W ., Ba	EST 1timor	e. N	Approximete Intervel Betw	
23. PART I. Enter the disease shock, or heart fa immEDIATE CAUSE (Final disease or condition reculting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Du  b. Du  c. Du  d.	e thet ceused in ceuse on each of the total and the total	consequence o	not enter	NAME AND MARC 4300 the mod	ADDRESS H FU Wab	s of FACE INERA ash ng, such	AVE ass core	OME - W ., Ba Slec or res	EST 1 timor piratory arm	246.	Approximete Intervel Betw	eath V7
23. PART I. Enter the disease shock, or heert fa IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent con EXAMINER?	b. DU  c. DU  d. HOSPITAL	e to (or as a course or or or or or or or or or or or or or	the deeth. Do the line.	not enter  OF:  OF):  In the un	NAME AND MARC 4300 the mod	ADDRESS H FU Wab	s of FAC INER A ash ash ng, such	Ave as core	OME - W ., Ba liec or res  24a. WAS A PERFC 1   YES	EST 1 timor piratory arm	246.	Approximete Intervel Betwonset end D  WERE AUTOPSY FINDA AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	oath V7
23. PART I. Enter the disease shock, or heert fa IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions.	b. DU  c. DU  d. HOSPITAL  1   Inpatient	e thet ceused in ceuse on each of the total on as a community of the total of the t	the deeth. Do the line.  CONSEQUENCE OF CONSEQUENCE	not enter  OF:  OF):  In the un	NAME AND MARC 4300 the mod	ceuse gl	s of FACE IN ER F ash ash ng, such liven in F	Ave as core	OME - W  , Ba  liec or res  24e. WAS A  PERFC  1 YES	EST 1 t i mor piratory arm	24b.	Approximete Intervel Betwonset end D  WERE AUTOPSY FINDA AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	oath V7
23. PART I. Enter the disease shock, or heert far immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cores.  25. Was CASE REFERRED TO MEDIEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. DU c. DU d. HOSPITAL 1   Inpatient	e to (or as a compared to the total and total	CONSEQUENCE O	not enter  OF:  OF):  In the un	NAME AND MARC 4300 the mod	ceuse gl	s of FAC INER A ash ash ng, such	Ave as core	OME - W  , Ba  liec or res  24e. WAS A  PERFC  1 YES	EST 1 timor piratory arm	24b.	Approximete Intervel Betwonset end D  WERE AUTOPSY FINDA AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	oeth V7
23. PART I. Enter the disease shock, or heert fa immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions in death LAST  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	b. DU c. DU d. HOSPITAL 1   Inperior gation not be	e thet ceused in ceuse on each	the deeth. Do ch line.  CONSEQUENCE OF CONSEQUENCE	of the un	NAME AND MARC 4300 the mod	ceuse gl	s of FAC INER A ash ash ng, such	Part I.	OME - W ., Ba liec or res  24e. WAS A PERFC 1 YES  o)	NAUTOPSY PRIMED?  2 NO  INJURY OCC	24b.	Approximete Intervel Belty Onset end D  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO	oath V7
23. PART I. Enter the disease shock, or heert fa immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent contents in the content of the content	b. DU c. DU d. HOSPITAL 1   Inperior gation not be	b thet ceused in ceuse on each process of the ceused in ceuse on each process of the ceuse on each process of the ceuse on each process of the ceuse	the deeth. Do ch line.  CONSEQUENCE OF CONSEQUENCE	orher  OTHER 4   Num  Num  Num  Num  Num  Num  Num  Num	NAME AND MARC 4300 the mod	ceuse gl	s of FAC IN ER / o ash ng, such	Part I.  Ck only on  Chart I.  Ck only on  Chart I.  Cha	OME - W  , Ba  liec or res  24e. WAS A PERFC  1 YES  e)  r (Specify)  CRIBE HOW	N AUTOPSY PRIMED?  2 NO  INJURY OCC  anner as state	24b.	Approximete Intervel Between Onset end D  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO	eath V7
23. PART I. Enter the disease shock, or heert fa immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent contents in the content of the content	b. DU c. DU d. HOSPITAL I I Inpatient 28s. DAT (Mor pation pot be ned  PHYSICIAN: To the beale	b thet ceused in ceuse on each process of the ceused in ceuse on each process of the ceuse on each process of the ceuse on each process of the ceuse	the deeth. Do ch line.  CONSEQUENCE OF CONSEQUENCE	orher  or	deriying  26. PLA  ing Home 28c. INJUI 1 YE pory, offica	ceuse gl	s of FAC IN ER // o ash ng, such	Part I.  Calculation of the cause of the cau	OME - W  , Ba  liec or res  24e. WAS A PERFC  1 YES  e)  r (Specify)  CRIBE HOW	N AUTOPSY PRIMED?  2 NO  INJURY OCC  and Number of the due to the	24b.  24b.  URED or Rural Ri	Approximete Intervel Between Onset end D  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO	eath V7
23. PART I. Enter the disease shock, or heert far indicate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent cor  25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investig 3 Suicida 8 Could reference control of the control of	b. DU c. DU d. HOSPITAL I I Inpatient 28a. PLA bull pation pot be last pot be last gation pot be last	e thet ceused in ceuse on each property of the total and t	the deeth. Do the line.  CONSEQUENCE OF CONSEQUENCE	orher  or	deriying  26. PLA  ing Home 28c. INJUI 1 YE pory, offica	ceuse gl	s of FAC IN ER // o ash ng, such	Part I.  Calculation of the cause of the cau	OME - W  , Ba  liec or res  24e. WAS A PERFC  1 YES  e)  r (Specify)  CRIBE HOW	N AUTOPSY PRIMED?  2 NO  INJURY OCC  and Number of the due to the	24b.  24b.  URED or Rural Ri	Approximete Intervet Bette Onset end D  WERE AUTOPSY FINDA AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO	eath V7
23. PART I. Enter the disease shock, or heert far shock, or heert far indisease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditions are under the cause of the	DU  c. DU  d	be thet ceused in ceuse on each process of the ceused in ceuse on each process of the ceuse of the ceuse of aximination a course of aximination account a course of aximination a course of aximination account a course of aximination accoun	the deeth. Do the line.  CONSEQUENCE OF CONSEQUENCE	orher at the time on, in my of the time of	AME AND MARC 4300 the mod	ceuse gl	s of FAC IN ER // a sh ang, such	Part I.  Calculation of the cause of the cau	OME - W  , Ba  liec or res  24e. WAS A PERFC  1 YES  e)  r (Specify)  CRIBE HOW	N AUTOPSY PRIMED?  2 NO  INJURY OCC  and Number of the due to the	24b.  24b.  URED or Rural Ri	Approximete Intervet Bette Onset end D  WERE AUTOPSY FINDA AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO	eath V7



5	10	
CONTROL OF ALL ENDING PHYSICIAN: THE IAW requires that the death certificate be executed within 24 hours after death. Page 6 may be re	MEMAL CHECTOR: Any mass conflicted has been signed by the attending physician and completely filled in by the funeral director, page 5 hours 72 hours and the funeral director, page 5 hours 72 hours and the funeral director, page 5 hours 72 hours and the funeral director, page 5 hours 72 hours and the funeral director, page 5 hours 72 hours and the funeral director, page 5 hours 72 hours 23 hours 24 hours 25 hours	
E S	5	
9	유	
9	8	
30	8	
-	20	
Ð	9	
eg.	2	
2	B 10	
2	= 8	
62	5 E	
š	5	
2	0 0	
4	E 6	
7	y iti	
Ē	E E	
₹	음흔	
2	E.	
<u>a</u>	2 E	
ᇙ	ES	
š	20	
9	E .	
0	10	
36	8 9	
2	들은	
2	e.e	
ප	黄芩	
=	E -	
eg	Ha Ha	
0	e e	
Š	to P	ĺ,
Ħ	3 5	
E	3 =	
33	E E	
Ę	F S	
8	등등	
=	- be	
ě	Sp	3
62	20	
-	ate ate	
-	Sec	1
ď	E #	
3	8 =	
=	故歌	į
1	6.5	ż
5	海恒	
=	독용	
Z	dr to	á
1	巨質	1
Y	8 "	j
Y	重多	
,	12 K	j
ś	見だ	
7	B ∈	1
3	発音	1

vr attending physician.	a reflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit merral pages 1.2 a should	20000 14 11 0000	
led by the hospital	uid be detached to		ed at once.
ge 6 may be retain	irector, page 5 sho		ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The state of the second of the state of the state of the state of the state of the state s	n by the funeral of	removal.	edicai examine
TEG WILTIN 24 TIOU	completely filled i	ial, cremation, or	event, the me
princate be execu	ng physician and	giene prior to bur	other traumatic
mai me deam ce	ed by the attendir	h and Mental Hyg	iny injury, or c
IIIC IOM ICHOILES	te has been signe	ite Dept. of Healt	em 23 shows a
ING PRISIDIAN.	Wer this certifical	eath with the Sta	marked, or He
INC ON ALIEND	RAL DIRECTOR: A	72 hours after a	If Item 28 is
TOTAL PARTY	A FUNE	led within	DRITANT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	MENT OF H	EALTH AND DEATH	MENTAL HYGIEI		36351		
	1. DECEDENT'S NAME (First, Middle, Last) BERTIE		BELL			2. DATE OF DEATH DECEMBER	~28,19 <b>ў</b> ¶	3. TIME OF DEATH 9:40am		
	4. SOCIAL SECURITY NUMBER 218-22-1607	1 □ M 2 💢 F 85	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	6. BIRT	HPLACE (State or Foreign N.C.		
TOR	9a. FACILITY NAME (If not institution, give street end number)  MARYLAND GENERAL HOSPITAL  BALTIMORE CITY  PESIDENCE OF DECEDENT									
- DIRECTOR	MD 106. COUNTY	1		OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	2434 LINDEN AVE.			101	21217		USA	WHAT COUNTRY?		
ΒY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	ENDENT OF HISPA ectly Cuben, Mexico 2 NO Specia	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9th	CATION 164 Completed) College (1-4 or 5 +)	e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during ma	N st of working		ING HOME			
	17. FATHER'S NAME (First, Middle, Lest)  JAMES BLOUNT					ME (First, Middle, Maidel IA ATKINSO	Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print) MRS. HORTENSE PRE	SS				Route Number, City or Tox				
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remote 4 Donetion 5 Other (Specify)	oval from State Corneter)	CALVARY	ISPOSITION (Na	me of ERY 1		CATION — City or To	own, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	o Wane	V	MARCH F		800 WABASH AN		MD 21215		
CERTIFICATION	ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory. List only one cause on each line.  aCongestive heart failine / sepsis  DUE TO (OR AS A CONSEQUENCE OF):  b  DUE TO (OR AS A CONSEQUENCE OF):  C  DUE TO (OR AS A CONSEQUENCE OF):						Approximate interval Between Oneat and Death		
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	a contributing to death but n	ot resulting in ti	na underlying	cauaa given in	Part i. 24a. WAS AMPERFO	RMED?	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 120 Inpatient 2 ER/Outpatien		HER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOI	IRY AT	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e, PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stree			28t. LOCATION (Street City or Town, State	end Number or Rural F	loute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge R: On the basis of examination and	, death occurred at	the time, date my opinion, de	and place, end due	to the cause(e) end me	nner as stated.	) end manner ee stated.		
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	IBER	29d. DATE SIGNED			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		)	n/a		12/28	/91		
	Gldria Nammo 31. DATE FILED (Month, Day, Year) JAN 0 3 1992 Ju	Our. M.D.  32. REGISTRAR'S SIGNATUR  Ma Davidson—Randa	RE	Mary1	and Gene	ral Hospi	<u>ta1</u>			



3

sician.	-francit narmit Page 1 2 3 should	portion bottom: 1 edges 1, 2, 3 should			
o may be recamed by the hospital or attending physic	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hural-transit narmin page 1.2 should		nuct he notified at cone	near De mondes at once.	
and the state of t	ysician and completely filled in by the funeral direc	nd Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at name	the same and the s	
	his certificate has been signed by the attending ph	with the State Dept. of Health and Mental Hygiene	ked, or item 23 shows any Injury, or other		
	THE TUNITY DIRECTOR: After to	A hours after death	IMPORTANT: It Item 28 is mari		

1 . STATE		STATE OF N	MARYLAND	DEPAF		OF H	EALTH	AND I	MENT	reb AL HYGN	ENE	91	3635
REGISTRAR  1. DECEDENT'S NAME (F.	iret Adiddin Loati		C	ERITE	ICATE	OF	DEA	Н		REG. I			
	rst, Miloure, Cast)								2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
Donald  4. SOCIAL SECURITY NU	UDED.	5. SEX		dds					12	2	7	1991	
None	MBEH	5. SEX 1 ★ M 2 ☐ F	6. AGE (In yrs. la	• • • • • • • • • • • • • • • • • • • •	IF UNDER 1	YEAR DAYS	HOURS	24 HRS.		E OF BIRTH		s. BIRT	HPLACE (State or Foreitry)
				YRS.	1	5			1	1-22-	91	Ma	ryland
9a. FACILITY NAME (# no	t institution, give s	street and number)			9b. CITY,	TOWN OF	R LOCATION	ON OF DE	EATH		9c. C0	DUNTY OF	DEATH
Universit	ty Hos	pital			Bal	tim	nore					NZA	
10a. STATE	10b. COUNT			10c CIT	Y, TOWN OR	LOCATE	ON						r
Maryland													10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBE	P			1	Balti		ZIP CODI				_		1 TYES 2 N
		-1				101.					10g. C	ITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	Parri:	sh St.					2122	-				USA	
1 Never Married 2	Married		YES 2 X	RMED NO	13. W	AS DECE yes, spec	NDENT O	F HISPAN	IIC ORIG	IN? (Specify Rican, atc.)	Yea or No-	14. RAC Blac	E — American Indian, k, White, atc.
3 Widowed 4 D		IF YES, GIVE W	AR OR DATES				2 <b> </b>			,,		Spec	hite
15 D	ECEDENT'S EDU	ICATION			1							1	III ce
(Specify of	only highest grade	ocompleted)	(0		USUAL OCC			g	16	b. KIND OF	BUSINESS/I	NDUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5 +	+)	Chi									
17. FATHER'S NAME (First,	Middle 4 a 4			Uni.	La								
		Den 2 2 -					18. MOTH			Middle, Maid			
		. Bradds								L. Gr			
19a, INFORMANT'S NAME										mber, City or			
Ronald L.			3	10 S.	Par	rish	St.	Ba.	ltin	ore,	Mary]	land	21223
20s. METHOD OF DISPOS 1 Durisi 2 □ Creme		roval from Statu	20b. PLACE	AND DATE	OF DISPOSIT	ION (Nam	ne of		OA	TE 20c.	LOCATION -	— City or To	own, State
4 Donation 5 Oth	estitionary)		Rose	dale	Ceme	tery	r .		12	2/3/1	Marti	nsbu	rg, W. Va
21. SIGNATURE OFFUNCE	AL SERVICE LIC	CENSEE /			22. N/	AME AND	ADDRES	S OF FAC	CILITY				
1 1/2	1/11	V / _								unera			
IMMEDIATE CAUSE (F	Hourt langure.	complications that			ot enter th	he mod	e of dyli	ng, auch	n aa ca	TIMOX	e Ma apiratory a	eryla:	Approximate interval Betwoen and D
iMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	ilitions, sediate Ying Jury	DUE TO	t caused the dese on each line  Sudde  (OR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	n inf OUENCE OF	ant o	he mod	e of dyli	ng, auch	n aa ca	TIMOX	ce, Ma	aryla.	Approximate interval Bety
iMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	ilitions, sediate Ying Jury	DUE TO	Sudde (OR AS A CONSEC	n inf OUENCE OF	ant o	he mod	e of dyli	ng, auch	n aa ca	TIMOX	e, Ma	aryla.	Approximate interval Bety
iMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	iltions, lediate Ying jury	DUE TO  DUE TO  OUE TO	Sudde (OR AS A CONSEC (OR AS A CONSEC	n infouence of	ant of	he mod	e of dyli	ng, auch	ome	rdiac or re-	apiratory a	errest,	Approximate interval Bety Onset and D
iMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	iltions, lediate Ying jury	DUE TO  DUE TO  OUE TO	Sudde (OR AS A CONSEC (OR AS A CONSEC	n infouence of	ant of	he mod	e of dyli	ng, auch	ome	24a. WAS	AN AUTOPSY ORMED?	errest,	Approximate interval Bety Onset and D
iMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	iltions, lediate Ying jury	DUE TO  DUE TO  OUE TO	Sudde (OR AS A CONSEC (OR AS A CONSEC	n infouence of	ant of	he mod	e of dyli	ng, auch	ome	24a. WAS.	apiratory a	errest,	Approximate interval Bety Onset and D
iMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	iltions, lediate Ying jury	DUE TO  DUE TO  OUE TO	Sudde (OR AS A CONSEC (OR AS A CONSEC	n infouence of	ant of	he mod	e of dyli	ng, auch	ome	24a. WAS.	apiratory a	errest,	Approximate interval Bety Onset and D Onse
iMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific	itions, lediste ying jury st	DUE TO  DUE TO  OUE TO	Sudde (OR AS A CONSEC (OR AS A CONSEC	n infouence of	ant of	he mod	h sy	ng, auch	ome	24a. WAS PERF	apiratory a	errest,	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERS CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifications.	itions, lediste ying jury st	DUE TO  DUE TO  OUE TO	Sudde (OR AS A CONSEC (OR AS A CONSEC	n infouence of	Eant of	he mod	e of dyli	ng, auch	ome	24a. WAS PERF	apiratory a	errest,	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 💢 YES 2 🗆 NO	itions, lediste ying jury st	DUE TO  DUE TO  OUE TO  d.  s contributing to	Sudde (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECT	n info	ant of	he mod	h Sy	rndro	Part I.	24s. WAS PERF	apiratory a	errest,	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERS or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 💢 YES 2 🗆 NO  27. MANNER OF DEATH	itions, lediste ying jury st	DUE TO  DUE TO  OUE TO  d.  HOSPITAL:	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	n infouence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence ou	OTHER:	eriying	cause g	rndro	PPart I.	24s. WAS PERF	AN AUTOPS' ORMED? 2 NO	y 24b	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 💢 YES 2 🗆 NO	itions, lediste ying jury st	DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1   Inpatient 2 X   28a. DATE OF	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	n infouence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence of outence ou	OTHER:	erfying a 28. PLAM By Home	cause g	rndro	PPart I.	24a. WAS. PERF 1 YES	AN AUTOPS' ORMED? 2 NO	y 24b	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list condition, leading to immediate, leading to immediate, enter UNDERL CAUSE (Disease or inthat initiated events resulting in death) LA  PART II. Other algnification of the condition of	itions, lediate ying lury structure to MEDICAL  Pending Investigation Could not be	DUE TO  DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1 □ Inpetient 2 X  28a. DATE OF  (Month, Da  28c. PLACE OF	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	DUENCE OF	OTHER: 4 Nursin	28. PLAN By Home Bo, INJUF WORK 1   YE	cause g	rndro	PPart I.	24a. WAS. PERF 1 YES	AN AUTOPS: ORMED? 2 NO	24b	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifications are sequentially sequentiall	itions, lediate ying jury strong condition	DUE TO  DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1 □ Inpetient 2 X  28a. DATE OF  (Month, Da  28c. PLACE OF	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	DUENCE OF	OTHER: 4 Nursin	28. PLAN By Home Bo, INJUF WORK 1   YE	cause g	rndro	PPart I.	24a. WAS. PERF 1 YES  or (Specify)	AN AUTOPS: ORMED? 2 NO	24b	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially liat cond if any, leading to immediate. Cause Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffer that in the cause of interest in the cause of	itions, declate Ying jury	DUE TO  DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1 □ Inpatiant 2 X  28a. DATE OF (Month, Da  28c. PLACE OF building, 4	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	DUENCE OF DUENCE OF DUENCE OF DOA TIME INJURY BETTER BETTE	OTHER: 4   Nursin E OF 21 URY M	erfying erfying to the model of	cause g	rndro	Part I.  Part I.  28d. DE	24a. WAS PEAR 1 YES CATION (Street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and Annual street of Town, Status and	AN AUTOPS: ORMED? 2 NO W INJURY O	24b	Approximate interval Bety Onset and D Onset and D  WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION DF CAU: OF GEATH?  1 YES 2 NO
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 ※ YES 2 NO  27. MANNER OF DEATH  1 Natural Sequence of the condition of the	itions, declate Ying jury	DUE TO  DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1 □ Inpatiant 2 X  28a. DATE OF (Month, Da  28c. PLACE OF building, 4	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	DUENCE OF DUENCE OF DUENCE OF DOA TIME INJURY BETTER BETTE	OTHER: 4   Nursin E OF 21 URY M	erfying erfying to the model of	cause g	rndro	Part I.  Part I.  28d. DE	24a. WAS PEAR 1 YES CATION (Street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and Annual street of Town, Status and	AN AUTOPS: ORMED? 2 NO W INJURY O	24b	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 ※ YES 2 NO  27. MANNER OF DEATH  1 Natural Sequence of the condition of the	itions, lediate ying jury st Condition  To MEDICAL  Pending Investigation  Could not be datermined  ATTIFYING PHYSIC	DUE TO  DUE TO  DUE TO  OUE TO  d.  HOSPITAL:  1 Inpatient 2 X  28a. DATE OF  (Month, Da  28e. PLACE OF  building, of	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	DUENCE OF DUENCE OF DUENCE OF DOA TIME INJURY BETTER BETTE	OTHER: 4   Nursin E OF 21 URY M	erfying a 28. PLAM By Home Sc. INJURY WORK 1 YE, office e, data arnion, dear	cause g	iven in i	Part I.  Part I.  28f. LOCity to the ca	24a. WAS PEAR 1 YES CATION (Street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and Annual street of Town, Status and	AN AUTOPS) ORMED? 2 NO WINJURY Ormaniner as at end due to	24b CCUREO or or Rural fi	Approximate interval Bety Onset and D Onset and D  WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION DF CAU: OF GEATH?  1 YES 2 NO
iMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 1 YES 2 NO  27. MANNER OF DEATH  1 Netural Sequence of the condition of the	itions, lediate ying jury strong medical to MEDICAL TO MEDICAL Could not be datermined attrifying Physicolocal Examines.	DUE TO  DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1   Inpatiant 2 XI  28a. DATE OF (Month, Da  28b. PLACE OF building, i	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	DUENCE OF COUNTY OF THE PROPER	OTHER:  OTHER:  In the under  OTHER:  The contract of the state of the	erfying a 28. PLAM By Home Sc. INJURY WORK 1 YE, office e, data arnion, dear	cause g  CE OF DE  S Rain  RY AT  K?  S 2   nd placa,  with occure	Iven in I	Part I.  Part I.  281 LOCITY to the ca	24a. WAS PEAR 1 YES CATION (Street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and an anual street of Town, Status and Annual street of Town, Status and	AN AUTOPS) ORMED? 2 NO WINJURY Ormaniner as at end due to	CCUREO  or or Rural if the cause(s	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to immediate the cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnification of the cause of the	itions, lediate ying lives and condition to MEDICAL  Pending Investigation  Could not be determined  ATTIFYING PHYSIC OICAL EXAMINE!	DUE TO  DUE TO  DUE TO  OUE TO  d.  HOSPITAL: 1   Inpatiant 2 XI  28a. DATE OF (Month, Da  28b. PLACE OF building, i	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMM INJ. 28b. Timm, farm, a sth occurre investigation of 27) (Type, M 27) (Type, Document)	OTHER: 4 Under the under t	erfying of the model of the mod	cause g  CE OF DE  S Rain  RY AT  KY  S 2   and place, with occure  CP CE OF DE  CO CE OF DE	Iven in I  ATH (Che  and due 1 d at the t	Part I.  Part I.  281 LOChy co to the ca	24a. WAS. PERF 1 YES or (Specify) SCRIBE HOV CATION (Street or Town, Statuse(a) and no e and place,	AN AUTOPS: ORMED? 2 NO W INJURY O	CCUREO  CCUREO  or or Rural II  the cause(state)  2 2 3	Approximate interval Bety Onset and D Onse
IMMEDIATE CAUSE (f disease or condition reaulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1 Natural Sequence of the condition of the	itions, declate ying jury and condition to MEDICAL  TO MEDICAL  To MEDICAL  Could not be determined  THIFYING PHYSIC  OICAL EXAMINED  TO PERSON WHO	DUE TO  DUE TO  DUE TO  C.  OUE TO  d.  HOSPITAL:  1   Inpatiant 2   X  28a. DATE OF  (Month, De  28c. PLACE OF  building, (  CIAN: To the best of ax  O COMPLETED CAUS	Sudde  Sudde  (OR AS A CONSECTION  (OR AS A CONSECT	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMM INJ. 28b. Timm, farm, a sth occurre investigation of 27) (Type, M 27) (Type, Document)	OTHER: 4 Under the under t	erfying of the model of the mod	cause g  CE OF DE  S Rain  RY AT  KY  S 2   and place, with occure  CP CE OF DE  CO CE OF DE	Iven in I  ATH (Che  and due 1 d at the t	Part I.  Part I.  281 LOChy co to the ca	24a. WAS. PERF 1 YES or (Specify) SCRIBE HOV CATION (Street or Town, Statuse(a) and no e and place,	AN AUTOPS: ORMED? 2 NO W INJURY O	CCUREO  CCUREO  or or Rural II  the cause(state)  2 2 3	Approximate interval Bety Onset and D Onse

nikao Ninah

La como de la la como de la como

44.

I TANK TO THE PARTY OF THE PART

or the ending external constitution of the Con

n de la companya del companya de la companya del companya de la co

والمراجع والمحتب

OF VITAL RECORDS, P.O. BOX 68760,	
7	
DIVISION	

N: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	c event, the medical examiner must be notified at once.
TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu-	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further than the first process after death with the State Dept. Of Health and Memtal Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIFI	TMENT OF HE	ALTH AND	MENTAL HYGIENE REG. NO.	9!	36356
1. DECEDENT'S NAME (First, Middle, Las Robert Darn		wn			2. DATE OF DEATH MONTH 12-31-91	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In vrs. last birthday)	IF UNDER 1 YEAR	IF LINDER 24 HRS	7 DATE OF BIRTH	0.01071	101 102 (01-11-1

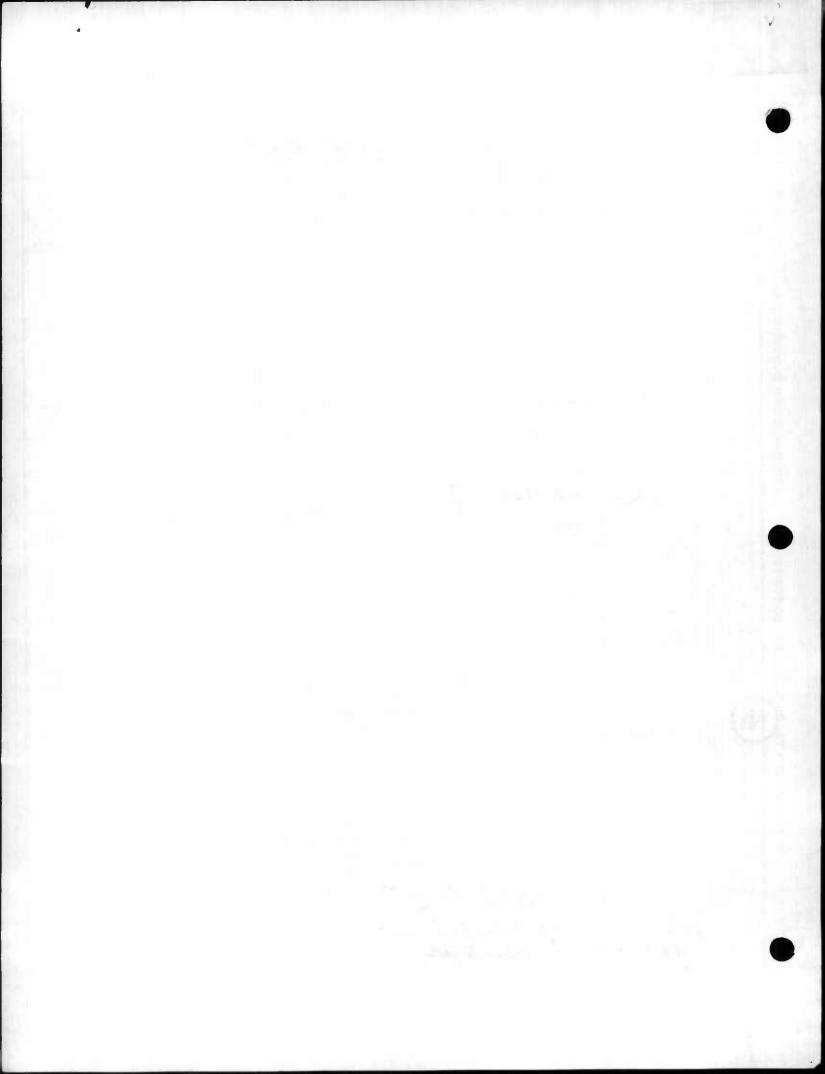
	1. DECEDENT'S NAME (First, Middle, Last)  Robert Darne	II Brow	wn						2. DATE OF MONTH 12-3	DEATH	W	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH N. War		8. BIRTH Count	
15	212-76-6480 9e. FACILITY NAME (If not institution, give si	/\	3	3 YRS.	05 OTTV	TOMAN A			9/27	/58			Md.
DIRECTOR	328 Paca Stree						imor				9c. COU	NTY OF D	EATH
EC	10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
	Md.			В	altim								LIMITS?
RA	10e. STREET AND NUMBER					101	. ZIP COD	E					WHAT COUNTRY?
N.	328 Paca Stree		IT FIVED IN U.S. A.O.									U.S.	
BY FUNERAL	1 Never Merried 2 Merried	FORCES? 1	NT EVER IN U.S. ARI	IO NED	- It	yes, sp	ecity Cube	n, Mexice	NIC ORIGIN? (S	pecify Yes n, etc.)	or No-	Black	E Americen Indien, k, White, etc.
	3 Widowed 4 Divorced						- A	Opocin				Speci	" Black
TE	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G/	ive kind of	USUAL OC	CUPATIO	ON ast of working	g	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) ///e.	Do NOT us	se retired.)				-				
OM	17. FATHER'S NAME (First, Middle, Last)						1a, MOTI	IER'S NA	ME (First, Middl	le Maiden	Sumame)		
BE C	Yoman Fullard								Chil		our remay		
5 B	19e, INFORMANT'S NAME (Type/Print)		19t	, MAILING	ADDRESS	(Street e			Route Number, (		, State, Zip	Code)	
F	Anita Brown			328					imore,				
	20é. METHOD OF DISPOSITION  1 □ Burlel 2 □ Cremation 3 □ Ramo  4 □ Donetion 5 □ Other (Specify)	wal from State	20b. PLACE A	ND DATE	OF DISPOSI	TION /Na	me of		OATE	20c. LOC	timo	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIE	INSEE	,		22. N	IAME AN	D ADDRES	SS OF FA	CILITY				
	· Wonceck	20	HHH	_	Wm	.С.	Marc	ch F	uneral	Hot	mes		rth Avenue
	23. PART I. Enter the diseases, or cahock, or heart failure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cau	TOP AS A CONSECUTION AS										Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A C	OWRE	D J	IMM IMM	Hu		T.	CEN	cy-	540.	DBra	6
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF	<b>ጉ</b> ):								
	PART II. Other significant conditions	contributing to	doeth hut not										
EDICAL	ANEMIA	contributing to	death but not re	suiting	n the und	lerlying	cause g	iven in		PERFORI	WED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	RENALI	USUFF C	MENOY						_   10	YES 2	NO		OF DEATH?
IAN	25. WAS CASE REFERRED TO MEDICAL	eli I		_		28. PL	ACE OF DE	ATH (Che	ock only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA .	OTHER	:			a Other (Sp	noith ch			
PHYSICIAN:	27. MANNER OF DEATH	28e. OATE OF (Month, D	INJURY	26b. TIM		28c. INJU	JRY AT		26d. DESCRIE		JURY OCC	URED	
B	1 Natural 5 Pending Investigation				М	1 🗆 Y	'ES 2 [	NO					
	3 Suicide 6 Could not be datermined	26e. PLACE Of building,	F INJURY — At hon atc. (Specify)	ne, term, a	treet, facto	ry, office			281. LOCATION City or Tox	N (Street at wn, State)	nd <i>Number</i>	or Rural A	oute Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of	my knowledge, dea	th occurre	d at the tin	iolon de	end piece,	end due	to the cause(s)	end men	or ee stat	ed.	and menner ee stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	1			, a. my op					prace, end			
TO BE	1,80/ are	non	4)				29c. LICE	DO3	909		29d. DATI	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	84	10.7				wite ?	11,2	464.	المار	2/20/
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	2	Felia L	avid	son-R	ndell	6				



JAN 0 3 1992

32. REGISTRAR'S SIGNATURE
DEUTSON-RONDAR

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT	OF HEALTH	I AND ME	NTAL HYGIEN	E 9 1	36357
	1. DECEDENTA NAME (First, Middle, Lage)		MARY	А. В	LAKE		DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)				ecember 3	1,199	
	214-14-9687	1 - M 2 XX			PAYS HOURS	R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) JUNE 24, 1	906	6. BIRTHPLACE (State or Foreign Country) MARYLAND
- 3	9a. FACILITY NAME (If not institution, give s	The state of the s		9b. CITY, 1	OWN OR LOCAT			_	ITY OF DEATH
DIRECTOR	5549 CHANNING RO	AD			BALT	MORE			
HE(	10a. STATE 10b. COUNT	Υ	10c, CI1	TY, TOWN OR	LOCATION				10d. INSIDE CITY
	MARYLAND		E	BALTIM	ORE				LIMITS?
A	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CITIZ	ZEN OF WHAT COUNTRY?
ER	5549 CHANNING RO	AD			2	1229		T	J.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. W	S DECENDENT	OF HISPANIC	ORIGIN? (Specify Yea		14. RACE — American Indian,
BY F	1 Never Married 2 Married	FORCES? 1 YES	2 XXO	lf y	YES 2 XXVO	en, Maxican, P	uarto Rican, etc.)		Black, White, atc. Specify:
	3 Widowed 4 Divorced				,	opeony.			WHITE
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DECEDENT'S	USUAL OCC	UPATION	ina.	16b. KIND OF BUS	SINESS/IND	USTRY
<b>"</b>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	se retired.)	ing most of work	rig			
A P	8		SEAMSTR	ESS			DRAPE	RY	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAME	First, Middle, Meiden	Surname)	
BE	ALBERT BAVOTA					CLARA	A GENTILE		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (	Street and Numbe	r or Rural Route	Number, City or Town	n, State, Zip	Code)
-	AMBROSE BLAKE	(HUSBAND)	5549	CHANN	ING ROA	D, BALT	IMORE, MA	RYLAN	ND 21229
	20g. METHOD OF DISPOSITION  1	oval from State 20b.	PLACE AND DATE	OF DISPOSITI	ON (Name of		OATE 20c. LO	CATION — C	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		Jii Onling		ME AND ADDRE			ALIII	MORE, MARYLAND
	> Luarel	1	4	LER	OY M. &	RUSSE	ELL C. WI		FUNERAL HOMES
	22 PART I Sets the discours on	*	12	1630	) EDMON	DSON A	VENUE, CA	TONSV	VILLE, MD. 21228
	23. PART I. Enter the diseases, or o shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ch line.					ratory arra	Approximata Interval Between Onsat and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A OUE TO (OR AS A			areli	à my	pote	ry .	
- II	PART II Other significant condition	e contributing to death bu	it not resulting	in the unde	riving cause	given in Pari	I 24- MMC AN	ALITODON	
MEDICA	Supra ventr	culor to	chy c	ade	à.	given in rain	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Chronic R	end insa	Arkie	ray					OF DEATH?  1 YES 2 NO
PHYSICIAN:	OF MAC CASE DESERVED TO ASSESSED.			- 1					
<u>0</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF D	EATH (Check o	nly one}		
₹ I	1 VES 2 NO	1 Inpetient 2 ER/Outpe	tient 3 🗆 DOA		Homa 5	aldenca 6 🗆	Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY	c. INJURY AT WORK?		I. OEȘCRIBE HOW IN	JURY OCCU	JRED
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY - building, etc. (Specif	— At home, farm, a	Mraet, factory	, office	281	LOCATION (Street at City or Town, State)	nd Number o	r Rural Route Number,
9	29a. CERTIFIER								
COMPLET	(Check only	CIAN: To the best of my knowle R: On the basis of examination	dge, death occume and/or investigatio	od at the time n, in my opin	, data and placa ion, death occur	and due to the	e cause(a) and man , data and place, and	ner as stated	d. cause(a) and menner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	7N 4		0		NSE NUMBER			SIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	END ING	4751	CHIPU !	250	651	15	151/41
	A. ALAN PEEL	SING FOR V	(T) (Type,		OLD.	FRED	ESPICIC 1	RA /	PS15 0100



permit. Pages 1, 2, 3 should

months & many	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transic		
	tache		Ce.
	e de		io te
	pine		pe
	5 sho		notifi
	age		be 1
	ector, p		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	al dir		Iner
	funer		жаш
	y the	noval	cal
	u p	or re	med
	/ fille	tion,	the
	pletel	rema	ent,
	COM	rial, (	C ev
	and (	to bu	mati
	Siciar	prior	trau
	9 9	iene	ther
	endin	Hyg !	0 0
	ne att	Aenta	ury,
	Š	and	y in
	gned	ealth	s an
	en s	Of H	how
	as be	Dept.	23 8
	ate h	tate	tem
	ertific	the S	0
	this c	with	ked,
	ther i	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	E
-	OR: Y	fter d	8 3
	RECI	urs a	<b>Ⅲ</b> 2
i	ō	ho	ite

FUNERAL C Impin 72 h PORTANT: It II

013

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

-160 Por

32 DEGISTRAR'S CHNATURE

1

Rypnins

36358 Items: 23 part I, II, 27 per MEO G-684 2/5/92 reb FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JACQUELINE (AKA ( BURNHAM) BERHAN 12 25 1991 0804 aM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F 212-60-5181 8/20/1952 BALTO. MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 2822 THE ALAMEDA BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. 2822 THE ALAMEDA, BALTIMORE CITY 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 2822 THE ALAMEDA, BALTO, MD 21218 U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 Tyes 2 Thou IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: NEGRO 3 Widowed 4 Olvorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) NURSING ASSIST. HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Surname) ALFRED BURNHAM BE LORRAINE RAYFIFLD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EARLEY H. RAMSEY 2822 THE ALAMEDA BALTO. MD. 21218 20s. METHOD OF DISPOSITION
1A Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 4 Donation 5 Other (Specify) ARBUTUS MEM. PK, INC. A.A. COUNTY, MD. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH L. RUSS FUNERAL HOME uso 2222 WEST NORTH AVE. BALTO 21216 MD 23. PART I. Enter the diseases, or complicatione that ceueed the deeth. Do not enter the mode of dying, auch ee cardlec or reepiratory erreet, Approximate ahock, or heert fellure. Liet only one ceuse on each line. interval Between Onaet and Deeth **IMMEDIATE CAUSE (Final** disease or condition Myocardial Hypertrophy resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? fibrosis of liver due to chronic alcoholism 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 KResidence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔯 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 12/25/1991

DHMH-16 Rev 1/89

111 PENN STREET

O.C.M.E.

BALTIMORE, MARYLAND

17-17-1

\*

E 6

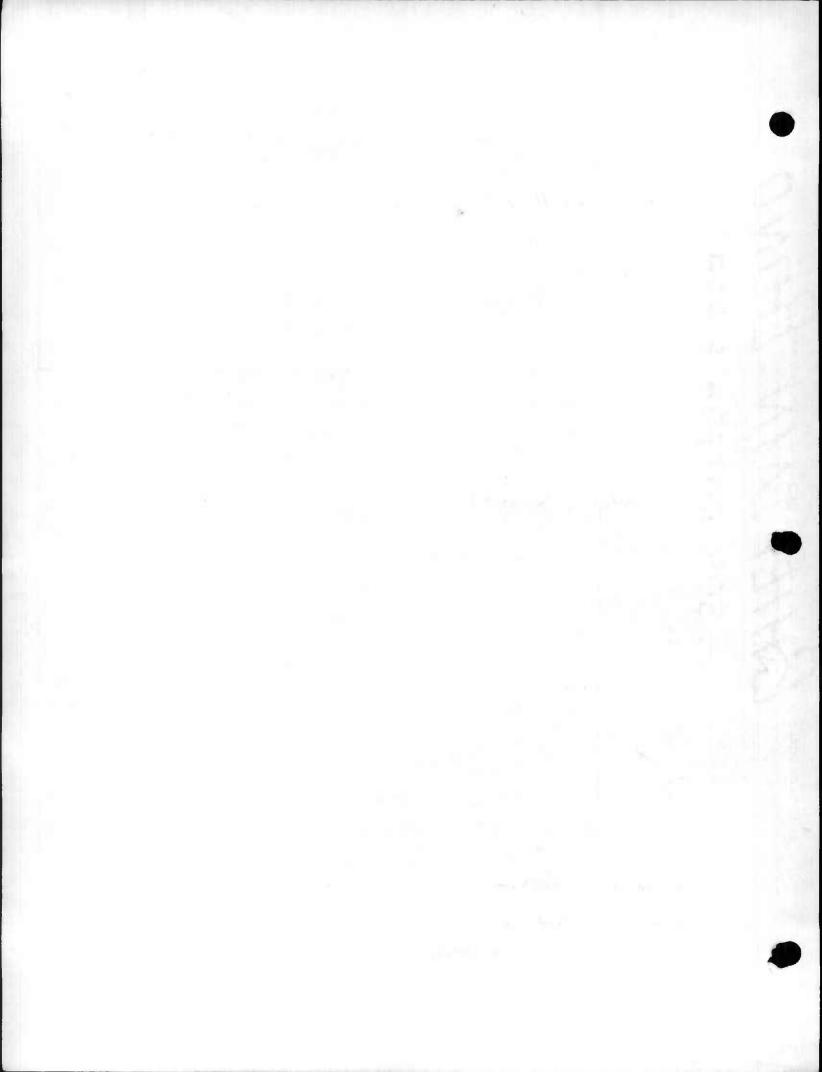
49

To the second of

, ...

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law impairment that the peach countries be executed within purs after death, Page 6 may be retained by the hosp	IF FUNERAL DIRECTOR: After this certificate han been agreed by a manning provided and completely filled in by the funeral director, page 5 should be detact an within 72 hours after death with the State Deut, or Human and Mental Agreement prior to burlat, cremation, or removal.	IMPORTANT IS flow 28 to marked or liem 22 shows any animal in what trainmaile event the medical examiner must be melified at once
---	--	---

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT	T OF HEALTH AN	D MENTA	L HYGIEN	E 9	1 36359	
	1. DECEDENT'S NAME (First, Middle, Lest)  GETTURE  L	L Brown			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH AND THE STATE OF THE STATE				
FUNERAL DIRECTOR		. SEX 6. AGE (In yrs. is	YRS. MONTHS	DAYS HOURS MIN	. Dec	of BIRTH		BIRTHPLACE (State or Foreign Country) Maryland	
	Saint Joseph RESIDENCE OF DECEDENT	T Joseph Hospital		Towson		Baltimore			
	,	Baltimore		Parkville		1 [		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER 8709 Maravoss La			161. ZIP CODE	34	ed States			
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Maxicen, Puerto 1  YES 2 NO Specify:					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (	DECEDENT'S USUAL C Glive kind of work done fe. Do NOT use retired.) Homemake	during most of working	161	b. KIND OF BUS	SINESS/INDUST	TRY	
TO BE COM	17. FATHER'S NAME (First, Middle, Last) LOUIS BUSKY				NAME (First,	Middle, Maiden Foss	The state of the s		
	19a. INFORMANT'S NAME (Type/Print) Louis F. Brown	1. Ž		s (Street and Number or Ri rkwall Cou		ltimor	e, Md.	21234	
	20a. METHOD OF DISPOSITION 1 GRAND Burlet 2 Cremetton 3 Ramova 4 Donatton 5 Other (Specify)	Gard	ens of Fa	ith 1/4/9	2	Bal	timore	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MILTON Knight Jr  22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214  Leonard J. Ruck, Inc. 5305 Harford Road								
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, by complication that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, abook, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse give Affuna				in Part i.	PERFORMED? AVAILABLE PRIOR TO		1	
SIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:								
PHYSICIAN: MEDIC	1 VES 2 DINO 1	10SPITAL: Impatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	3 DOA 4 Nu	R: raing Home 5 Resider 26c. INJURY AT WORK?			(Specify) CRIBE HOW INJURY OCCURED		
ВҰ	1. Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At I building, atc. (Specify)	М	M 1 YES 2 NO		281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)			
COMPLETED	29s. CERTIFIER (Check only one)  29 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.								
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	Rehad O. Vall			29c. LICENSE NUMBER 039609		29d. DATE SIGNED (Month, Day, Year)  12/3( 9 1		
	30. NAME AND ADDRESS OF PERSON WHO OF RICHARD DE PARTE  31. DATE FILEO (Month, Day, Year)	Sr Jorg	ph's Hor	PITAL 767	0 Yo	ek Ro	Town	25CIC (IM. 432	
	JAN 0 3 1992 Au	ia Savidson-Randa	62						



hould	
20	
ςĭ	
-	
Pages	
permit.	
-transit	
burial	
Ē	
SS	
nse	
ō	
2	
detache	0000
8	7
should	Hifford
S	2
page	t he
director,	r mire
huneral	I. the medical examiner must be notified at once
2 2	-
A E	2
E e	0
De o	8
HOL	94
mai	-
Cre in	le le
al a	-
to burial	matic ev
10	E

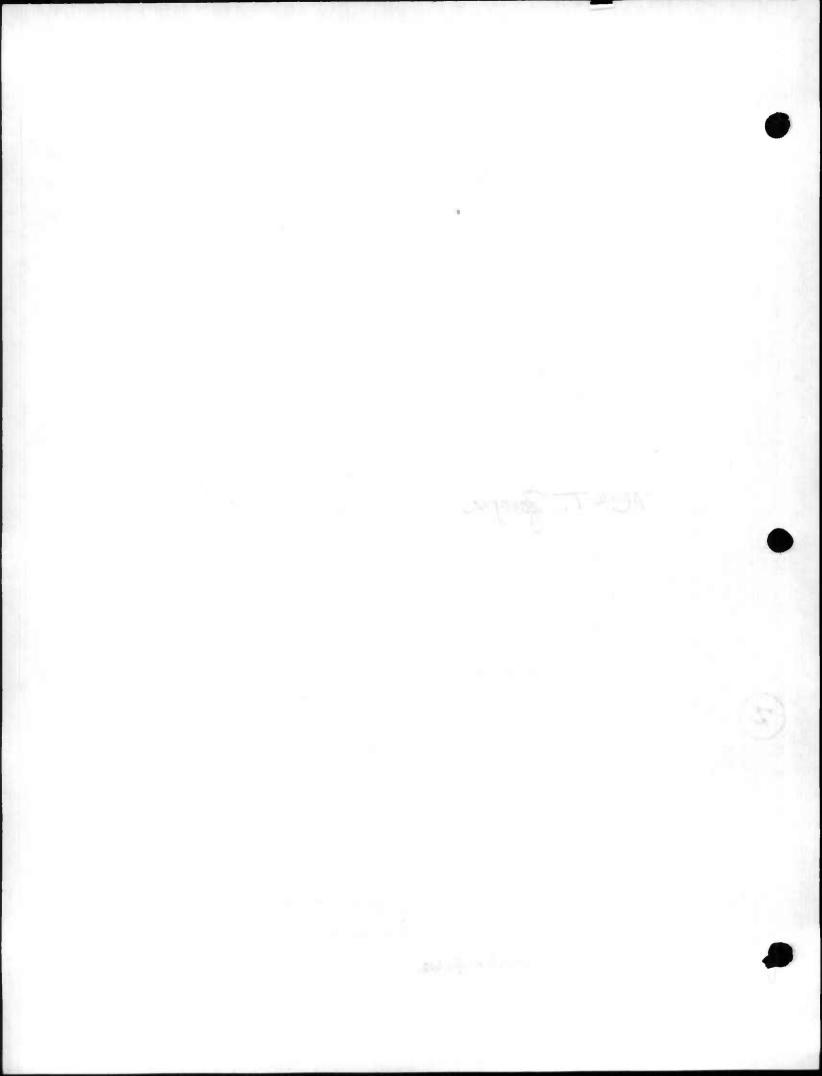
TO THE HOSPITAL OR ATTENDING PHYSICIAN: THE TO THE FUNERAL DIRECTOR; After this certificate be filed within 72 hours after death with the State D

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

L. OR ATTENDING PHYSICIAN: The property of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

L. DIRECTOR: After this certificate is the more by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformation or removal.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM	MENT OF HEALTH AN	ID MENTAL HYGIEN		36360		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH				
	ISABEL	F.	BURGESS		December	30,1991	8:15 PM M		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 H			HPLACE (State or Foreign		
	218-12-6183  90. FACILITY NAME (If not institution, giv	1 🗆 M 2 📈 F	81 YRS.		Aug. 30.		aryland		
<u>«</u>	Keswick Nursing		98	Baltimore C:		9c. COUNTY OF	DEATH		
CTOR	RESIDENCE OF DECEDENT	Hollic		Date Tillore C.	Ly				
DIREC	10e. STATE 10b. COU	VTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?		
	Maryland 100, STREET AND NUMBER		Balt	imore City			1 TES 2 NO		
FUNERAL				10f. ZIP CODE			WHAT COUNTRY?		
I N	700 W. 40th Str	12. WAS DECEDENT EVER	IN H.C. ADMICO	212		United			
	1 Never Merried 2 Married	FORCES? 1 YES	1 YES 2 NO If yes, specify Cuben, Mexican			B or No — 14. RAC Biss	E — Americen Indien, ck, White, etc.		
BY	3 Wildowed 4 Divorced	IF TES, GIVE WAR ON	DATES	1 TYES 2 X NO S	pecify:	Specify:			
TED	15. DECEDENT'S Et (Specify only highest gra	DUCATION ide completed)	16e. DECEDENT'S USI	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re	tired.)					
once. COMPL	17. FATHER'S NAME (First, Middle, Last)	16	Librar			Enoch Pratt Free Library			
	Walter Frus	ch			NAME (First, Middle, Meiden	Sumame)			
	19e. INFORMANT'S NAME (Type/Print)	511	19b. MAILING AD	DRESS (Street and Number or R	Ilma Draper	- 0 7 0 1 -			
TO TO	John Funkhouser			Heathecote Dr		lle, Md	21087		
medical examiner must be notified	20e. METHOD OF DISPOSITION 1 X) Burlel 2 Cremation 3 Re	20	b. PLACE AND DATE OF D	ISPOSITION (Name of		CATION — City or T			
E .	4 Donation 5 Other (Specify)	R	est Haven	Cem -	1/4/92 Hag	-			
mine	21. SIGNATURE OF FUNERAL SERVICE		. Zavoyna	22. NAME AND ADDRESS O	F FA OU INN				
еха	Mark T.	Mark T. Zavoyna  Leonard J. Ruck, Inc. 5305 Harford Rd.							
dica	23. PART I. Enter the diseasee, o	r complications that cause	ed the deeth. Do not	enter the mode of dying,	such ae cerdlec or reepi	ratory erreet,	Approximate		
	ehock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reculting in deeth)  Due To (OR AS A CONSEQUENCE OF):  Approximate Interval Between Onset and Death  Onset and Death								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEQUENCE OF):			0 /			
injury, or other	that initiated events resulting in deeth) LAST  oue to (or as a consequence of):  d								
MEDIC/	PART II. Other significant condition	ons contributing to deeth i	but not resulting in the	Underlying ceuse given	In Part I. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T =-	26. PLACE OF DEATH	(Check only one)				
1 S	1 TYES 2 NO	1 - Inpatient 2 - ER/Out		HER: Nursing Homs 5 - Residen	ce 6 Cher (Specify)				
*	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	WORK?	26d. DESCRIBE HOW II	JURY OCCURED			
	2 Accident Investigation	2 Accident Investigation M 1 YES 2 NO							
m 28 is ETED	4 Homicide 6 Could not be datermined	building, etc. (Spe	cily)	, ractory, office	26t. LOCATION (Street e City or Town, State)	nd Number or Rural i	Route Number,		
의 군	29a. CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the ceuse(s) end menner se stated.								
COM	* L MEDICAL EXAMIN	NER: On the besis of examination	on and/or investigation, in	my opinion, death occured at	the time, date end place, and	d due to the ceuse(s	e) end menner es stated.		
WEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end piles.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. 17.7.3.3.44							(Month, Day, Year)		
10 E	M NAME AND ADDRESS OF DEPOSIT	N Jew	In	N 1.55	334	13/	Dec 1991		
	Joseph W. Zebley, FIT, M.D. 7801 York Rd.								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		IN NU.					
	JAN 0 3 1992	Julia Davidon To							



permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

מיפוות ליווחות	rial-tra	I hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
5	Ž	3	
2	the		
5	20	2	
ij	9		
5	70		
ġ	7		
Š	- P		
	eta		6
	e d		
9	q p		7
	חסת		9
3	55		2
2	97		-
-	Da		4
	tor.		3
	rec		E
ľ	0		900
	Jera		E
	Ž		1X3
	the	DVal	-
	3	em	die
	d in	10	9
	File	'n,	-
	>	latic	=
	pleti	THE	ent
	E O	, c	2
	P	ung	HC
	33	9 0	ma
	cian	0	70
	ySi.	P	1
	d	ene	the
	ding	2	0
	rten	al F	ā
	9	lent	2
	=	2	E
	5	an	2
	Jue	alth	60
	Sig	He	3
	een	0	Sh
	as b	Dept	Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	ate	ate	E
	lific	S	-
	Cert	ĕ	0
	his	With	ked
	er t	th	Jan
	Aft	de	99
	O.H.	fter	00
	EG	S	7 2
	OIR	MON	ten
	-	-	

2

March

9! 36361 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF GEATH R. Crawford. Sr. Sherman 9IAR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS 215-05-6289 N.C. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR 2060 Evergreen Road **Odenton** Anne Arundel 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Odenton 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2060 Evergreen Road USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 🔀 Widowed 4 🗌 Divorced Black ED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (So H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8th Olin Matison Chemical Co 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Pinkney R Crawford BE Gertrude 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John R. & Sherman Crawford 4104 Crawford Avenue Baltimore, 20a. METHOO OF DISPOSITION
1 Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) King Memorial 12/28 Park Randallstown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARCH FUNERAL HOME, WEST Gladne 4300 Wabash Avenue, Balto., MD 21215 a 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ehock, or heart failura. List only ona Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (CIR'AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 Dinpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — Al home, farm, straet, factory, offica building, etc. (Specify) BE COMPLETED 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 22110

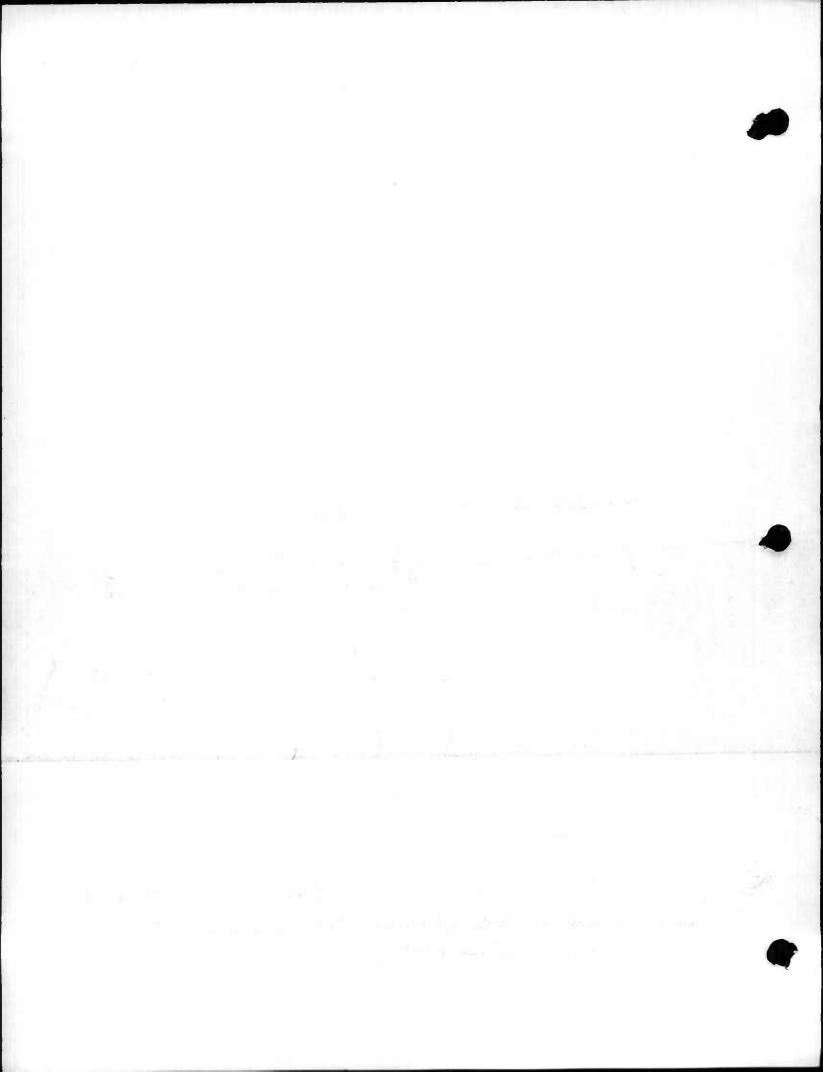
> 32. REGISTRAR'S SIGNATURE 0 1992

aplan

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

Burnie



should

1, 2, 3

Pages

permit.

bunal-transit

director, page 5 should be detached for use as the

notified at

must be

OR.	₹		9
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 nours after death. Pag	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir		em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
after o	by the	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lical e
NOULS	lled in	), Or re	9 шес
7 U	ly fi	ation	Ē
d with	mplete	, crem	rvent
cecute	oo put	Durial	atic
a pe es	ician	rior to	Traum
rtificat	g phys	iene p	ther
th ce	ugu	ž	04.0
deat	atte	emtal	Š
the	y th	N P	Ē
that	8	th ar	any
quires	n sign	Heal	OWE
W re	bee	f. 0	S
e la	has	De De	123
N: Th	Fcate	State	Пеп
SCIA	ertif	the	0
PHYS	this c	WITH	rked,
DING	After	death	8 Ha
TEN	108	after	28
A H	IREC	SUL	E

9

91 36362 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH AMPBER 91 1959 DONALT. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 D F 216-28-2592 5/3/1932 MARYLAND 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATN DIRECTOR BALTIMORE COUNTY GENERAL HOSPITAL BALTIMORE COUNTY RESIDENCE OF DECEDE 10d. INSIDE CITY LIMITS? 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO MD. BALTIMORE COUNTY FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 16 TALLOW COURT 21207 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Divorced /26/53 -/25/55NEGRO COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPUTER MANAGMANT 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE JOSEPH CAMPBELL GRACE WIGGINS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DORIS CAMPBELL 16 TALLOW COURT, BALTIMORE, MARYLAND 21207 20e, METNOD OF DISPOSITION
1 A Burlel 2 Cremetton 3 Removal from
4 Donetton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State LOUDON PARK CEMETERY BALTO, MD 21229 21. MATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH L. RUSS FUNERAL HOME 10seph 2222 WEST NORTH AVE, BALTO, 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final WENTRICULAL FIBRILLATION

OUE TO (OR AS A CONSEQUENCE OF):

CONSESTIVE HERET FAILURI **Onset and Death** disease or condition resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAKONARY CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS HYPERTENSION CHRONIC LUNG DISEASE **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 VES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATN (Check only one) HOSPITAL: OTHER:
4 Nursing Nome 5 Residence 8 Other (Specify) 1 YES 2 NO HOSPITAL:

1 Inpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending investige BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be BE COMPLETED 4 Homicide 29e. CERTIFIER
1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(a) end menner as stated.

296. SIGNATURE AND TITLE OF CERTIFIE

29d. DATE SIGNED (Month, Day, Year)

ZANDALLS HOUN

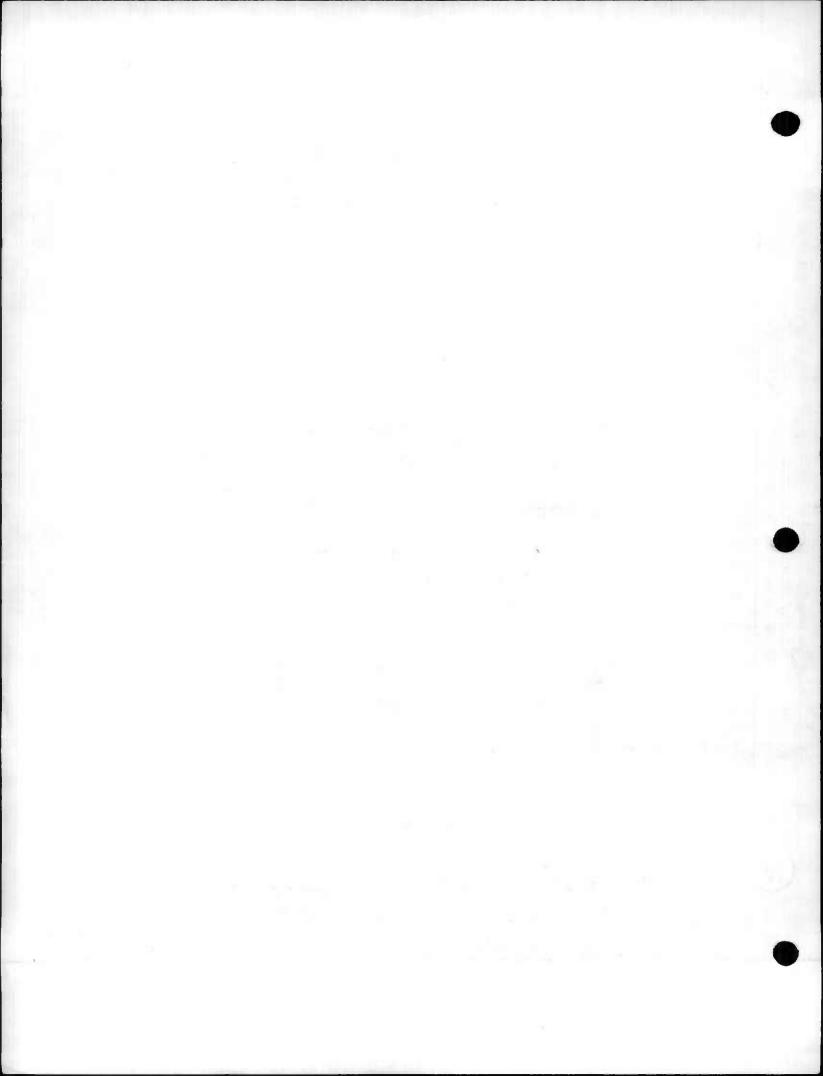
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

MD

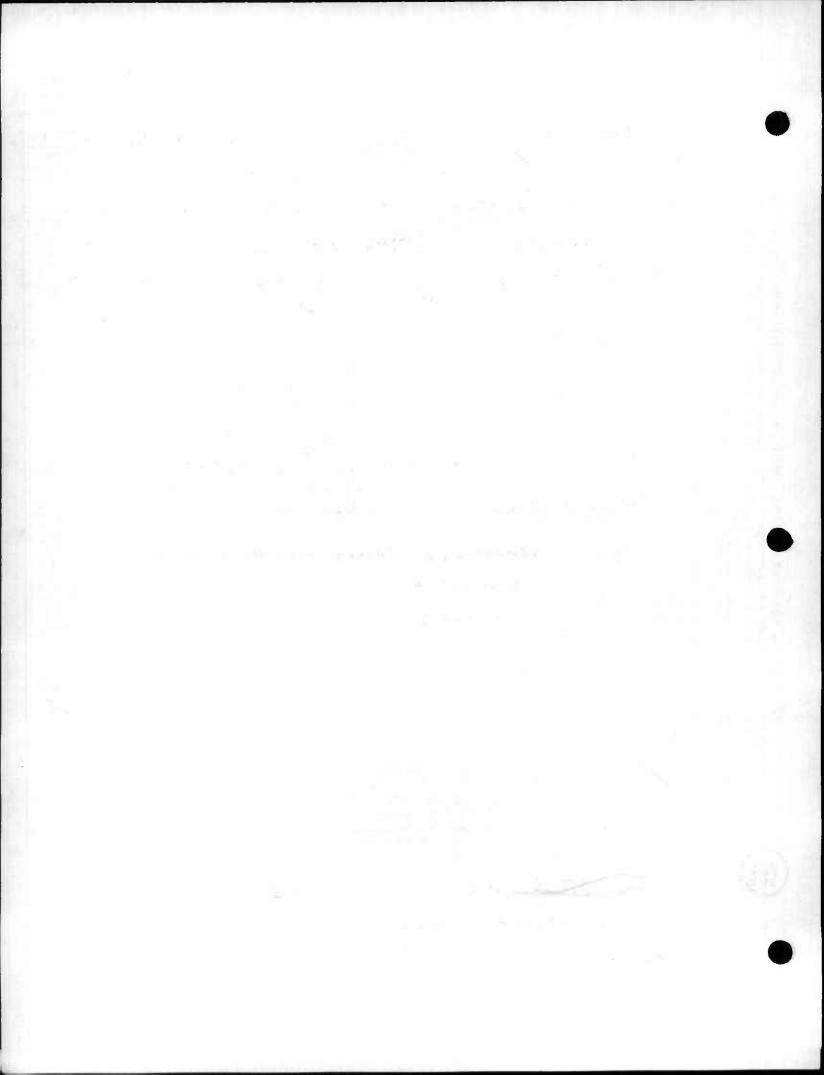
LIBERTY

BEKNAKT 8600 RUBIN, M.D

31. DATE FILED (Month, Day, Year) 1992 37. REGISTHAN'S SIGNALINE



	_'	REGISTRAR		CERTIF	CATE O	F DEATH	REG. N	Ю.		
8 -	1	1. DECEDENT'S NAME (First, Middle, Last)  TITEO DO	RF C	OPPER			2. DATE OF DEATH MONTH	DAY Y	3. EAR	TIME OF DEATH
	İ	4. SOCIAL SECURITY NUMBER 215 322719	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)	1	BIRTNPL/ Country)	ACE (State or Foreign
pino	-	9a. FACILITY NAME (If not institution, give s		00 1110.	DE CITY TOW	ALOD LOCATION OF S	11-15	18911	IAR	YLAND
1, 2, 3 should		BALTIMORE PRESIDENCE OF DECEDENT	Co. GEA	<b>/</b>	1)	OALLSTO		BA COUNTY	A T	-
permit. Pages 1, 2, 3 AL DIRECTOR		Mo BA			TOWN OR LO	CATION TERT	260			d. INSIDE CITY LIMITS?
is E		31 CARA	WAY			101. ZIP CODE 2113	6	10g. CITIZEN	OF WHA	T COUNTRY?
0.0		11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 100	If yea,	DECENDENT OF NISPA specify Cuban, Maxic (ES 2 DAO Speci	NIC ORIGIN? (Specify ) an, Puarto Rican, atc.) ffy:	fea or No— 14.	Black, W	American Indian, Thita, atc.
al or attending for use as the LETED BY		15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during	ATION most of working	16b. KIND OF B	USINESS/INDUST		5/10
the hospital or attend detached for use as once.		Elementary/Secondary (0-12)	College (1-4 or 5+)	The state of the s	SILITY					
ed by the not unid be detach ed at once.  BE COM		17. FATHER'S NAME (First, Middle, Last)	noun			18. MOTHER'S N.	AME (First, Middle, Maide	on Surname)		
5 should TO BE		19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Stre	et and Number or Rural	Route Number, City or To	own, State, Zip Co.	de)	
	-	MARY CHARLES		31 CA	RAWAY,	REISTERS	STOWN, MD.	21136		
il director, page	-	20e. METNOD OF DISPOSITION 1 Description 2 Description 3 Rem 4 Donetion 5 Other (Specify)	oval from State	0b. PLACE AND DATE O emptery, cremetory or oti コルビベッパ	her nlecel	1	10 94 "	BALTO		Stata 20
funera exami		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME	AND ADDRESS OF F		15		
th certificate be executed within 24 hours rending physician and completely filled in bit Hygiene prior to burial, cremation, or ret or other traumatic event, the medi ERTIFICATION		23. PART i. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	ot enter this in the second of	mode of dylng, suc	ch as csrdiac or rea	piratory arreat		Approximate interval Between Onset and Death
equires that the cen signed by the of Health and Me hows any injury MEDICAL		PART II. Other significant condition	s contributing to death	but not reaulting in	n the underly	ring cause given in		ORMED?	COI OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATN?  YES 2 NO
has b Dept.		25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C)	Peck only one)			
AN: The liftcate has State D		EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ome 5 - Residence	, , ,			
		27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c.	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED	
N A P S		3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUF building, atc. (Sp	RY — At home, ferm, at secify)	reet, factory, of	ffica	28f. LOCATION (Stree City or Yown, Stat	t and Number or F e)	lural Route	Number,
COMPLETE	2		CIAN: To the beat of my kno						iuse(a) an	d manner as stated.
TE E I	2	96. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIG		
0	L	St. DK	N.O.			0413:	23	▶ 12-		
*	3	DANIEL R	COMPLETED CAUSE OF D	BCGH						
	3	1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	***					
4		JAN 3 1992	guia Davidson	Markens	-					



-
68760,
(0
~
-
w
9
~
BOX
0
~
ш
0
9
0
_
-
S, P.O. E
0
_
œ
$\overline{}$
O
()
RECORDS,
ш
OC.
_
_
-
/ITAI
_
_
>
P
0
<b>U</b>
-
~
SION
$\underline{}$
10

	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurlat-transit narmin brane 1.2.3 ehould	E. S SHOULD	
	Toou		
	nit Pa		
	isit nor	5	
ysician.	rial-trar	1	
ding ph	the bu		
r aften	USB AS		
spital o	hed for		
/ the ho	e detac		d one
ained by	d bluod		Sad a
be ret	age 5 s		100
6 шау	ector, p		much
h. Page	eral din		niner
ter deat	the fun	Jeval.	ai evar
ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	d in by	or remo	madic
in 24 P	ely fille	nation,	the !
ted with	сотріє	ial, crer	BYB.
no execu	an and	r to bur	umatic
ficate b	physici	ine prior	her tra
ath cert	tending	al Hygie	or of
the dea	y the at	d Ment	Inion
es that	gned by	ealth an	S any
v requir	been s	1. of H	works
The la	ate has	ate Dep	еш 23
SICIAN:	certifica	the St	I. or it
VG PHY	ter this	ath with	marked
TENDI	TOR: Af	after de	28 is r
L DR A	DIRECT	hours	Hem ;
OSPITA	UNERAL	iffin 72	ANT: If
TOTAL P	Party.	Fled y	THUM
1	1	ÿ	*

91	31	53	6	1
1	J (	0	0	1

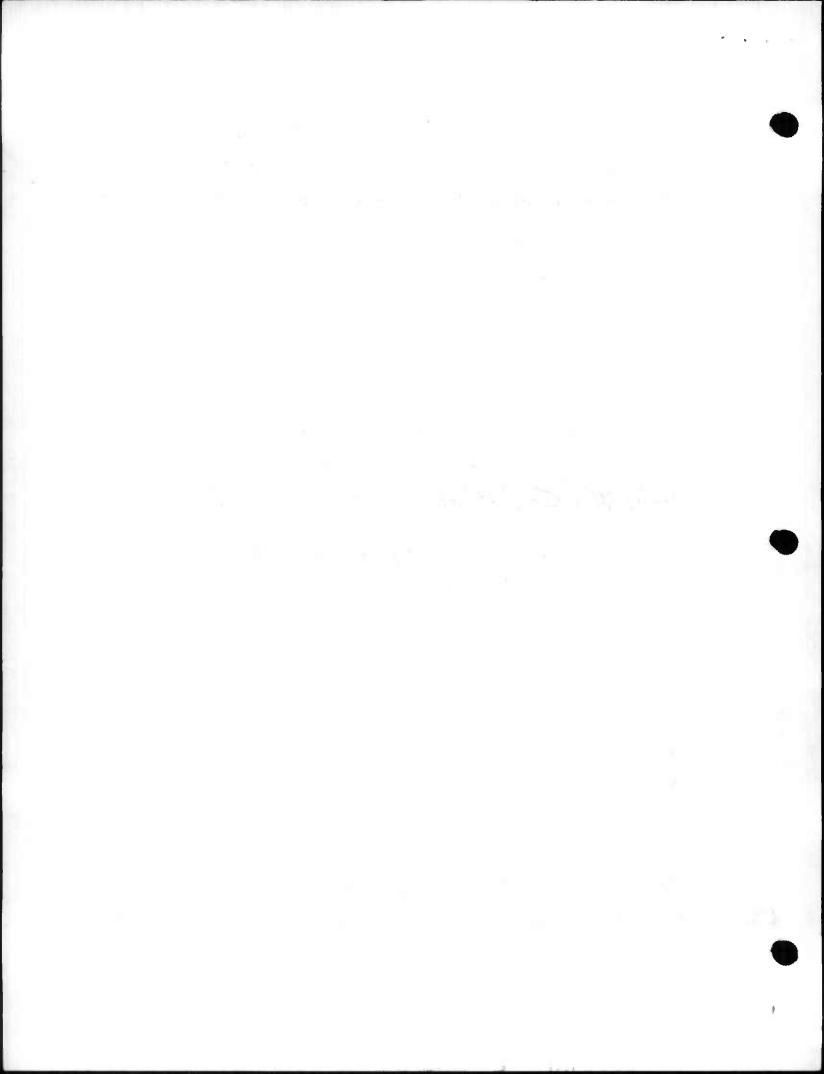
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAR	TMENT OF	HEALTH AND	MENTAL	HYGIENI REG. NO.		91 36364
	1. DECEDENT'S NAME (First, Middle, Last	W. DA					2. DATE OF MONTH		1/9	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-01-8917  98. FACILITY NAME (If not institution, give	5. SEX 1 M 2 D F	6. AGE (In yrs. 84	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	121	BIRTH Day, Your) 23/0	7	BIRTHPLACE (State or Foreign County)
DIRECTOR	DEAton Hospita	1 + MEdie	A CEN	TER	96. CITY, TOWN	or Location of E	DEATH		9c. COUNT	MOL.
	10e. STATE 10b. COUN	TY			y, town or loca LTIMORE	TION				10d. INSIDE CITY LIMITS? 1 (X) YES 2 \( \square\) NO
FUNERAL	1680 DARLEY AVE					21218			U.	S.A.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	ARMED () NO	If yes, s	CENDENT OF HISPA Decify Cuben, Mexic 3 2 NO Speci	an, Puarto Ric	Specify Year an, etc.)	or No- 1	4. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 5th	UCATION le completed) College (1-4 or 5 +		DECEOENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATI vork done during m se retired.)	ON ost of working	18b. K	IND OF BUSI	NESS/INOU	
BE COM	17. FATHER'S NAME (First, Middle, Last) GEORGE WASHINGTON	N DAVIS				DELILA	AME (First, Mid H CANA	dle, Malden S DY	iumame)	
TO E	190. INFORMANT'S NAME (Type/Print) JAMES WALKER		3	196. MAILING 3206 M	ADDRESS (Street ARCANDO	LANE/UP	PER MA	City or Town, RLBOR	State, Zip C	20772
	20e. METHOD OF DISPOSITION  1 Striel 2 Cremation 3 Rev 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L				DE DISPOSITION (N. C. EMETERY		OATE		ATION — CH SDOWN	y or Town, State E , MD
	· I Vance	el y	atte	Elle	WM.C.	MARCH F.	H./110			
	23. PART/ILENter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	complications that List only one causes.	caused the cause on each line	death. Do n	es.					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONS	EQUIENCE OF	in	fo Va	pul	- \$	esa	3 Mms
MEDICAL	PART II. Other aignificant condition	na contributing to	death but not	resulting i	n the underlyin	g cause given in		BE. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 15 Inpatient 2   28e. DATE OF		3 DOA	OTHER: 4 Nursing Hom	ACE OF DEATH (Ch		pecify)		
ED BY P	Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	(Month, Da	y, Year)	26b. TIME INJU		RK? YES 2 NO	28f. LOCATH	DN (Street and lown, State)		Rural Route Number,
COMPLETE	29a. CERTIFIER (Check only	ICIAN: To the best of so	ny knowledge, d	leath occurre	d at the time, date	and place, and due	to the cause(	s) and menn	er se stated.	suse(s) and menner as stated.
BE	290. SIGHASHIRE AND TITLE OF CENTIFIE		20	u C	)	29s, LICENSE HUN				IGNED (Month, Day, Mary)
٩	DEALES OF PERSON WA	O COMPLETED CAUSE	OF DEATH AND	and the	F. E	Cules	2/2	30	2	
	3. ONE LINE BOAND ON 1995	St. bugnition	signation of							

The first of the second

All years and the second

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIENE REG. NO.		
ł	1. OECEDENT'S NAME (First, Middle, Last)	= /12Abe	th' D	ew.	ees	2. DATE OF DEATH DAY	1 91	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 213-10-2699	5. SEX 6. AGE (1)	n yrs. lest birthday) IF I	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	, c	HRTHPLACE (State or Foreign ountry) ARYLAND
TOR	9a. FACILITY NAME (If not institution, give to GOG GIEN RESIDENCE OF DECEDENT	ridge C	212 (	SIEN	R LOCATION OF DEA	-rie	9c. COUNTY	A A
DIRECTOR	10a. STATE 10b. COUNT			WN OR LOCAT				10d. INSIDE CITY LIMITS?
	MARYLAND ANNE 100. STREET AND NUMBER	ARUNDEL	GLEN	BURNI	ZIP CODE		10g. CITIZEN	1 ☐ YES 2 💢 NO OF WHAT COUNTRY?
FUNERAL	6906 GLENRIDGE			2	21061		U.S.A	١.
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	endent of Hispani elfy Cuban, Maxican 2 NO Specify:			RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mod red.) SECI	and sometimes	18b. KIND OF BUS	INESS/INDUST	RY
MP	2th 12th  17. FATHER'S NAME (First, Middle, Last)	NONE	OFFICE WO	ORKER	18 MOTHER'S NAM	IE (First, Middle, Maiden		VCE
	WILLIAM BLOHM					ENINGER	,	
TO BE	19a. INFORMANT'S NAME (Type/Print) SHERWOOD L. DEWE	ES, JR.				oute Number, City or Town		92040
	20e, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ren	noval from State	PLACE OF DISPOSITIO				CATION — City	
	4 ☐ Donation 5 ☐ Other (Specify) — 21. SIGNATURE OF FUNERAL SERVICE U		DRUID RIDG	22. NAME AN	D ADDRESS OF FAC	ILITY	TIMORE	, MD
	Hand	B /ms	m			NERAL HOMI		NIE, MD 21061
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acute  DUE TO (OR AS A  DUE TO (OR AS A  C.	ach line.					interval Between
PHYSICIAN: MEDICAL	PART II. Other significent condition	ns contributing to death b	out not resulting in t	ne underlying	g ceuse given in i	Part I. 24s, WAS AN PERFOR 1   YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1   Impatient 2   ER/Outs	patient 3 DOA 4	THER:  Nursing Hom		8 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1	RK?	28d. OEŞCRIBE HOW II	NJURY OCCUR	ED
red BY	2/ Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, stree	t, factory, offic	•	28f. LOCATION (Street a City or Town, State)		Rural Route Number,
COMPLETED	CONSUM UNITY	SICIAN: To the best of my know IER: On the basis of axeminatio						use(a) and manner as stated.
BE CC	296 SIGNATURE AND TITLE OF CERTIFIE	77 -	$\mathcal{D}$		29c. LICENSE NUM	BER	29d. DATE S	GNEO (Month, Day, Year)
TO B	30, NAME AND A GORESS OF PERSON W	HI COMPLETEO CAUSE OF OR	EATH (ITEM 27) (Typo, Pri	ity	DOG	054	- //	1/92
	31. DATE FILED (Month, Day, Year)	32 BEGISTRAR'S SIGN	MID		1.0.	120199		20711
	JAN 0 3 1992 5	tulia Davidson-Man	ndell					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MEDICAL

PHYSICIAN:

BY

ETED

0

30. NAME AND ADDRESS OF PERSON

JAN U 3 1992

GOLLE

MARIO F.

AI LENDING PHYSICIAN. THE IAM REQUIRES THAT THE GEATH CENTINCARE DE EXECUTED WITHIN 24 HOURS after death. Page 6 may be retained by the hospital or attending physician.	he attending physician and completely filled in by the funeral director, p	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
AL OH A	DIRE	SINC	may 1
OC A	-		-

36366 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Mabe1 12 Anna Downing 30 1991 9:00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 212-07-9097 YRS. 08-04-1908 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1801 Wentworth Rd. (Meridian - Perring Pk U.S.A. 21234 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 YES 2X NO Specify: 3 € Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Floral Designer Florist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frederick DeBaugh BE Emma Theresa Paulus 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Doris E. Insley 3400 Woodring Ave. Baltimore, MD. 21234 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 Burial 2 Cremation 3 Removal from State Parkwood Cemetery Donellon 5 - Other (Specify) -3 Baltimore. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME. INC. in 6009 Harkord Rd. Baltimore. 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failura. List only one cause on each line.

CAUSE (Final HYPERTEYS VE Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition RTERIOSCUEROTIC CARPIOUASCULAR DISEAGE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 - NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1A Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 X YES 2 NO me 5 Residence 8 Dother (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO Accident 28e. PLACE OF INJURY — Al home, farm, streel, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of axi nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) end menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

C M E

111 Penn Street, Baltimore Maryland 21201

31 1991

	es 1, 2, 3 should	
n.	ansit permit. Page	
attenuing proysicia	use as the burial-tr	
The state of the s	of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh character cremation or emoval	at once.
idy us istalled	page 5 should	t be notified
Joann. rage o II	funeral director,	xaminer mus
Thomas aries of	filled in by the	he medical e
THE POST OF	and completely burial cremati	tatic event, t
000000000000000000000000000000000000000	s certificate has been signed by the attending physician and completely filled in by the the State Deat, of Health and Mental Hydiene prior to burial cremation or removal	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Caron Con the Control	ned by the atter	any injury, o
200	te has been sig ate Dept. of Hea	em 23 shows
	ter this certifical	narked, or its
100	TO THE FUNERAL DIRECTOR: After this center filed within 72 hours after death with the	MPORTANT: If Item 28 is marked,
1000	THE FUNERAL	APORTANT: IF
	FA	=

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	RTMENT O	F HEALTH	I AND I	MENTAL HYGIEN REG. NO	ΙE	1 3	6367
	1. DECEDENT'S NAME (First, Middle, Last	)						2. DATE OF DEATH	AY		3. TIME OF DEATH
	MARY ELLA	The second second second						12 24		91	8 47 P M
	4. SOCIAL SECURITY NUMBER 577-36-5193	5. SEX	6. AGE (In yrs. la:	st birthday) YRS.	MONTHS DA		R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) March 8,	1928	Country)	LACE (State or Foreign
OR	98. FACILITY NAME (If not institution, give PRINCE GEORGE S		CENTER			VERLY	ION OF DE	АТН	9c COI	INTY OF DEA	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN								<u></u>		
E				10c. CIT	Y, TOWN OR L					1	IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ince Geo	rge's		Caj	itol		ghts			YES 2 X NO
FUNERAL	5708 Walker	Mill Don	a			101. ZIP COD					IAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDEN		MED	12 WAG		743	IIC ORIGIN? (Specify Yes	Un		States
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	If yes	specify Cube YES 2 NO	an, Maxicar	n, Puerto Rican, etc.)	or No	Specify:	
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION	18a. DE	CEDENT'S	USUAL OCCU	ATION		16b, KIND OF BU	SINESS/IN		ic k
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	,		work done durin se retired.)	most of worki	ing				
MP	12th Grade		Ba	rbei				Gov	erni	ment	
00	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	ME (First, Middle, Maiden	Sumame)		
BE	Jerry Style	es					Ir	ene Styl	es		
0	19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Tow			
	Patricia Morto						t.,	Landover	, MI	).	
	20s. METHOD OF DISPOSITION 14. Burlel 2 Cremetton 3 Rei	moval Irom State	20b.PLACE	AND DATE	OF DISPOSITION	(Name of				City or Town	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF HINERAL SERVICEL	ICENSEE ()	I.c.	TITILC	oin c			12/31 Br	entv	vood,	Maryland
		T						eral Hom			
	Cohm	1. 01	mart.	TIT	400	1 Ber	nnin	g Road,	N.E.	Was	h. D.C.
	23. PART I. En er the dieeasas, or sheck, or heart failura iMMEDIATE (CAUSE (Finel disease or cooldition resulting in death)	. List only one cau	caused tha de se on each line					0	ratory er	rest,	Approximata Interval Between Onset and Death
RTIFICATION	Sequentielly llet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente resulting in death) LAST	b. (3) (3)	OR AS A CONSECUTION OF AS	SUENCE OF	Hell	aile	in I	st			
MEDICAL CE	PART II. Other significent condition	ns contributing to	death but not r	esuiting (	n the underl	ring ceuse	given in F	Pert I. 24s. WAS AN PERFOR	MED?	CO	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	FR/Outpatient 3	□ DOA	OTHER:	PLACE OF D					
ву рну	27. MANNER OF DEATH  1 Neturei 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	NJURY	28b. TIM	E OF 28c.	INJURY AT WORK?		3 Other (Specify) 28d. DESCRIBE HOW IF	NJURY OC	CURED	
8	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, a	INJURY — At holinic. (Specify)	me, ferm, a	traet, lactory, o	ffice		281. LOCATION (Street a City or Town, State)	ind Number	or Rural Rou	te Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of s	my knowledge, de amination and/or i	ath occurre	d at the time, on, in my opinio	ete and place	, and due t	to the cause(s) and man	ner as stat	led. ne cause(a) a	nd menner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	BO-	0-				ENSE NUMI		29d. DAT	E SIGNED (M	fonth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS		27) (Type,	Print)				- /	12/27	191

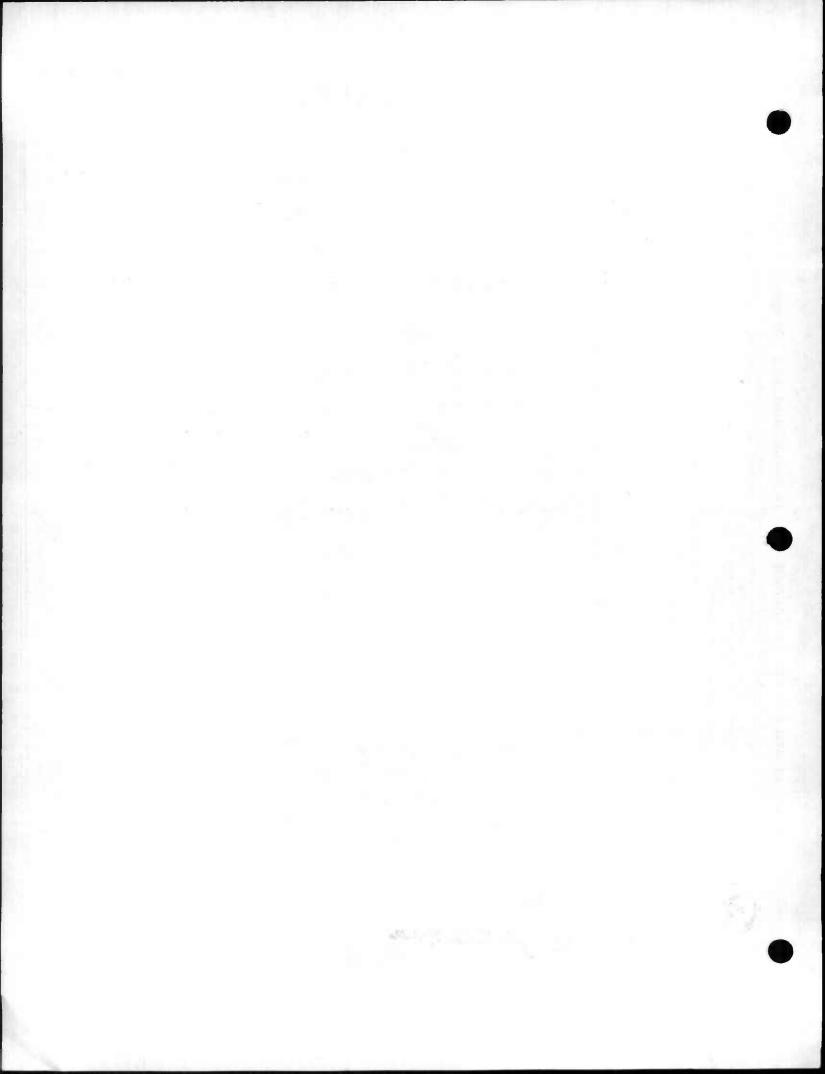
The state of the s

1 902 g - Esta Base.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

THE FLINEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

RESIDENCE OF DECEDENT  10a. STATE 10b. COU  Md.  10e. STREET AND NUMBER 2327 N. Cha	Fulton  5. SEX  1 M 2 F  re street and number)  1 les Street	. AGE (In yrs. lest )	birthday)	FUNDER 1 YEAR		2.	PEG. NO DATE OF DEATH MONTH 12-20-9		3. TIME OF DEAT
239-20-1251 98. FACILITY NAME (If not institution, gh 2327 N. Char RESIDENCE OF DECEDENT 108. STATE 106. COU	1 M 2 D F re street and number) Ples Street	77		IF UNDER 1 YEAR	~		7		
2327 N. Char RESIDENCE OF DECEDENT 10a. STATE 10b. COU	les Street			9b. CITY, TOWN	HOURS	Mere.	DATE OF BIRTH (Month, Day, Year) 4/24/14		BIRTHPLACE (State or For Country)  N.C.
	NTY			Baltir				9c. COUNTY	OF DEATH
2327 N. Cha				timore		ty			10d. INSIDE CITY LIMITS? 1 X YES 2
T 44 MARITAL ATTACA	ırles Stree	et		10	7. ZIP CODE	218			J.S.A.
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 V NO		It yes, s	CENDENT OF	, Mexican, P	ORIGIN? (Specify Yes werto Rican, etc.)	or No- 14	RACE — American India Black, Whita, atc. Specify: Black
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12) 6 th  17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed) College (1-4 or 5+)	(Glve life, L	e kind of wo Do NOT use	SUAL OCCUPATION done during more retired.)	ost of working		16b. KIND OF BUS	SINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Lost) Forest Fulto	n					er's NAME (	First, Middle, Maiden	Sumame)	
190. INFORMANT'S NAME (Type/Print) Thomas Fult	on	- 1			and Number	or Rural Route	Number, City or Tow		
20a. METHOD OF DISPOSITION 7 Burial 2 Compation 3 Re 4 Donation S Other (Specify)		20b. PLACE AN	DDATEOF	DISPOSITION (N. CEMetei	ame of	1	DATE 20c. LO		or Town, State
21. SIGNATURE OF FUNERAL SERVICE	Lightsee	Tett	to	22. NAME A	ND ADDRES	s of FACILIT			
23. PART L Entar the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	on each line.		t antar the mo				ratory srrest	, Approxima interval Be Onset and
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	R AS A CONSEOU	0	lala	*				
PART II. Other significant conditions and the significant conditions are significant conditions.	ons contributing to da	ath but not res	sulting in	tha undariyin	g cause gl	ven in Pari	i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR 1 COMPLETION OF CO DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	₹/Outpatient 3 □	DOA S	28. P	- 0	ATH (Check o			
27. MANNER OF DEATH  Natural 5 Pending  Accident Investigation	26s. DATE OF INJ (Month, Day, )	lury Year)	28b. TIME (	OF 28c. INJ		280	I. DEŞCRIBE HOW II	NJURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28a. PLACE OF IN building, atc.	NJURY — At home (Specify)	e, tarm, atro	eet, factory, offic	•	261	LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY one) 2 MEDICAL EXAMI	/SICIAN: To the best of my NER; On the bests of axem	knowledge, death	h occurred	at the time, data in my opinion, d	and place,	and due to the	ne cause(s) and man	ner as stated.	ruse(s) and manner as ef
29b. SIGNATURE AND TITLE OF CERTIF	Hes					SE NUMBER			GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE O	OF DEATH (ITEM :	27) (Type, Pi	rint)	Fee	v) -	2/217		



FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

P.O. BOX 68760,

RECORDS,

DIVISION OF VITAL

1. DECEDENT'S NAME (First, Middle, Last)

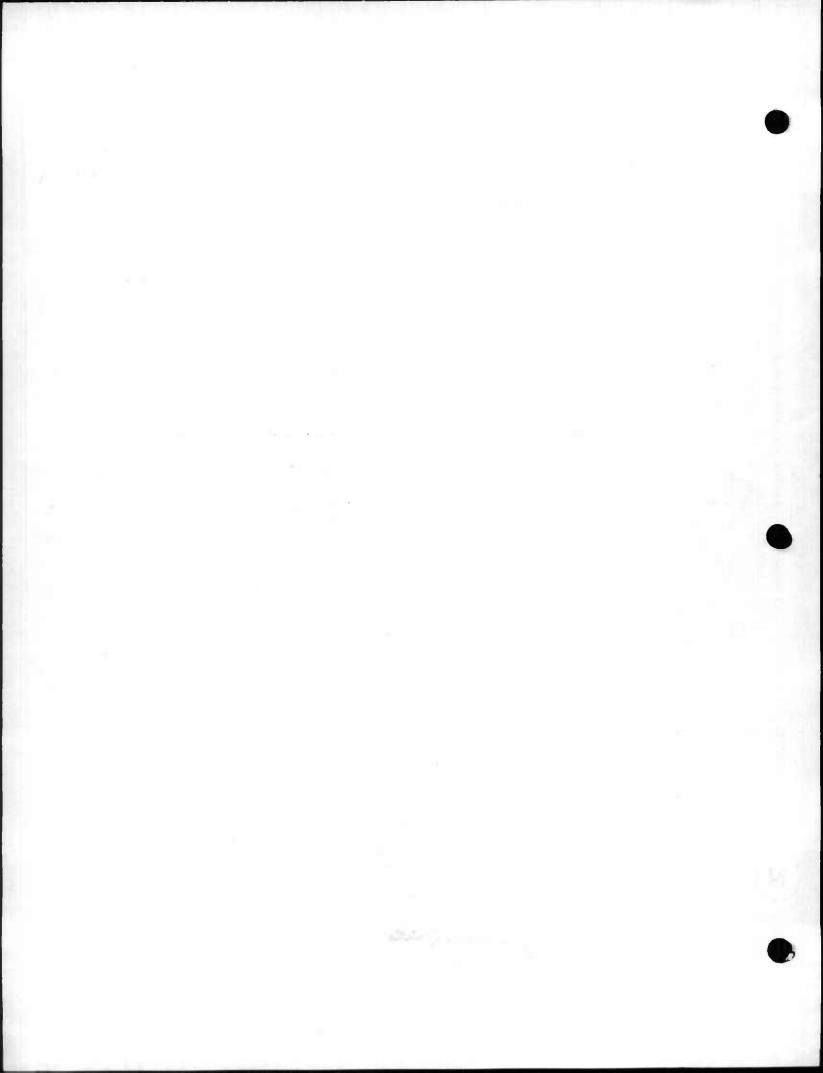
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

91 36369

3. TIME OF DEATH

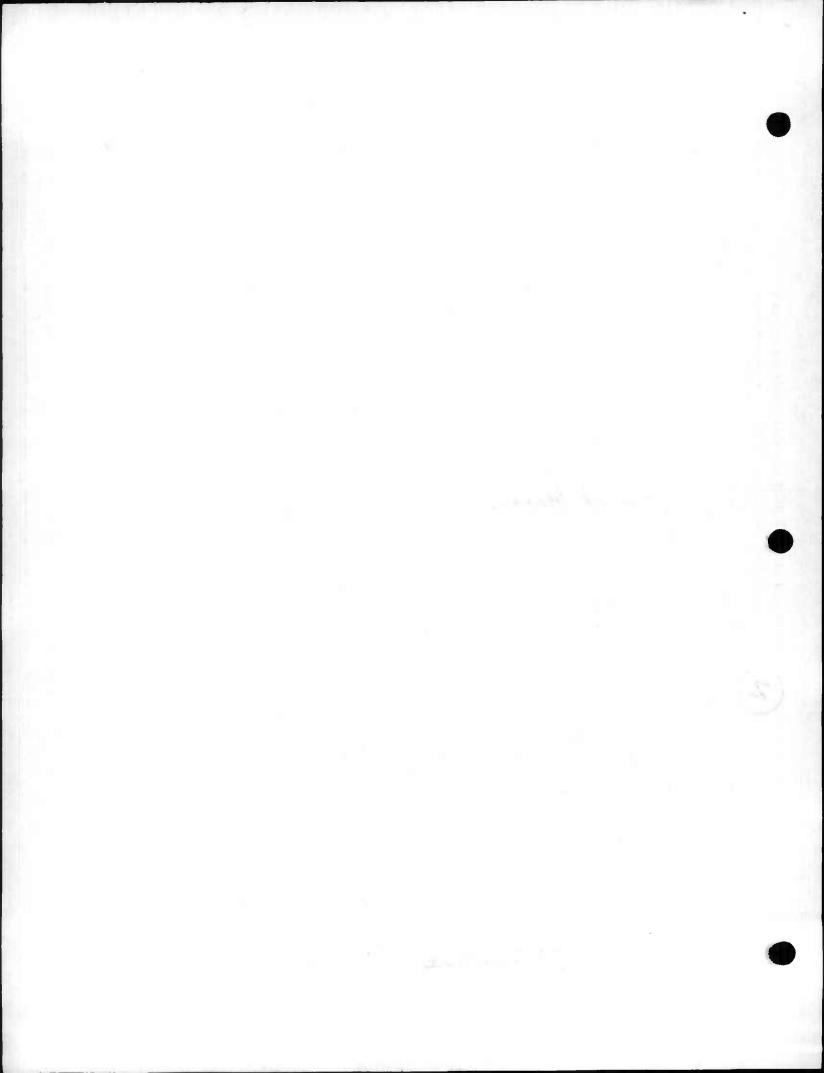
2. DATE OF DEATH

Anna Gaines 30 Anna E Gaines PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 216-36-0303 1 M X X F 6/16/39 N permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore, City YES 2 NO FUNERAL 10e STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Druid Park Lake Drive Apt-6L burial-transit 21217 indurs after death. Page 6 may be retained by the hospital or attending physician. In the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ◯ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 1 TES 2/ NO Specify: 3 Wildowed My Divorced Specify: **Black** ETED 15. OECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working lile. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 7th Hair Dresser 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Pitchford Issacc Tassie Jones 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code) 2 Apt-6L Monroe Banks Druid Pk.Lk. Dri/ Baltimore, Md. pe 20a/METHOD OF DISPOSITION
1 A Burlet 2 Cremetton 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Arbutus Memorial Pk. 4 Donation 5 Other (Specify) Cemetery Arbutus, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21202 70 Wm.C. March Funeral Homes/Baltimore, Md. been signed by the attending physician and completely filled in by the I bt. of Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, Approximate ahock, or heart failure. List/only one ceusa on each line. Interval Between IMMEDIATE CAUSE (Final Onaet and Deeth the disease or condition\_ Brain PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditiona, Sequentially list conditions, if any, leading to immedieta cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): other 1 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST -0 PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO this certificate has been with the State Dept. of arked, or item 23 sf PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetiant 2 ER/Oulpetient 3 DDA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending м After t BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 26I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 6 Could not be DIRECTOR: 28 4 Homicide detarmined thread Dh.
Thin 72 hours 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner ee stated. **MPORTANT:** 296. SIGNATURE AND TITLE OF CERTIFIER BE filed 29c LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 NICN 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE SANGE Year) DHMH-16 Rev 1/89



F VII AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been some by attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmal boxes a 2 2 should	OF (BMOVA).	medical examiner must be untilled at once	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law re-fre	TO THE FUNERAL DIRECTOR: After this certificate has been compared by a strenging physician and completely filled	be filed within 72 hours after death with the State Dept. or hours when Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be natified at ance	

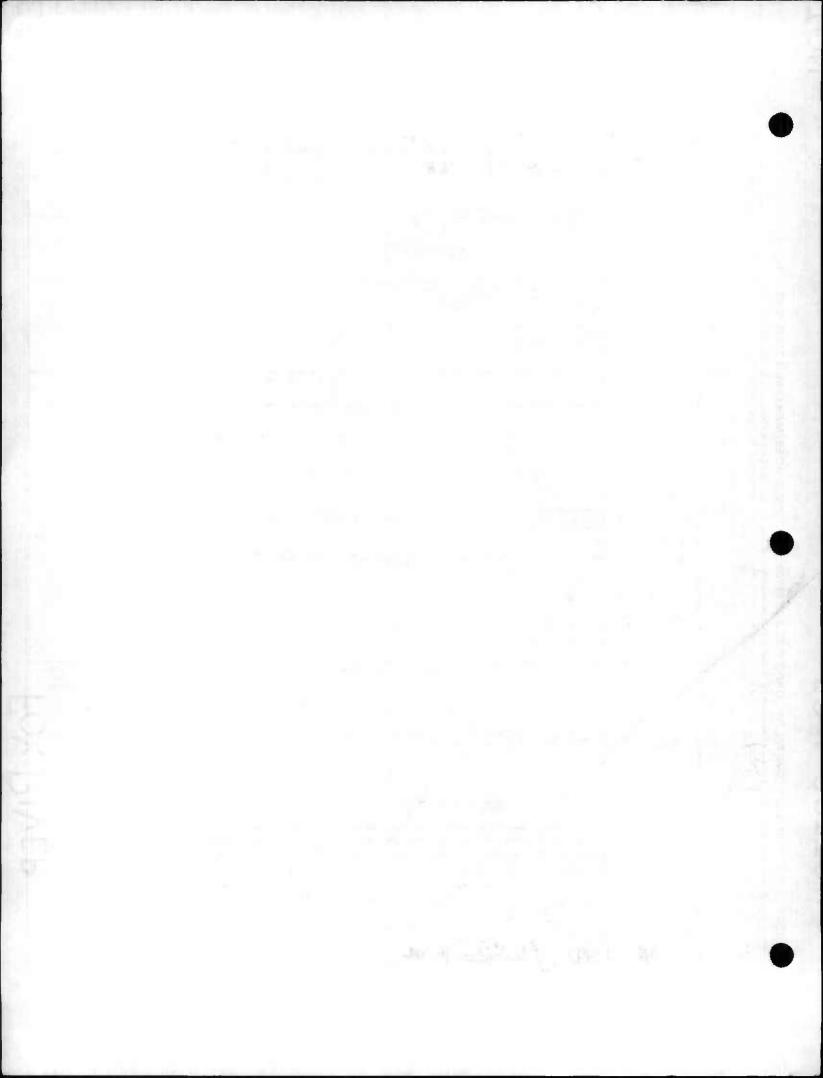
	FOR					9	36370
	1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEP/ CERTI	ARTMENT OF HEALTH AN IFICATE OF DEATH		ENE	
	1. DECEDENT'S NAME (First, Middle, Last)		OLITT	IFICATE OF DEATH	REG.		3. TIME OF DEATH
	MARY	A. F/	ARREN		December	DAY	VEAD
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda	y) IF UNDER 1 YEAR IF UNDER 24 HR	S. 7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	705-12-4358 B	1 M 2 F	83 YRS	MONTHS DAYS HOURS MIN		"	Country)
-	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN OR LOCATION OF			Y OF DEATH
DIRECTOR	3039 Woodring A			Baltimore	City		
RE	10a. STATE 10b. COUNT	Υ	10c. (	CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Md.			Baltimore			1 X YES 2 NO
FUNERAL	104. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
NE	3039 Woodring Avenue			21234			SA
	11. MARITAL STATUS  1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S. ARMED	13. WAS DECENDENT OF HIS If yea, specify Cuban, Mer	PANIC ORIGIN? (Specify clean, Puarto Rican, etc.)	Yea or No- 1	I. RACE American Indian, Black, Whita, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES	1 TYES 2 NO Sp		1	Specify:
ED	15, DECEDENT'S EDU	ICATION	16a. DECEDENT	'S USUAL OCCUPATION	16h KIND OF	BUSINESS/INDU	White
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Give kind	of work done during most of working use retired.)	los Kind Of	DOSINESS/INDU	oini
MPI	8		Home	emaker			
COMPL	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Mai	den Sumeme)	
BE	649	Ch	oragiewich	_		_	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street and Number or Ru	ral Route Number, City or	Town, State, Zip C	ode)
	James L. Farren		3039	Woodring Avenue Ba	ltimore, Md.	21234	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	oval from State	20b. PLACE AND DAT	E OF DISPOSITION (Name of		LOCATION - CI	y or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIS	4	Moreland	rother place) 1em. Jan.4, 1992	Ba	ltimore.	Md.
				22. NAME AND ADDRESS OF	EACH ITY		ID 21214
	Hames J. B			Leonard J.	Ruck, Inc.	5305 H	larford Rd.
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that	caused the death. Do	not anter the made of dutes .			
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a	OR AS A CONSCOUENCE	UP tel	Con as cardiac or re	apiratory arres	t, Approximate Interval Between Onset and Death
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a	DR AS A CONSCOUENCE	JP + CO	) C	apiratory arres	Interval Between
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a	OR AS A CONSEQUENCE	or):	000	apiratory arres	Interval Between
_	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	OR AS A CONSEQUENCE	or):	in Part I. 24a. WAS PERI	AN AUTOPSY CORMED?	Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant condition	a	OR AS A CONSEQUENCE	OF):  of):  of):  of):	In Part I. 24a. WAS PERI 1 YES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO CDMPLETION OF CAUSE DF DEATH?
_	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	a. DUE TO DUE TO DUE TO d. DUE TO HOSPITAL:	OR AS A CONSEQUENCE	OF):  28. PLACE OF DEATH (  OTHER:	In Part I. 24a. WAS PERI 1 YES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO CDMPLETION OF CAUSE DF DEATH?
_	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	a. DUE TO OUE TO	GOR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting  ER/Outpetient 3 □ DOA  INJURY 286. Ti	OF):  OF):  OF):  28. PLACE OF DEATH (  OTHER:  A   Nursing Home 5   Reeldence	In Part I. 24a. WAS PERI 1 YES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a	GOR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting  ER/Outpetient 3 □ DOA  INJURY 286. Ti	OF):  28. PLACE OF DEATH ( OTHER: 4   Nursing Home 5   Recidence	in Part I. 24a. WAS PERI 1 YES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	B. DUE TO (	GOR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting  ER/Outpetient 3 □ DOA  INJURY 286. Ti	OF):  28. PLACE OF DEATH ( OTHER: 4   Nursing Home 5   Reeldence  ME OF UJURY   NURS 2   NO	in Part I. 24a. WAS PERI 1 YES	AN AUTOPSY ORMED? 2 NO W INJURY OCCUP	Interval Between Onset and Death Onset and Death Death Death Death Death Death To COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation and Could not be determined  29a. CERTIFIER Check only  CERTIFYING PHYSIC	B. DUE TO (	DR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (	OF):  28. PLACE OF DEATH ( OTHER: 4   Nursing Home 5 Residence ME OF UJURY A WORK? 1   YES 2   NO , street, factory, offica	In Part I. 24a. WAS PERI 1 YES  Check only one)  8  Other (Specify)  28d. DESCRIBE HOT City or Town, Ste	AN AUTOPSY ORMED? 2  NO W INJURY OCCUP et and Number or te)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO CDMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation Accident 3 Suicida 5 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	a. DUE TO ( b. DUE TO ( c. DUE TO ( d. B. Contributing to ( 10 Inpetiant 2   28a. DATE OF (Month, Da ( 28a. PLACE OF building, 4	DR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (	OF):  28. PLACE OF DEATH ( OTHER: 4   Nursing Home 5   Reeldence  ME OF JURY AN WORK? 1   YES 2   NO , street, factory, offica	In Part I. 24a. WAS PERI 1 YES  Check only one)  8  Other (Specify)  28d. DESCRIBE HOT City or Town, Ste	AN AUTOPSY ORMED? 2  NO W INJURY OCCUP et and Number or te)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO CDMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation and Could not be determined  29a. CERTIFIER Check only  CERTIFYING PHYSIC	a. DUE TO ( b. DUE TO ( c. DUE TO ( d. B. Contributing to ( 10 Inpetiant 2   28a. DATE OF (Month, Da ( 28a. PLACE OF building, 4	DR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (	OF):  28. PLACE OF DEATH ( OTHER: 4   Nursing Home 5 Residence ME OF UJURY A WORK? 1   YES 2   NO , street, factory, offica	in Part I. 24a. WAS PERI 1 YES  Check only one)  8 Other (Specify)  28d. DESCRIBE HOT City or Town, Ste	AN AUTOPSY ORMED?  2 NO W INJURY OCCUP et and Number or te) manner as stated. and due to the c	24b. WERE AUTOPSY FINDINGS ANALABLE PRIDE TO CDMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation Recident Accident Investigation Accident Accident Could not be determined  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER	a. DUE TO  b. DUE TO  c. DUE TO  d  HOSPITAL:  1 Inpetiant 2	ER/Outpetient 3 DOA INJURY At home, farmatic. (Specify)  The property of the p	OF):  28. PLACE OF DEATH OTHER: 4   Nursing Home 5   Reeldence ME OF NJURY M   1   YES 2   NO , street, factory, office  Tred at the time, data end placa, and delon, in my opinion, death occurred at the street of	in Part I. 24a. WAS PERI 1 YES  Check only one)  8 Other (Specify)  28d. DESCRIBE HOT City or Town, Ste	AN AUTOPSY ORMED?  2 NO W INJURY OCCUP et and Number or te) manner as stated. and due to the c	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIDE TO CDMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation Accident 3 Suicida 5 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	a. DUE TO  b. DUE TO  c. DUE TO  d  HOSPITAL:  1 Dipptlant 2 2  28a. DATE OF  28a. PLACE OF  28a. PLACE OF  28a. PLACE OF  28a. PLACE OF	ER/Outpetient 3 DOA INJURY At home, farm atc. (Specify)  E OF DEATH (ITEM 27) (No.	OF):  OF):  OF):  In the underlying cause given  OTHER:  4   Nursing Home   5   Reeldence  ME OF   28c. INJURY A   WORK?  M   1   YES   2   NO  , street, factory, office  Tred at the time, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, lime, and delon, lime, and delon, lime, and delon, lime, and delon, lime, and delon, lime, and delon, lim	in Part I. 24a. WAS PERI 1 YES  Check only one)  8 Other (Specify)  28d. DESCRIBE HOT City or Town, Ste	AN AUTOPSY ORMED?  2 NO W INJURY OCCUP et and Number or te) manner as stated. and due to the c	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIDE TO CDMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicida 5 Could not be determined  29a. CERTIFIER (Check only one) CERTIFIER (Check only one) MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	a. DUE TO  b. DUE TO  c. DUE TO  d  HOSPITAL:  1 Dipptlant 2 2  28a. DATE OF  28a. PLACE OF  28a. PLACE OF  28a. PLACE OF  28a. PLACE OF	ER/Outpetient 3 DOA INJURY At home, farm tic. (Specify)  E OF DEATH (ITEM 27) (7)7  805 FUSE Lag	OF):  OF):  OF):  In the underlying cause given  OTHER:  4   Nursing Home   5   Reeldence  ME OF   28c. INJURY A   WORK?  M   1   YES   2   NO  , street, factory, office  Tred at the time, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, in my opinion, death occured at the lime, data end place, and delon, lime, and delon, lime, and delon, lime, and delon, lime, and delon, lime, and delon, lime, and delon, lim	in Part I. 24a. WAS PERI 1 YES  Check only one)  8 Other (Specify)  28d. DESCRIBE HOT City or Town, Ste	AN AUTOPSY ORMED?  2 NO W INJURY OCCUP et and Number or te) manner as stated. and due to the c	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIDE TO CDMPLETION OF CAUSE DF DEATH?  1 YES 2 NO



FOR STATE REGISTRA

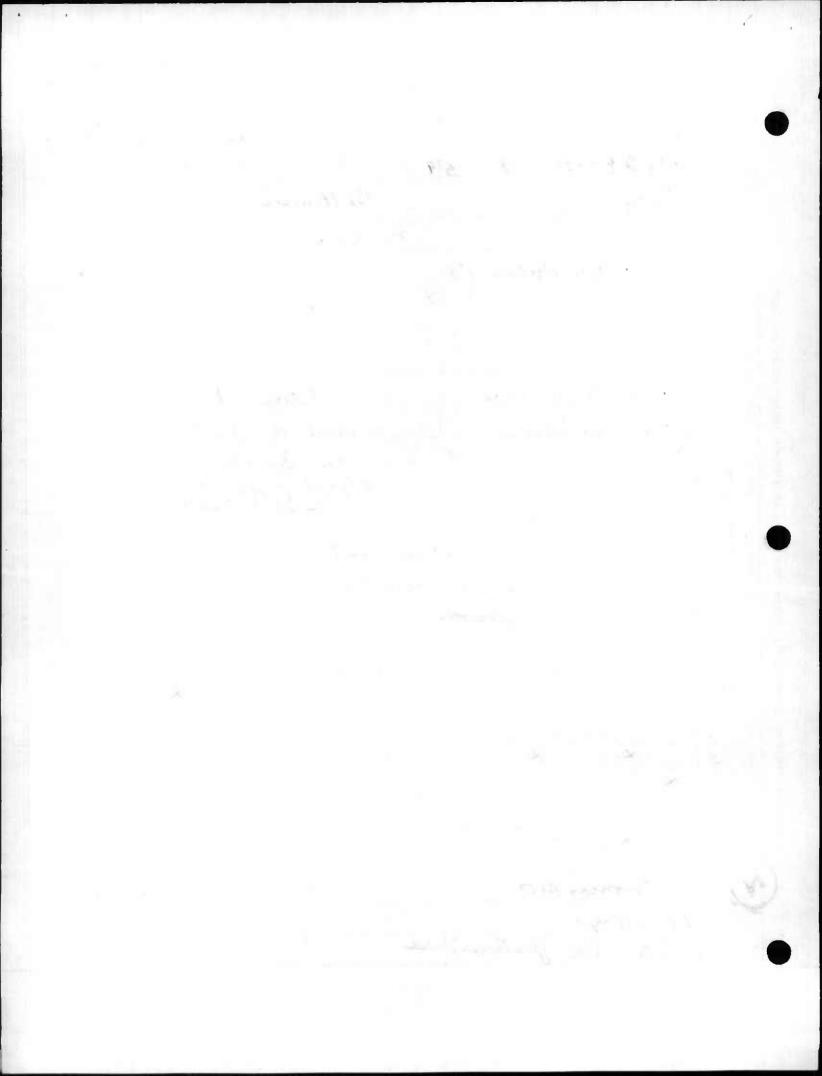
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR											
1. DECEDENT'S NAME (First, Middle, Last)  JOHN D	FARN	SWOR	TH				MON	TE OF DEATH DA	( -	YEAR	3. TIME OF DEATH 08 50
4. SOCIAL SECURITY NUMBER 215 16 1972	5. SEX	8. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.	(Mo	E OF BIRTH (nth, Day, Year) /17/23		Count	HPLACE (State or Foreign try) NESSEE
90. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	r, TOWN	OR LOCATION OF		, ,	9c. COL	INTY OF E	
Harbor Hospital (	Conter			Pa	ltir	moro			ובם	Ltimo	220
RESIDENCE OF DECEDENT	Cencer			Da	IT CTI	IOTE			Dal	LLIIK	те
10e. STATE 10b. COUNTY			10c. CI1	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY
Maryland Anne	Arundel		GI	len B	urni	ie					LIMITS?
10e. STREET AND NUMBER						f. ZIP CODE			10a, CIT	FIZEN OF	WHAT COUNTRY?
6490 Brickstown (	Circlo				7.5						***************************************
						21061				USA	
11. MARITAL STATUS  1 Never Merried 2 X Merried	FORCES? 1	T EVER IN U.S. ARI	MED			CENDENT OF HISP pecify Cuben, Mex			or No-	14. RAC Blac	E — American Indien, ck, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE W					S 2 NO Spe				Spec	white
15. DECEDENT'S EDUC (Specify only highest grade of	CATION COMPleted	16a. DE(	CEDENT'S	USUAL O	CCUPATI	ON ost of working	1	66. KIND OF BUS	SINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5 +	- Wa	Do NOT u	use retired.)	during in	out or working					
8th		Sec	urit	y Gu	ard			Privat	e Se	curi	ty
17. FATHER'S NAME (First, Middle, Last)	7 1					18. MOTHER'S	NAME (First	t, Middle, Maiden	Surname)		
David H. Franswor	rth					Mona	В.				
19e. INFORMANT'S NAME (Type/Print)		101	MAII IM	G ADDRES	S (Strant	and Number or Rur		imher City or True	n Stein 7	in Corte	
Marjorie C. Frans	sworth										a. 21061
	OWOT CIT										
20a. METHOD OF DISPOSITION 1 □ Burlal 2 ☼ Cremation 3 □ Remo	oval from State	20b. PLACE of cemetary,	cremator	v or other	place)						own, State
4 Donation 5 Other (Specify)		Balti-	-Wasl	hing	ton	Cremato:		/92 La	urel	, Ma	ryland
	ENSEE					ND ADDRESS OF					
21. SIGNATURE OF FUNERAL SERVICE LIC						SOO LITTO	120		200 (71		
21. SIGNATURE OF FUNERAL SERVICE LIC	7		2					Home, I			
23. PARP I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Finel	List only one ceu	use on eech line	- MC	not enter	328	Sulphur	Spr uch es c	ing Rd.	Ark		Approximate interval Betw
23. PARP1. Enter the diseases, or canock, or heert feilure. It immediates or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CA F  DUE TO  DUE TO	RD16 PUL	DUENCE C	not enter	328	Sulphur	Spr uch es c	ing Rd.	Ark		Approximate interval Betw
23. PARP I. Enter the diseases, or canock, or heert feilure. I immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	USE ON EECH IIIOE  Q D 16 PU C  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT	DUENCE (	1 not enter	328 r the mo	Sulphur ode of dying, s	Spr uch es co	ing Rd.	Ark		Approximate interval Betwoonset and Do
23. PARP1. Enter the diseases, or canock, or heert feilure. It immediates cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	USE ON EECH IIIOE  Q D 16 PU C  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT	DUENCE (	1 not enter	328 r the mo	Sulphur ode of dying, s	Spr uch es co	ing Rd.	Ark iratory e	rrest,	Approximate interval Betw Onset and D Onse
23. PARP I. Enter the diseases, or canock, or heert feilure. If immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition	DUE TO	USE ON EECH IIIOE  Q D 16 PU C  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT	DUENCE (	1 not enter	328 r the mo	Sulphur ode of dying, s  A'R RE	Spruch es co	ing Rd.  erdiac or respi	Ark iratory e	rrest,	Approximate interval Betw Onset and Donest a
23. PARP I. Enter the diseases, or canock, or heert feilure. I immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CAA  DUE TO  DUE TO  d. DUE TO	USE ON EECH IIIOE  Q D 16 PU C  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT	DUENCE (	1 not enter	328 r the mo	Sulphur ode of dying, s	Spruch es co	ing Rd.  erdiac or respi	Ark iratory e	rrest,	Approximate interval Betw Onset and Donest a
23. PARP I. Enter the diseases, or c shock, or heert feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	a. CAA  DUE TO  DUE TO  DUE TO  C. DUE TO  d. HOSPITAL:	USE ON EECH IIIOE  Q D 16 PU C  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT	DUENCE (	DF):  DF):  OTHE	328 r the mo	Sulphur ode of dying, s  A'R RE	in Part I.	ing Rd.  24a. WAS AN PERFOR  1 VES 2	Ark iratory e	rrest,	Approximate interval Betw Onset and Donest a
23. PARP I. Enter the diseases, or canock, or heert feilure. I immediate CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	Jee on each line  RDIC PUL  (OR AS A CONSECT  (OR AS A CONSECT  deeth but not r  ER/Outpatient 3	DUENCE (  DUENCE	DF):  OTHE  OTHE  A Number of Number	28. First	Sulphur ode of dying, s  A'R RE  ng ceuse given  PLACE OF DEATH	in Part I.	ing Rd.  24a. WAS AN PERFOR  1 VES 2	Ark- Iratory e	( 24	Approximate interval Betw Onset and Donest a
23. PARP 1. Enter the diseases, or c shock, or heert fellure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	JEER/Outpatient 3	DUENCE (  DUENCE	1 not enter	28. P	Sulphur ode of dying, s  A'R RE ng ceuse given place of DEATH	in Part I.	ing Rd .  24a. WAS AN PERFOR  1 VES 2	Ark- Iratory e	( 24	Approximate interval Betw Onset and Donest a
23. PARP1. Enter the diseases, or canock, or heert feliure. I immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	JEER/Outpatient 3	DUENCE ( DUE	DF):  OTHE  OTHE  NUMBOR  ME OF	28. P	Sulphur ode of dying, s  A'R RE  ng ceuse given  PLACE OF DEATH me 5 Residen  JURY AT ORK? YES 2 NO	in Part I.	ing Rd .  24a. WAS AN PERFOR  1 VES 2	Artification of Authors of Author	( 24	Approximate interval Betw Onset and D
23. PARP I. Enter the diseases, or canock, or heert feliure. I immediate CAUSE (Fined disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	B CONTRIBUTION TO THE PLANE TO	Jee on each line  RD 10 PU 2  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  O deeth but not r  DER/Outpatient 3  FINJURY  OF INJURY — At ho, etc. (Specify)	DUENCE ( DUE	DF):  OF):  OTHE 4 OF NUME OF	328 r the mo	Sulphur ode of dying, s  A'R RE  A'R RE  ng ceuse given  PLACE OF DEATH THE 5 Resident TORK? YES 2 NO	in Part I.  (Check only)  28d. E.  28f. L.  Check to the	24a. WAS AN PERFOR 1 VES 2  One)  Ocation (Street kly or Town, Stete)  ceuse(e) end me	Art. Iratory el  AUTOPSY RMED?  P □ NO  INJURY Of  and Numb  nner es at	CCURED or or Rural tated.	Approximate interval Betw Onset and Donest a
23. PARP1. Enter the diseases, or canock, or heert feliure. I immediate CAUSE (Fined disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	B. CAA DUE TO DU	Jee on each line  RD 10 PU 2  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  O deeth but not r  DER/Outpatient 3  FINJURY  OF INJURY — At ho, etc. (Specify)	DUENCE ( DUE	DF):  OF):  OTHE 4 OF NUME OF	328 r the mo	Sulphur ode of dying, s  A'R RE  A'R RE  ng ceuse given  PLACE OF DEATH THE 5 Resident TORK? YES 2 NO	in Part I.  (Check only ce 8 0 or 28d. C	24a. WAS AN PERFOR 1 VES 2  One)  Ocation (Street kly or Town, Stete)  ceuse(e) end me	Autopsy RMED?  I NO  INJURY Of the standard of	CCURED or or Rural tated.	Approximate interval Betw Onset and Dr. Onse



	2 chould	DIDOLE O	
	c	3	
	irector, page 5 should be detached for use as the hural-transit narmit Pages 1.2	200	
	armi!		
	neit	5	
Sician	altra	3	
E C	Par		
nding	S the		
atte	use a		
ital o	1 for		
hosp	ache		
the	e det		000
200	d blo		e pe
etain	sho		otiffi
8	30e 5		0 04
may	or. 0		1301
age t	direct		m Je
5	Peral		min
L Dea	he fur	di.	BYS
S ATTE	50	emov	dica
MOUNT	ui pa	0.	mai
47	ly fill	ation,	the
	plete	cremi	ent
nied	COL	ınal,	ic ex
exer	n and	to bu	mat
200	ySicia	prior	trat
UHICA	Hd B	tygiene	ther
23	tendin	I Hyg	0.0
200	he att	Menta	Z
10	5	and	N VI
200	er this certificate has been signed by the attending physician and completely filled in by the funeral directo	ealth	d. or item 23 shows any injury, or other traumatic event, the medical examiner must be entitled at once
פלת	sen s	Of H	Show
MD	as b	the State Dept. of	23
-	sate !	state	tem
CENT	ertific	the S	0
2	his c	with	ked
200	Itter	CO.	is marked
ALLENDING PRINCIPAL THE IAM INC	DR: A	in 72 hours after death with	90
2	RECTI	nrs a	2 m
AL C	4 D	2 ho	if ite
MOLINE ON A	FUNERAL DIF	hin 7	HTANT: if item 28 is a
	Ē	×	Ħ

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Les)) Margaret A. Green 2. DATE OF DEATH MONTH DAY YEAR 5:30 91 5:30 91
	4. SOCIAL SECURITY NUMBER  3. SEX  6. AGE (In yrs. lest birthday)  9. YRS.  6. AGE (In yrs. lest birthday)  9. YRS.  6. AGE (In yrs. lest birthday)  9. When the proper is the proper in the proper is the proper in the proper in the proper is the proper in the proper is the proper in the proper is the proper in the proper is the proper in the proper is the proper in the proper is the proper in the proper is the proper in the proper is the proper in the proper is the proper in the proper in the proper is the proper in the proper is the proper in the proper is the proper in the proper in the proper is the proper in the proper in the proper in the proper is the proper in
OR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH
5	RESIDENCE OF DECEDENT
DIRECTOR	106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. CITY LIMITS?  1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?  (1 , S , A)
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 4 Divorced  1 Never Married 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: Specify
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)
BE	196. INFORMANT'S NAME (Pype/Print) 196. MAILING ADDRESS (Street and Number of Purel Pout Abunda Charles)
70	Warren D. Green 1311 Sherwood Ave Batto, red 21239
	20a_METNOD OF DISPOSITION  1 V Burlai 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Company). Company of company of company of the place)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State
	21. SIGNATURE DF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Aladia Warra March F. H. Westush Air
CERTIFICATION	23. PART I. Entar tha diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, abock, or heart fellure. List only one cause on asch line.  IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  DUE_TO (DR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE_TO (DR AS A CONSEQUENCE OF):
PHYSICIAN: MEDICAL CI	PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINGINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 ND
<u> </u>	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  28. PLACE DF DEATH (Check only one)
Sic	EXAMINER?  1 YES 2 NO  1 Signature 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)
ВУ РН	27. MANNER OF DEATH  1 Sea. DATE DF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 VSS 2 ND  1 VSS 2 ND
	2 Accident Investigation 3 Suicide 6 Could not be detarmined Coulding, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29a. CERTIFIER (Check only   CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and menner as stated.
Š	one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)
2	D 18846 > 12/30/91
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)  MEVC 4 1557
	31. DATE FILED (MODITY, Day, Your) 1932, REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours must death. Page 5 may be retained by the hospital or attending physician.

THE LINETAL DIFFICIAL ALLE this certificate has been signed by the attending physician and computing filter in the manner of the state of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The manner of the state o TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

- 1	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	.07.11	-	DEA		_	REG. NO	).		,
	Mary D.	Comegys	3	C ==	eene				2, DAT		DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1		IF UNDER	Y	7. DATE	OF BIRTH	3	9 1 8. BIRT	HPLACE (State or Foreign
	212-44-2404	1 M 2 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	10	30 th, Day, Year)	45	MAR	YLAND
æ	9a. FACILITY NAME (If not institution, give :				9b. CITY, T	OWN C	OR LOCATI	ON OF DE	ATH		9c. COL	UNTY OF	DEATH
5	2004 Druid H:	ill Ave			Bal	Lti	mor	e					
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY LIMITS?
	MD 10e, STREET AND NUMBER				В	_	TIMOR						1 X YES 2 NO
HA	2004 DRUID HILL	AVENUE				101	zip cod	£ 217			10g. CIT		WHAT COUNTRY? USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	S DEC	ENDENT (	OF HISPAN	IIC ORIGI	N? (Specify Vi	e or No-	14. RAC	E - American Indian
BYF	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 PAR OR DATES	Лио	H )	yes, sp	ecify Cubs	m, Maxica	n, Puerto	Rican, atc.)		Spec	ck, White, atc.
-	15. DECEDENT'S EDU	CATION	100	DECEDENTIA	USUAL OCC								BLACK
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of a life. Do NOT us	work done dur	ring mo	st of workli	ng	16	b. KIND OF BU	ISINESS/IN	DUSTRY	
COMPLETED	10th	neall Vice		Uner	nploye	pd _							
	17. FATHER'S NAME (First, Middle, Last)						4.5			Middle, Maide	Sumame)		
BE	ARTHUR COMEGYS SR			105 11411 1140	4000000 //			TH DU					
2	WILLIAM L. GREENE	11			DRUI					BALTI			21217
	20a, METHOD OF DISPOSITION 1 3 Burlal 2 Cregitation 3 Ram			E AND DATE	OF DISPOSITI			AVLI	OAT		CATION -		
	4 C Donation 5 Other (Specify)	- 1	cemetery, g	rematory or o		ar	rk 1	2/30	/91	RAN	DALLS	STOW	N, MD
	21. SIGNATURE OF BUILDING SCHOOL									1 (7 11 1			
- 1	V 100	CENGEE	/				ID ADDRES	SS OF FAC					I HOME
	23. PART ( Enter the displace, or shock) or heart failure.	manus that	caused that	death Do	22. NA	ME AN			CHLITY	MAR C	H FUN	NERA	L HOME AVENUE   Approximate   Interval Between   Onset and Dec
RTIFICATION	23. PART (Enter the displaces, or shock) or beart failure.	Complications that List only one cau  DUE TO  DUE TO  C.	caused the caused the caused the caused the caused the caused the caused to cause the caused the ca	deeth. Do r	and anter the	ne mo	de of dyi		CHLITY	MAR C	H FUN	NERA	AVENUE Approximate interval Between
CERTIFICATION	23. PART I Enter the dispasses, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO O	OR AS A CONS	death. Do rine.	not anter the	ne moi	de of dyi	ing, sucl	n as cer	MAR C 4300 diac or resp	H FUN WABA iretory er	NERA ASH Trest,	AVENUE Approximate Interval Betwee
. 11	23. PART ( Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitleted evente	DUE TO O	OR AS A CONS	death. Do rine.	not anter the	ne moi	de of dyi	ing, sucl	n as cer	MAR C 4300 diac or resp diac or resp	H FUN WABA iretory er	NERA ASH Trest,	A V E NUE  Approximate interval Between Onast and December 1 of the Number 1 of the Number 2 o
. 11	23. PART I Enter the dispasses, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO O	OR AS A CONS	death. Do rine.	not anter the	ne moi	de of dyi	ing, sucl	n as cer	MAR C 4300 diac or resp	H FUN WABA iretory er	NERA ASH Trest,	A V E NUE  Approximate Interval Betwee Onast and Dee  Onast and Dee  August 2000  December 2000  August 2000  August 2000  August 2000  August 2000  August 2000  August 2000  August 2000  December 2000  August 200
. 11	23. PART I Enter the dispasses, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant condition	DUE TO O	OR AS A CONS	death. Do rine.	not anter the	ne moi	de of dyi	ing, sucl	n as cer	MAR C 4300 diac or resp diac or resp	H FUN WABA iretory er	NERA ASH Trest,	A V E NUE  Approximate Interval Betwee Onast and Dee  Onast and Dee  ANALABLE PRIOR TO COMPLETION OF CAUSE
. 11	23. PART ( Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant conditions.	DUE TO O	OR AS A CONS	death. Do rine.	22. NA not anter th	me moderniying	de of dyi	ing, sucl	Part I.	MAR C 4300 diac or resp diac or resp 24a. WAS AP PERFO 1 USS	H FUN WABA iretory er	NERA ASH Trest,	A V E NUE  Approximate Interval Betwee Onast and Dee  Onast and Dee  August 2000  December 2000  August 2000  August 2000  August 2000  August 2000  August 2000  August 2000  August 2000  December 2000  August 200
. 11	23. PART ( Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 \( \subseteq No	DUE TO DU	OR AS A CONS OR AS A CONS OR AS A CONS Deeth but not	EOUENCE OF	ont anter the state of the stat	one mode mode mode mode mode mode mode mod	de of dyi	given in	Part i.	MAR C 4300 diac or resp  24a. WAS AP PERFO 1 UYES:	H FUN WABA iretory er	NERA ASH rest,	A V E NUE  Approximate Interval Betwee Onast and Dee  Onast and Dee  August 2000  December 2000  August 2000  August 2000  August 2000  August 2000  August 2000  August 2000  August 2000  December 2000  August 200
PHYSICIAN: MEDICAL	23. PART I Enter the dispesses, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	DUE TO DU	OR AS A CONS  (OR AS A CONS  (OR AS A CONS  deeth but not  ER/Outpatient INJURY y, Year)	deeth. Do rine.	ot anter the und	periying  28. PL  28. PL  WOF	de of dyl	given in	Part I.	MAR C 4300 diac or resp  24a. WAS AM PERFO 1 □ YES:	AUTOPSY RMED?	NERA/ASH /rest,	A V E NUE  Approximate interval Betwee Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec Onast and Dec
BY PHYSICIAN: MEDICAL	21. PART   Enter the dispasses, or shocky or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be	DUE TO DU	(OR AS A CONS  (OR AS	death. Do rine.	or HER:	De mode mode mode mode mode mode mode mod	ACE OF OI  STATE AT ATTER  TES TO THE ACT OF	given in	Part i.	MAR C 4300 diac or resp  24a. WAS AN PERFO 1 VES: WY (Specify) SCRIBE HOW	H FUN WABA	VERAL ASH Trest,	AVENUE Approximate interval Betwee Onast and Dec Onast and
BY PHYSICIAN: MEDICAL	23. PART   Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined	DUE TO DU	(OR AS A CONS  (OR AS	death. Do rine.	or HER:	De mode mode mode mode mode mode mode mod	ACE OF OI  STATE AT ATTER  TES TO THE ACT OF	given in	Part I.	MAR C 4300 diac or resp  24a. WAS AP PERFO 1 YES  W (Specify) SCRIBE HOW  T IM C ATION (Street	AUTOPSY MMED?	VERAL ASH ASH ASH ASH ASH ASH ASH ASH ASH ASH	AVENUE Approximate interval Betwee Onast and Dec Onast and
BY PHYSICIAN: MEDICAL	21. PART   Enter the dispesses, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural 5 Pending Investigation  2 Accident 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFER (Check only one)  2 MEDICAL EXAMINE	DUE TO DU	(OR AS A CONS  (OR AS	deeth. Do rine.  EOUENCE OF  EOUENCE OF  Tresulting is  20b. TiMiny 11 2: 3  Tome, farm, s  Tome	orther:  OTHER: 4   Nursing E OF 28	De moderniying  28. PLI  BC. INJU  WO T  1, office	de of dyi	given in EATH (Che	Part I.  Back anly on the Cart City 20 to the cart	MAR C 4300 diac or resp diac or resp  24a. WAS AP PERFO 1 VES:  WY  CATION (Street O' Town, State O' 4 D 7  Use(a) and ma	AUTOPSY PMED?  AUTOPSY PMED?  AND AUTOPSY PMED?  AND AUTOPSY PMED?  AND AUTOPSY PMED?  AND AUTOPSY PMED?  AUTOPSY PMED?  AUTOPSY PMED?  AUTOPSY PMED?	VERAL ASH ASH ASH ASH ASH ASH ASH ASH ASH ASH	AVENUE Approximate interval Between Onast and Dee Onast an
PHYSICIAN: MEDICAL	21. PART   Enter the dispasses, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFEER (Check only)	DUE TO DU	(OR AS A CONS  (OR AS	deeth. Do rine.  EOUENCE OF EOUENCE OF Tresulting is 20b, Timing in the course of the	OTHER:  A \( Nursing to the time of	De moderniying  28. PLI  BC. INJU  WO T  1, office	ACE OF OIL  ACE OIL  ACE OF OI	given in EATH (Che	Part I.  Part I.  Part I.  V % C 28f. Cloc Cloc Clot Elime, data BER	MAR C 4300 diac or resp diac or resp  24a. WAS AP PERFO 1 VES:  WY  CATION (Street O' Town, State O' 4 D 7  Use(a) and ma	AUTOPSY RMED?  ROUTE OF h Cond Number  au i d  nor as stated due to the	CURED  CURED  OUSE or Pural I	AVENUE Approximate interval Between Onast and Dee Onast an

9.52 8.43

A DESCRIPTION OF THE PROPERTY OF THE PERSON

residence and Co. Delle o

AND AND A MARK THE STATE TO SECURE

. N. 21.1 -78 E 8 % C ...

it e cedit in a ma

transport and the property and the property and the first

REG. NO

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

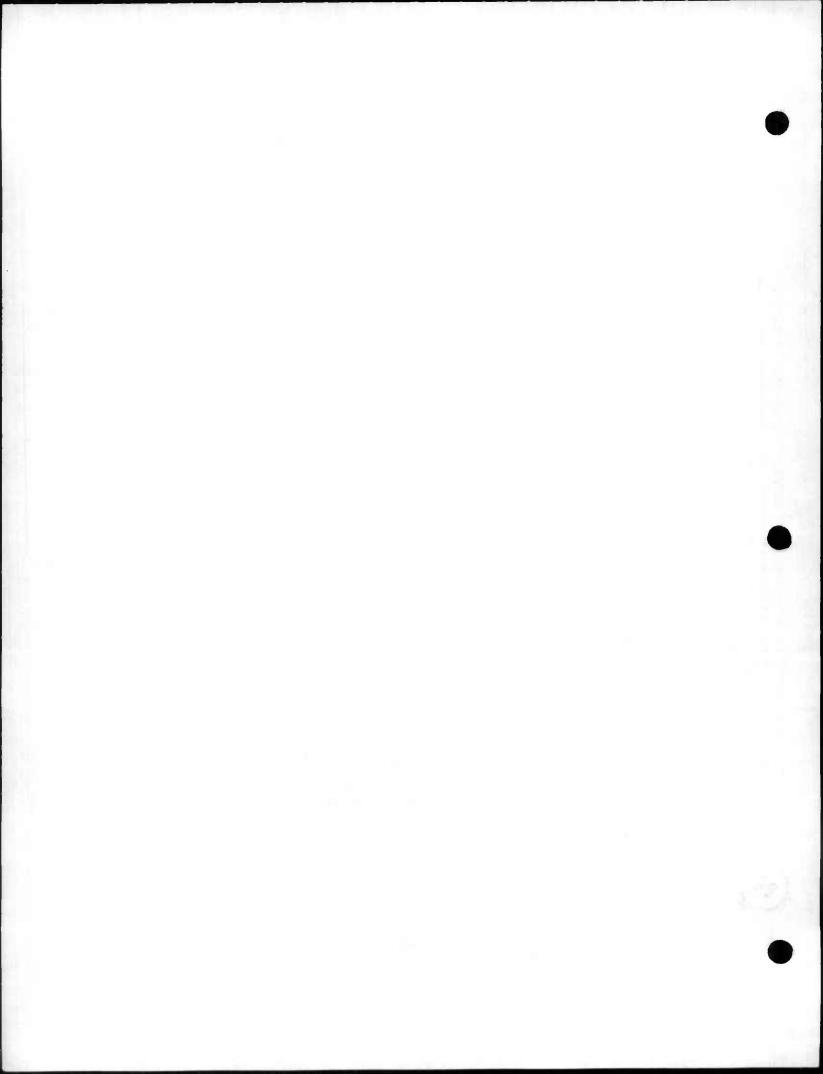
ŏ	4
after	40
Sin	.5
4 170	Hod
3	4
TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	III DIRECTOR After this partificate has been circust by the attending observing and completely filled in his the 4
je j	6
exect	por .
pe	ning
ificate	ohio
Cert	ding
death	affa.
the	the
that	2
duires	S CIUDO
ě	90
Jaw.	90 6
The	2
AN: I	ificat
SICI	Par
PHY	thic
ING	Attar
S	à
E	F
A AC	NDE
7	-
<b>E</b>	3

2. DATE OF DEATH 3. TIME OF DEATH George 29 m Garnett 9 YEAR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 1 X M 2 | F DAYS 217-07-8524 9-14-1908 ۷a page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 610 Queensgate Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1XXYES 2 □ NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 610 Queensgate 21229 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EQUICATION 16s. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) (Specify only high 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Virginia Jenifer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ursula Garnett 610 Queensgate Road Baltimore, Md 21229 be 20e, METHOD OF DISPOSITION
1 W Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE director, i Garrison Forest Veteran Cem 1/3/92 Owings Mills, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral MARCH FUNERAL HOME-WEST 4300 Wabash Avenue, Baltimore, medical 23. PART I. Enter tha diseeses, or complicatione that caused the death. Do not enter tha mode of dying, such as cardiec or reepiratory arrest, Approximete shock, or heart fellure. Liet only one ceuse on each line. 0 Interval Between IMMEDIATE CAUSE (Final cremation, **Onset end Death** 1 disease or condition GRANULOCYTIC LEUKEMIA +RONIC resulting in death) event. YEARS OUE TO (OR AS A CONSEQUENCE OF) to burial, traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF). resulting in daeth) LAST 0 Mental I injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO Dept. PHYSICIAN: State L 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence \$ Other (Specify) 0 the 27. MANNER OF DEATH death with If 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) after de 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide IPORTANT If item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Qay, Year) 3 9 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) 21201 32/AGGISTAM'S SIGNATUR GUNA DAVIDON-1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	5
	24
50,	within
( 687	executed
$\hat{a}$	2
MINISTON OF VITAL RECORDS, P.O. BOX 68760,	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho
S, D	death o
ä	the
OR	that
KEC	requires
	3W
٨	The
>	JAN:
ò	PHYSIC
SON	ENDING
=	5
=	長

	REGISTRAR		CERTIFI	CATE OF	JEAIH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) Oscar L. Gare	y				2. DATE OF DEATH MONTH	AY 9 <sup>YE</sup>	AR 1.07 A
	4. SOCIAL SECURITY NUMBER 238 - 12-0351	5. SEX 1 M 2 F	AGE (he yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH	1	BIRTHPLACE (State or Foreign Country) Carolina
R	9a. FACILITY NAME (If not institution, give	itreet and number)	AL	9b. CITY, TOWN OR	LOCATION OF D	EATH	Sc. COUNTY	
25	RESIDENCE OF DECEDENT			13/101	1100100			
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITX	AUT IN				10d. INSIDE CITY LIMITET  1 YES 2 NO
FUNERAL	1415 Hollins St.			101. 2	2122	3		OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 New Married 2 Married   Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2/ NO	if yes, spec	IDENT OF HISPA Ity Cuban, Maxica II NO Specif	NIC ORIGIN? (Specify Yea an, Puarlo Rican, atc.) y:		RACE — American Indian, Black, Whita, atc. Specify: WHITE
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, DECEDENT'S L	JSUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of we life. Do NOT use Welde		of working		Builde	
	17. FATHER'S NAME (First, Middle, Last) Arthur Garey				16. MOTHER'S NA	ME (First, Middle, Maiden Trammell	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and		Route Number, City or Tow	r State 7in Con	and the same of th
5	Edward L. Garey		6427	Wilben R	d.Balti	more, Md.	21090	<del>o</del> )
	20a. METHOD OF DISPOSITION 1  Burial 2  Crematy 3 Rem 4  Donation 5 Oper (Specify)	, 1	20b. PLACE AND DATE OF COMMERCE COMMERC	in Disposition (Name	tery		cation — city altimo:	
	21. SIGNATURE OF EUDERAL SERVICE LA	ener!	_	Gary		fman Funer		01007
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF	ach	4	A STANDARD OF THE STANDARD OF	South State	Onset and Dea
B	2107 11 211	d			-			
H: MEDICAL	PART II. Other algnificant condition	s contributing to dea	th but not resulting in	the undarlying o	ause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PAG
SI A	25. WAS CASE REFERRED TO MEDICAL EXAMPLE?			26. PLAC	E OF DEATH (Che	eck only one)		
Sic	1 VES 2 PHO	HOSPITAL:		OTHER:  United Home	5 Residence	8 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH  1  Netural	28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIME	OF 28c. INJUR	Y AT	28d. DESCRIBE HOW IN	JURY OCCURE	D
8	3 Suicide 8 Oetermined	26e. PLACE OF INJ building, etc. (	URY — At home, farm, str Specify)	reat, factory, office		281. LOCATION (Street a City or Town, State)		ral Route Number,
COMPLET	296. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CONTROL OF CONTROL OF CERTIFYING PHYSIC CONTROL OF CERTIFICATION CONTRO	CIAN: To the best of my k	nowledge, death occurred	at the time, date an	d place, and due	to the cause(s) end man	ner es stated.	ree(s) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER		al intum		9c. LICENSE NUM			NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF	DEATH (ITEM 27) CTYPO, F	THIR)	R	STINORE	M	
	31. DATE FILED (Mogth, Day, Year)	fulia Davidos						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-445 nycha wa masumas benapa median (Silé Final Last Style 17 Timbert Last Last SOUR BEAUTION, LIKESON, IN LIVER SOUR the first of the same

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

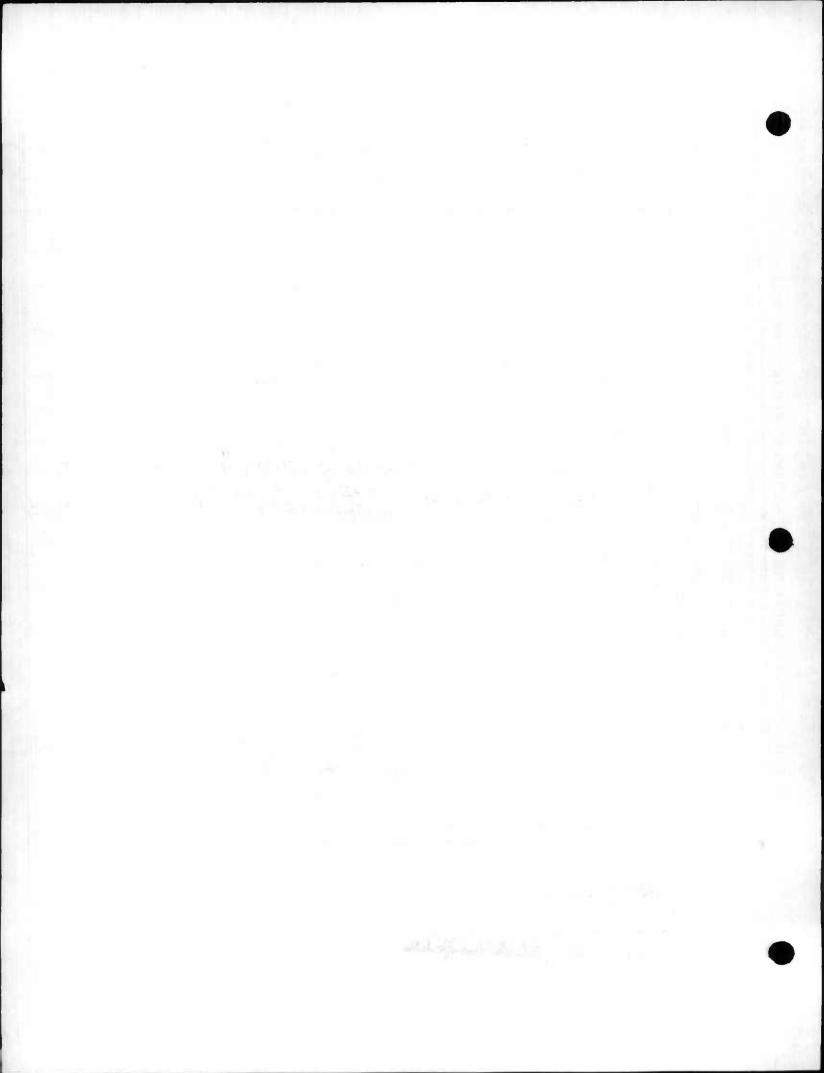
1. DECEDENT'S NAME (First, Middle, Last)		ND / DEPAI CERTIF	FICATE OF		REG. N			
indicated the state of t		0.0	10/112 01	DEATH	2. DATE OF DEATH	0.		3. TIME OF DEATH
DENDITO WI	TIMU ODIUD				MONTH	DAY	YEAR	_ P
4. SOCIAL SECURITY NUMBER	EITH GRIER  5. SEX 6. AGE (In	yrs, last birthday)		I management	DEC 27	1991		7:20
HILLS SHOWN THE STATE OF THE ST	1_ M 2   F		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		8. BrRTNI Country	PLACE (State or Foreign
<u>/-152-56-2865</u>	X	34 YRS.		100	AUG 31	1957	NEW	<b>JERSEY</b>
9s. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COL	INTY OF DE	ATN
NATIONAL NAVAL	MEDICAL CENTE	סי	BF	THESDA		,	момтс	OMERY
NATIONAL NAVAL RESIDENCE OF DECEDENT  100. STATE VIRGINIA  105. COUNTY							TONTO	OTILIKI
10e. STATE 10b. COUNT	Y		TY, TOWN OR LOCA					10d, INSIDE CITY LIMITS?
		F	REDERICK	SBURG				1 YES 2 NO
10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
100 PRINCESS AND	NE STREET #111			224	01	1	UNITE	D STATES
100. STREET AND NUMBER 100 PRINCESS AND 11. MARITAL STATUS 1 Never Merriad 2 Th Marriad	12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DE	CENDENT OF NISPAI	NIC ORIGIN? (Specify	fee or No	14 BACE	- American Indian,
	FORCES? 1 YES	2 NO	If yee, sp	ecity Cubsn, Msxlcs	n, Puerto Ricen, stc.)	48 OI 140	Black,	Whits, atc.
3 Widowed 4 Divorced	1981 - 19		1 U YES	NO Specif	y:		Specify	BLACK
15. DECEDENT'S EDU	CATION		S USUAL OCCUPATI	ON	16b. KIND OF E	HOMESO (IN	DUGTEN	2211011
(Specify only highest grade	completed)	(Give kind of life, Do NOT u	work done during m	est of working	IOU. KIND OF E	OSINESS/IN	DOSINI	
2	College (1-4 or 5+)	U.S.	.AIR FOR	CE				
1.7 17. FATHER'S NAME (First, Middle, Last)								
	משום השושים				ME (First, Middle, Maid EY FIELDS	n Sumame)		
6	SVELI GRIEK							
O 198. INFORMANT'S NAME (Type/Print)	****	19b. MAILING	O ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zij	Code)	*** 00/01
STEPHANIE Y. GR	LER	100	PRINCESS	ANNE ST	., FREDER	TCKSB	URG,	VA 22401
20s. METNOD OF DISPOSITION 1  Burlsi 2  Cremstion 3  Rem			OF DISPOSITION (N	ame of	DATE 20c. I	OCATION -	City or Tow	n, Stats
4 Donstion 5 Other (Specify)	M7	ery, crematory or o	other place)	EMETER	PY12-31 CA	RDIT	NE	CD. VA.
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ND ADDRESS OF FA	CILITY			
· ambrose	21) Bail	011.	BAIL	EY FU	LNERAL	HOI	ME	
		7_	1207	WHIT	F ST. F	RFNE	RTO	KSBURG, V
23. PART I. Enter the diseases, or o	complications that caused it Liet only one cause on eac	he death. Do	not enter tha mo	de of dying, suc	h aa cerdiac or rea	piratory ar	rest,	Approximate
IMMEDIATE CAUSE (Finel	mot only one cause on eec	ii iiire.						Interval Between
disease or condition resulting in death)	. ACQUITED	TAGGISTE	DERTOTE					Onset and Deat
readiting in death)	DUE TO (OR AS A C				DOME			Onset and Deat
			F):	NCY SYND	ROME			Onset and Daat
			PF):	NCY SYND	ROME			Onset and Deat
Sequentially list conditions,	b. DUE TO (OR AS A C	ONSEQUENCE O		NCY SYND	ROME			Onset and Dast
Sequentielly liat conditions, if any, leading to immediate cause. Entar UNDERLYING	bDUE TO (OR AS A Co	ONSEQUENCE O		NCY SYND	ROME			Onset and Daat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с		)F):	NCY SYND	ROME			Onset and Daal
Sequentielly liat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated evants resulting in death) LAST	b		)F):	NCY SYND	ROME			Onset and Daal
Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	с		)F):	NCY SYND	ROME			Onset and Daal
DART II ON 1 III	c DUE TO (OR AS A Co	ONSEQUENCE O	iF): iF):			N AUTOPSY	24b. 1	
DART II ON 1 III III III	c DUE TO (OR AS A Co	ONSEQUENCE O	iF): iF):		Part I. 24s. WAS A	PRMED?		WERE AUTOPSY FINDINGS
DART II ON 1 III III III	c DUE TO (OR AS A Co	ONSEQUENCE O	iF): iF):		Part I. 24e. WAS A	PRMED?		WERE AUTOPSY FINDINGS
DART II ON 1 III	c DUE TO (OR AS A Co	ONSEQUENCE O	iF): iF):		Part I. 24s. WAS A	PRMED?		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE
DART II ON 1 III III III	c DUE TO (OR AS A Co	ONSEQUENCE O	iF): iF):		Part I. 24s. WAS A	PRMED?		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DART II ON 1 III III III	DUE TO (OR AS A Co	ONSEQUENCE O	in the underlyin		Part I. 24s. WAS A PERFO	PRMED?		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DART II ON 1 III	c DUE TO (OR AS A Co	ONSEQUENCE O	In the underlyin	g causa given in	Part I. 24s. WAS A PERFU	PRMED?		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN	DUE TO (OR AS A Co	not resulting	PF):  In the underlyin  26. PI  OTHER: 4 \( \text{Nursing Hore} \)	g causa given in  ACE OF DEATH (Cho  5 □ Residence  URY AT	Part I. 24s. WAS A PERFU	PRMED?		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATN  1 Netural 5 Panding	DUE TO (OR AS A CO	not resulting	26. PI OTHER: 4 Unusing Horn HOF 28c. INJ	g causa given in  ACE OF DEATH (Che  ■ 5 □ Residence	Part I. 24s. WAS A PERFO	PRMED?		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	DUE TO (OR AS A CO	not resulting	26. PI OTHER: 4 \( \text{Nursing Horr} \) URY M 1 \( \text{1} \)  26. INJ	g causa given in  ACE OF DEATH (Che  5 □ Residence  URY AT RK?  (ES 2 □ NO	Part I. 24s. WAS A PERFU 1 TYPES 1 TYPES 2 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street	DRMED? 2 NO INJURY OCC	CURED	MERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 X NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	DUE TO (OR AS A CO	not resulting	26. PI OTHER: 4 \( \text{Nursing Horr} \) URY M 1 \( \text{1} \)  26. INJ	g causa given in  ACE OF DEATH (Che  5 □ Residence  URY AT RK?  (ES 2 □ NO	Part I. 24s. WAS A PERFE 1 TYPES eck only one)  8 Other (Specify) 28d. DESCRIBE NOW	DRMED? 2 NO INJURY OCC	CURED	MERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 X NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	DUE TO (OR AS A CO	not resulting  ent 3 □ DOA  28b. T/M.  At home, fsrm,	26. PJ:  In the UnderlyIn  26. PJ:  OTHER: 4   Nursing Horr IE OF UNDER	ACE OF DEATH (Che  5  Residence URY AT RK?  ES 2 NO	Part I. 24s. WAS A PERFO 1 PER	INJURY OCC	CURED or Rural Ro	MERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 X NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	DUE TO (OR AS A CO	onsequence of not resulting ent 3 00A 28b, TM. At home, farm,	In the UnderlyIn  26. PI  OTHER: 4   Nursing Horr  IE OF 28c. INJURY M 1   Strast, 1 sectory, office at the time, data	ACE OF DEATH (Che  5 Residence URY AT RES 2 NO  snd placs, and due	Part I. 24s. WAS A PERFU 1 TYPES  ack only one)  a Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Stree City or Town, State to the cause(s) and m	INJURY Oci	CURED  or Rural Ro	WERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  ute Number,
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CO	onsequence of not resulting ent 3 00A 28b, TM. At home, farm,	In the UnderlyIn  26. PI  OTHER: 4   Nursing Horr  IE OF 28c. INJURY M 1   Strast, 1 sectory, office at the time, data	ACE OF DEATH (Che  5 Residence URY AT RES 2 NO  snd placs, and due	Part I. 24s. WAS A PERFU 1 TYPES  ack only one)  a Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Stree City or Town, State to the cause(s) and m	INJURY Oci	CURED  or Rural Ro	WERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  ute Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CO	onsequence of not resulting ent 3 00A 28b, TM. At home, farm,	In the UnderlyIn  26. PI  OTHER: 4   Nursing Horr  IE OF 28c. INJURY M 1   Strast, 1 sectory, office at the time, data	ACE OF DEATH (Che  5 Residence URY AT RES 2 NO  snd placs, and due	Part I. 24s. WAS A PERFO 1 PER	INJURY Oci	or Rural Ro	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  uto Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CO	onsequence of not resulting ent 3 00A 28b, TM. At home, farm,	In the UnderlyIn  26. PI  OTHER: 4   Nursing Horr  IE OF 28c. INJURY M 1   Strast, 1 sectory, office at the time, data	ACE OF DEATH (Che  5  Residence USY AT RK? 2  NO  snd placs, and due esth occured at the	Part I. 24s. WAS A PERFO 1 PER	INJURY Oci	or Rural Ro	WERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  uto Number,  and menner as stated.  Month, Day, Year)



J. E. BROWN. I 31. DATE FILED (Mornin, Day, Year) JAN 0 3 1992

22. REGISTRAR'S SIGNATURE

BETHESDA, MD 20889-5000



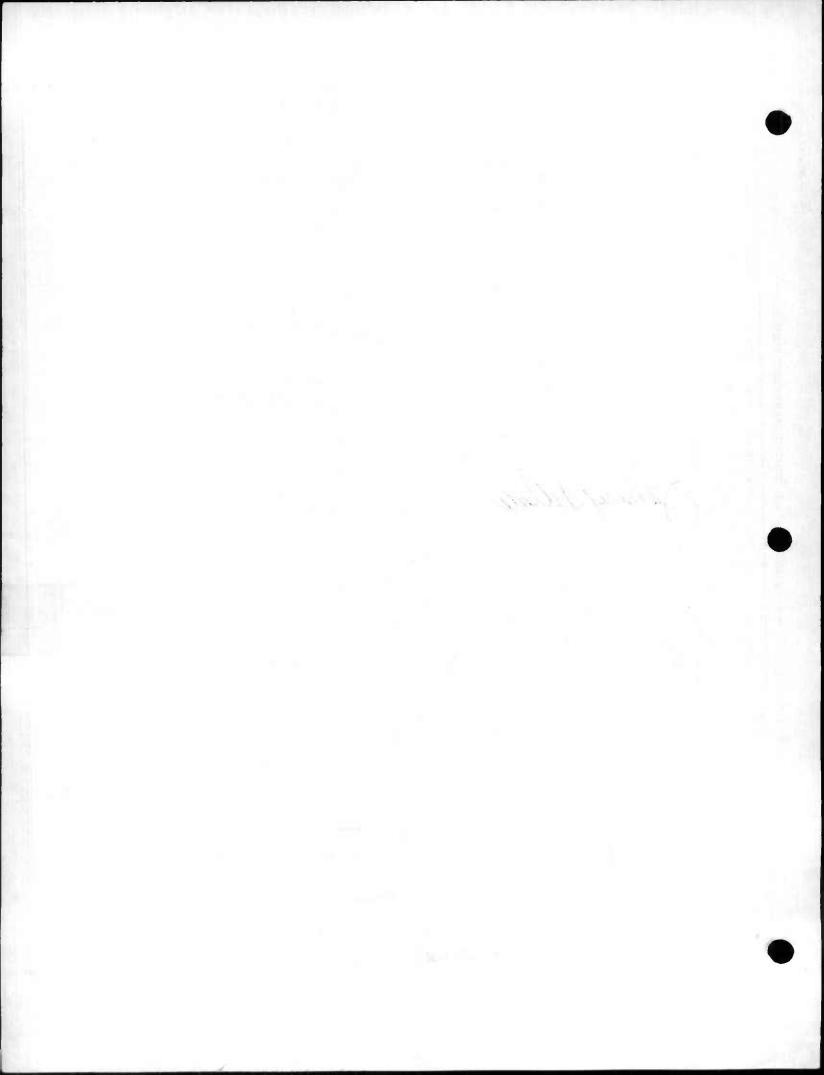
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

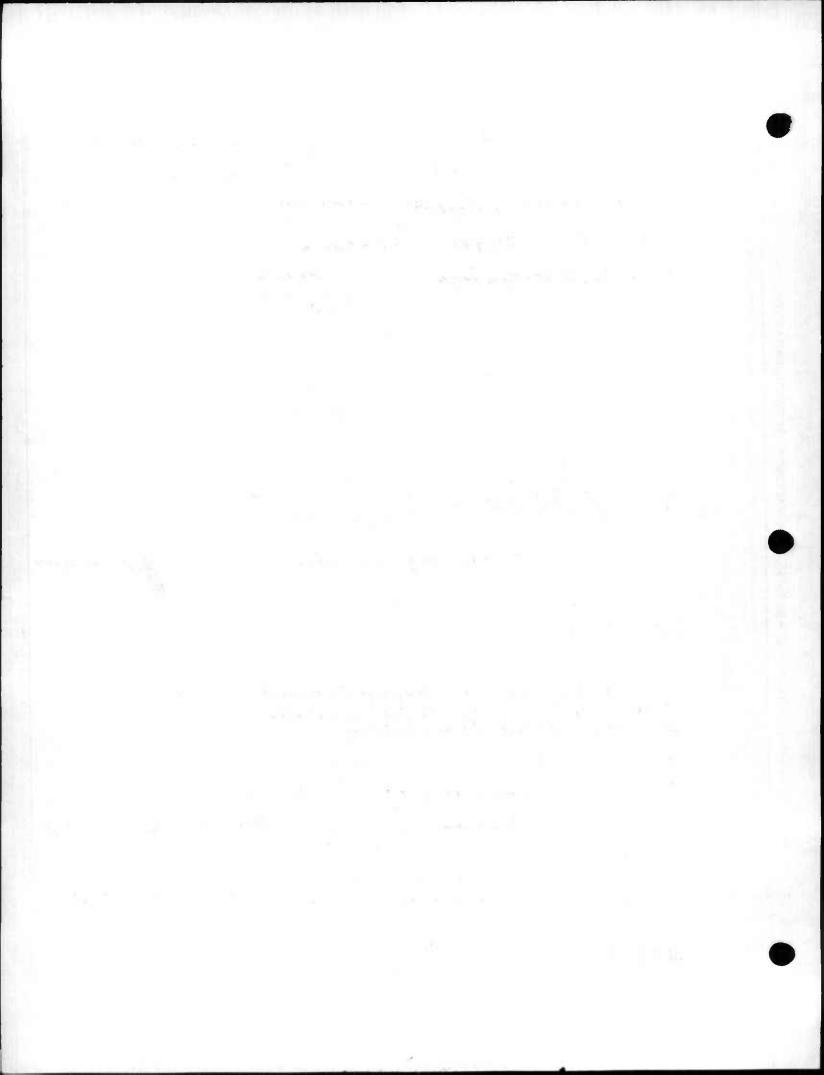
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF A		D / DEPAI CERTIF						YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, La	11 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		MAE		RIFF	_		2. DATE OF D		-28-9	1 3.	TIME OF DEATH
		mar 6	nHi	h					MONTH	DAY	18 9°		1225 PM
	4. SOCIAL SECURITY NUMBER 036 20 0582	5. SEX		s. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF 8 (Month, De	IRTH ( Year)		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, gi	1 M 2 X F	72	YRS.					7-20-	1919	No	o. C	arolina
Œ	University H				9b. CITY		OR LOCATIO		ATH	9	c. COUNTY	OF DEAT	H
DIRECTOR	RESIDENCE OF DECEDENT					Вал	timo:	re			na		
REC	10a. STATE 10b. COU			10c. CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
		timore cou	inty	R	anda	llst	own					1	LIMITS?
34	100. STREET AND NUMBER					101	ZIP CODE			10	Og. CITIZEN	OF WHA	T COUNTRY?
FUNERAL		ircle Apt						1133			US	A	
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	. ARMED		If yee, spe	ENDENT O	n, Mexicar	IC ORIGIN? (Sp n, Puerto Rican	ecify Yes or , etc.)	No- 14.	Speche	American Indian, hite, etc. Black
	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON of words	_	16b. KINI	OF BUSINE	SS/INDUST	ΓRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+	)	life. Do NOT u.	se retired.)	during mo	at Of WORKI						
8	17. FATHER'S NAME (First, Middle, Last)						18, MOTH	IER'S NAM	ME (First, Middle	, Meiden Sun	name)		
BE	Zollie Hopkin	S						Les		pivey			
10	Mary Hartsfield	Family	Y						orest,		27587		
	20e. METHOD OF DISPOSITION 1   Burlel 2   Cremation 3   Feb. Constion   Other (Second)			CE AND DATE			me of		OATE	20c. LOCAT	ION — City	or Town,	State
	21. SIGNATURE OF JUNERAL SERVICE	Monal o	d Wade 12/3	, Dir			D ADDRES		STA	TE AN			
CERTIFICATION	shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	e	OR AS A CON	ISEQUENCE OF	773) Fi:	13:	ses)						Interval Between Onaet and Death
		d											
V: MEDICAL		lona contributing to				iderlying	cause g	lven in F		WAS AN AUT PERFORMED YES 2	0?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DE	ATH (Chec	ck only one)				
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 🗆 Res	sidence 8	B ☐ Other (Spe	clfv)			
E	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIM		28c. INJU	JRY AT		28d. DEŞCRIBI		RY OCCURE	ED .	
ВУ	1 Natural 5 Pending 2 Accident Investigation		,,,		M		ES 2	NO					
0	3 Suicide 8 Could not 8 4 Homicide datermined		INJURY — At rtc. (Specify)	home, ferm, s	street, fect	ory, office			28f. LOCATION City or Tow	(Street end I	Number or R	tural Route	Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	YSICIAN: To the best of a	my knowledge,	death occurre	ed at the ti	ime, date	end place,	end due t	o the cause(e)	end manner	ee stated.		
- 11	29b. SIGNATURE AND TITLE OF CERTIF				,y 0								
BE	2-9	~	H	21			29c. LICE	NSE NUME	DER -	29	d. DATE SIC	GNED (Mo	nth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON Y	VHO COMPLETED CAUS	E OF OEATH (I	TEM 27) (Type,	Print)			10	112			16)	رين ک
	Hereby 5 5	6,44	ST			17:		W	1	1 - "	1		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE		1.3 %		No. 1			120	`		



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notitled at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
the funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
מוציו וועוור, שעוו ראווים	

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									00070
	1. DECEDENT'S NAME (First, Middle, Last)  AUMA	ALICIA R. GIRAND				2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
	# 451 07 8020 1 1 M 2 1 F 88 YRS. MONTHS DAYS HOURS A				IF UNDER 24 HRS. HOURS MIN.	MA O- / IA O- O- O- O- O- O- O- O- O- O- O- O-			
TOR	9a. FACILITY NAME (If not institution, give street and number)  DO CT DY'S COMMUN. Try HOUDITAL Lanham  Prince George  RESIDENCE OF DECEDENT  PRINCE GEORGE								
DIRECTOR	10s. STATE 10b. COUNTY	ce George's	10c. CITY, TO	MN OR LOCAT					10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	6906 Woodstream Turn				101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?  26 7 0 6  USA				
BY	11. MARITAL STATUS  1 XNover Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  10. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yea, spe	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, etc.)  1 □ YES 2 □ NO Specify:  Specify:  Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  12  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kine. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY Public Rel								
CO						S NAME (First, Middle, Maiden Surname)			
BE	John E. Girand				Mary L. Davis				
5	19a. INFORMANT'S NAME (TyperPrint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify) in State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655 W. Baltimore St. Balto., MD 21201								
ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Fracture Rights hip, Fracture Rights humbred  Oriek, Arterios Cleyotic Candas rights humbred  1 yes 2 K NO  1 yes 2 K NO  1 yes 2 M NO  1 yes 2 M NO  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
YSIC	1 YES 2 NO 1 Input lant 2 ER/Output 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
HA	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicida 6 Could not be				IC?	28d. DESCRIBE HOW INJURY OCCURED			
BY					S 2 NO	281. LOCATION (Street and Number or Rural Route Number,			
E	4   Homicide   Homicid					6906 Www. Steel and Number of Pural House Number, 6906 Www. Street, TUAN Sea Grook			
COMPLE	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at tha time, data and place, and due to the cause(a) and manner as stated.								
IO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER  Purlly of her services  30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  ▶12 - 24-91				(Month, Day, Year)
	JAN 3 1992 &	32. REGISTRAR'S SIGNATUR							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

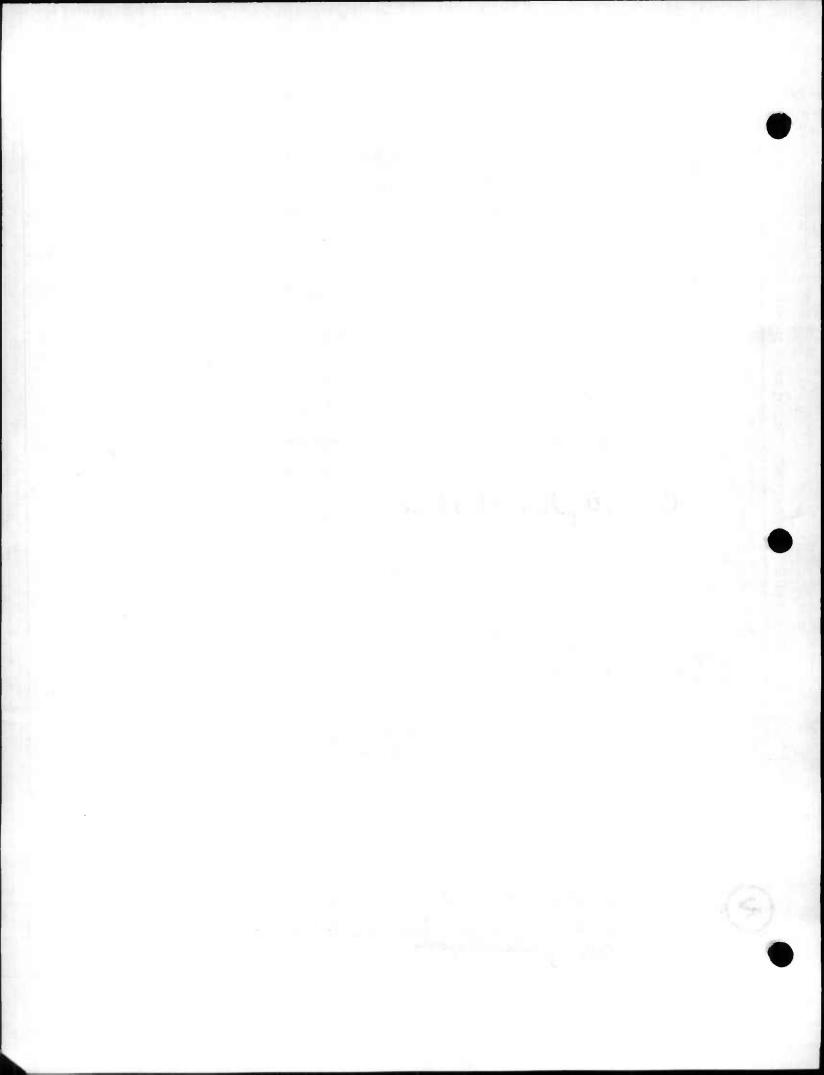
lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_		_			CENTIF	IVAIL	UF	DEA	10		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH														
	Ponn14		T 1		-	5.3				MONTH	D		YEAR		
	Ronald  4. SOCIAL SECURITY NUMBER		Les1		G	ilmo				12	2	/ 1	991	1:54	
	213-54-1387	-			s. last birthday)	IF UNDER 1	DAYS	HOURS	T	7. DATE OF	BIRTH W Merk		6. BIRTH Count	PLACE (State of	or Foreign
	213-34-138/		1 XM 2 2 F	42	YRS.	MONTHS.	UNIS	HOURS	MIN.	11/2	7/49		Sour	7/	MD.
	90. FACILITY NAME (If not institu	ition, give si	treet and number)			9b. CITY.	TOWN (	OR LOCATI	ION OF DE	ATH	_	90 001	INTY OF D	FATH	T.II.
Œ												90.000	NIT OF D	CAIN	
5	2303 Terra Firma Road Apt. 4					Bal	tir	nore							
DIRECTOR	10e. STATE 10b. COUNTY					V TOWAL CO	1000	TION.							
Œ						Y, TOWN OF								10d. INSIDE	CITY
	MD.					BALTIMORE CITY 1X YES 2						□ NO			
A	10e. STREET AND NUMBER	DD 11 4 -		101	ZIP COD	ε			10a, CI3	IZEN OF Y	WHAT COUNTR				
FUNERAL	9909-mempa -	2303	3 TERRA F	TKMA I	KU #4-	3									*** 4
Z	3303_TERRA_E	STIRVA.				21225							U.	S.A.	
5 I	11. MARITAL STATUS  1 Never Married 2 X Mer	T EVER IN U.S		13. W	AS DEC	ENDENT C	OF HISPAN	F HISPANIC ORIGIN? (Specify Yes or No- n, Mexicen, Puerto Ricen, etc.)			14. RACI	E — American k, White, etc.	Indien,		
BY	3 Widowed 4 Divorced		FORCES? 1, IF YES, GIVE W	AR OR DATES				2 NO			n, etc.;		Spec		
	3   Widowed 4   Divorced													NEGRO	)
	15. DECEDE	NT'S EDUC	ATION	16a	DECEDENT'S	USUAL OC	CUPATIO	ON		16b, KIP	ID OF BUS	SINESS/IN	DUSTRY	TULCUL	
	(Specify only hig Elementary/Secondary (0-12)				(Give kind of a	vork done du se retired.)	uring mo	st of working	ng		e soser				
COMPLETED	arementary (0-12)		College (1-4 or 5 +	'		SABILITY									
Z															
8	17. FATHER'S NAME (First, Middle							18. MOTI	HER'S NA	ME (First, Midd	le, Meiden	Surname)			
BE	WILLIAM GII	MORE	, SR.					IOU	JISE	FREDE	RTCK				
	19e. INFORMANT'S NAME (Type/				19b. MAH INO	ADDRESS	(Street -			Route Number, (		- 0:	. 0. :		
2															
	LOUISE GII				2405	TERF	RA F	IRMA	ROA	D, BAI	OL.	MD.	2122	25	
	20e, METHOD OF DISPOSITION 1 → Buriel 2 □ Cremetion		uml fanos Cana	20b. PLA	CEANDDATE	OF DISPOSIT	ION (Na	me of		DATE			City or To		
	4 Donation 5 Other (Spe	ecify)	real from State	CAD	RSION	HODEC	יז יוף:	TEVIT		1/2				MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND A									13	CAATI	AGD TA	مست	, MD.	
		1	1 1								TT-7 ~	770	600		
	XRADAR	6 1	· Vin	0/						ISS FUN					
	23. PART I. Enter the disee	ses or c	omplications that	coursed the	dooth Do		44.4	WES	T MC	RTH A	Fig. 1	SALIT	), [V]	2121 Approx	
N	Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Due to (or as a consequence of):  Sequentielly liet conditions,														
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST														
<b>5</b>															
EDICAL	PART II. Other significant of	conditions	s contributing to	death but no	ot resulting i	n the und	erlying	ceuse g	jiven in i		PERFOR	MED?	24b.	WERE AUTOPS AVAILABLE PRI COMPLETION ( OF DEATH?	IOR TO
Σ										,				1 7 YES 2	□ NO
										_				/	- 115
₹	25. WAS CASE REFERRED TO ME	EDICAL T					20 0	10F 0F F	FATAL OL						
PHYSICIAN:	EXAMINER?	-	HOSPITAL:			OTHER:	26. PL	ALE OF DE	EATH (Che	ck only one)					
2	1 X YES 2 NO		1 🗆 Inpatient 2 🗆	ER/Outpetlen	3 DOA		ng Home	5 X Re	sidence	6 🗆 Other (Sp	ecify)				
=	27. MANNER OF DEATH		26e. DATE OF		28b. T/M	OF 2	8c. INJU	JRY AT		26d. DESCRI	BE HOW IN	JURY OC	CURED		
	1 Natural 5 Pend		(Month, Da		INJI	OP <sup>M</sup>	t Y		NO	2017.1225-					
	2 Deviate	stigation	280 BLACE OF	1991	14:51	JP I		7	2	Subje		shot			
3	3 Suicide 8 Coul 4 Homicide deter	ld not be rmined	28e. PLACE OF building, e	itc. (Specify)	nome, term, s	treet, factor	y, office			28t. LOCATIO City or To	N (Street as	nd Number	or Rurai A	loute Number,	
	2		At	home					k	2303 T		a Fi	20 100 0	D d A -	n + /. D
] [	290. CERTIFIER 1 CERTIFYII	NG PHYSIC			doeth	d at the 11					EIF	d F.I.	Luia.	AU AI	pt.4B
COMPLEIED	(Check only one) 2 X MEDICAL	EVALUACE	NAN: To the best of r	, kirowieage,	, water occurre	a at the tim	e, cate	end place,	end due	to the ceuse(e	and man	ner se atal	led.		
3	Z [ A MEDICAL	CAAMINER	: On the basis of ex	emination end.	or investigation	n, In my opi	nion, de	ath occur	ed at the t	time, data and	place, end	due to th	e ceuse(e)	end manner e	ee stated.
	296. SIGNATURE AND TITLE OF								NSE NUM		T				
	1000	5 7	$\sim$					TAN PICE	NUM	o En	- 1	290. DAT	c arGNED	(Month, Day, Ye	10/)
2 ⊪		/	M					0.0	C.M.	Ε.		1	2 28	1991	1
-	30. NAME AND ADDRESS OF PER	MEON WHO	SOMPLETED CAUSE	E OF DEATH (	TEM 27) (Type,	Print)									
	31. DATE FILED (Month, Day, Year)	20	32 REGISTRAS	'S SIGNATUR	III P	enn S	Str	eet	Ва	ltim	ore	Mar	vlar	nd 212	201
3.0	IAN 31	1992	32 REGISTRAS	il.	Andelle										

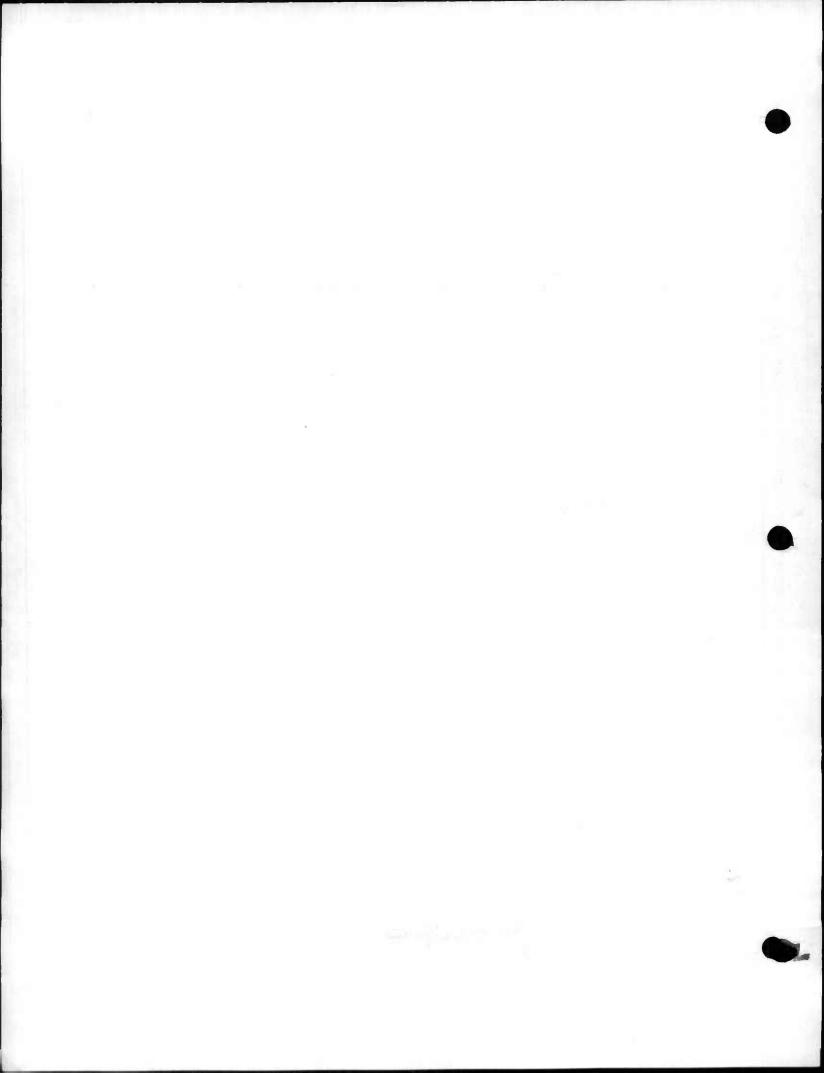
The street

The second of th

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Donald		GREVE		2. DATE OF DEATH	^ 199°	3. TIME OF DEATH 5:30 A		
	4. SOCIAL SECURITY NUMBER  721 -16-6193 9a. FACILITY NAME (If not institution, give s	1 M 2 F	55 YAS.	IF UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN (	IF UNDER 24 HRS, HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Dey, Year) MArch 19		BIRTHPLACE (State or Foreign Country)  Minnisota  OF DEATH		
CTOR	Franklin Squ	are Hospita	1		Rossvil	le	Balt	imore		
DIRECTOR		altimore	10c. CITY	TOWN OR LOCAT	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	5 Nichol Cou	rt		101	USA					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO ES	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yan, Puarto Rican, atc.)	n or No 14.	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a, DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo	ON st of working	U.S.	ARMY			
	17. FATHER'S NAME (First, Middle, Last) Herman Greve				18. MOTHER'S NAI	ME (First, Middle, Maiden  O Benja				
TO BE	19a. INFORMANT'S NAME (Type/Print) Bette Greve					Route Number, City or Tow	n, State, Zip Cod			
	4933 Betsy Drive Columbas Ohio 4322  20e. METHOD OF DISPOSITION  1 Denution 8 Other (Specify)  401 Denution 8 Other (Specify)  401 Other (Specify)  403 Betsy Drive Columbas Ohio 4322  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  403 Betsy Drive Columbas Ohio 4322  20c. LOCATION — City or Town, State  401 Denution 8 Other (Specify)  403 Betsy Drive Columbas Ohio 4322									
	21. SIGNATURE OF FUNERAL SERVICE LIC	Eunual L	lone)	22. NAME AN	ID ADDRESS OF FAC	CILITY		ceAve.21221		
	23. PART i. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition presulting in death)  Due To (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
1.0	PART II. Other aignificent condition	f								
PHYSICIAN: MEDICAL		continuiting to death but	not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	₩OSPITAL:	ient 3 DOA	OTHER:	ACE OF DEATH (Che					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU RY WOI 1 Y	Nursing Home 5   Rasidenca 8   Other (Specify)  28c. INJURY AT WORK?  1   YES 2   NO					
ETED	3 Suicide 8 Could not be datarminad	28s. PLACE OF INJURY — building, atc. (Specify	- At home, farm, str	reet, factory, offica		281. LOCATION (Street a City or Town, State)	and Number or R	tural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowled R: On the basis of examination a	iga, death occurred and/or investigation.	et the time, date , in my opinion, de	and place, and dua	to the cause(a) and mar time, data and place, an	ner as stated.	use(a) and menner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	hua			29c. LICENSE NUM D38358			GNED (Month, Day, Year) 31 1991		
	Thrahim Bshara,  31. DATE FILED (Month, Day, 19ar)  1 A N U J 1997		klin Sq		, Balto	o., MD 21	237			



1 - STA		STATE OF MA	RYLAND / DE	PARTMENT TIFICATI	OF HEALTH A	ND MENT	AL HYGIEN				
	DONA 1d	Henson	(EDWARD)	HENSO	N	2. DAT	Z 30	-	YEAR	3. TIME OF DEATH	
216	-42-9209 ITY NAME (If not institution, give si	1 🛛 M 2 🗆 F	AGE (In yrs. last birt	PRS. MONTHS	DAYS HOURS	MIN. (Mo	e OF BIRTH oth, Day, Year) -7-43		Countr	MD	
	3542 Pelham Avenue Baltimore										
10e. STAT	MD 106. COUNTY		10	Balti	TOWN OR LOCATION 10d. INST						
354	542 PELHAM AVE.				101. ZIP CODE 21213				U.S.	YHAT COUNTRY?	
3 📜 Wid	AL STATUS  Pr Married 2  Married  pwed 4  Divorced	12. WAS DECEOENT E FORCES? 1  IF YES, GIVE WAR	YES 2 X NO		WAS DECENDENT OF I	Maxican, Puarte	ilN? (Specify Yea o Rican, etc.)	or No—	Black	- American Indian, t, White, atc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  DISABLED  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  DISABLED											
NC	R'S NAME (First, Middle, Last)  AH HENSON				AL DOR	A JEFF			(me)  12 2 3 5 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 2 3 2 3 2 2 3 2 2 3 2 2 3 2		
JUL	JULIA HENSON  198. MAILING ADDRESS (Street and Number of Rural Route Number City or Town, State 3542 PELHAM AVE./BALTIMORE, MD 21213										
1 X Burte 4 Done	20b. PLACE AND DATE OF DISPOSITION 1 XI Burial 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of CATON SVILLE, MD)  20c. LOCATION — City of Town, State CATON SVILLE, MD										
•	Glados	Wan			MARCH FUN 1101 E. N	ERAL H ORTH A	VENUE				
IMMEDIA disease resulting Sequent if any, ie cause. E CAUSE ( that Initi										Interval Between Onset and Death 3 weeks	
PART II.	Other significent conditions	contributing to de	ath but not resul	ting in the un	derlying cause give	en in Part I.	24a. WAS AN PERFORE	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
EXAMI 1   Y	ES 2 NO	HOSPITAL:		OTHER	. IV	N (Check only o					
1 Nu		28e. DATE OF tNJ (Month, Day, )	(bar)	N. TIME OF INJURY	28c. INJURY AT WORK?	.	SCRIBE NOW IN	JURY OCCI	URED		
3   St	o Codid not be	28a. PLACE OF IN building, atc.	JURY At home, for (Specify)	arm, streat, facto	ery, office	28f. LO	CATION (Street as or Town, State)	nd Number o	or Rural Ro	oute Number,	
29a. CERTI (Check one)	only TERTIFYING PHYSIC	IAN: To the beat of my	knowladge, death or instion and/or invest	coursed at the ti-	me, data and place, en	d due to the ca	use(a) and mani e and pleca, end	ner as state	d. cause(s)	and manner as stated.	
	TURE AND TITLE OF CERTIFIER	Munde	(		29c LICENSI 29c		,			Month, Day, Year)	
	Linda Mil	COMPLETED CAUSE OF	OF OEATH (ITEM 27)	(Type, Print)	PRINS 7	40597-	TAL		1		
31, OATE F	1992	32/MEGISTINGOUS	Hesselmen Artic	<b>U</b>		V					



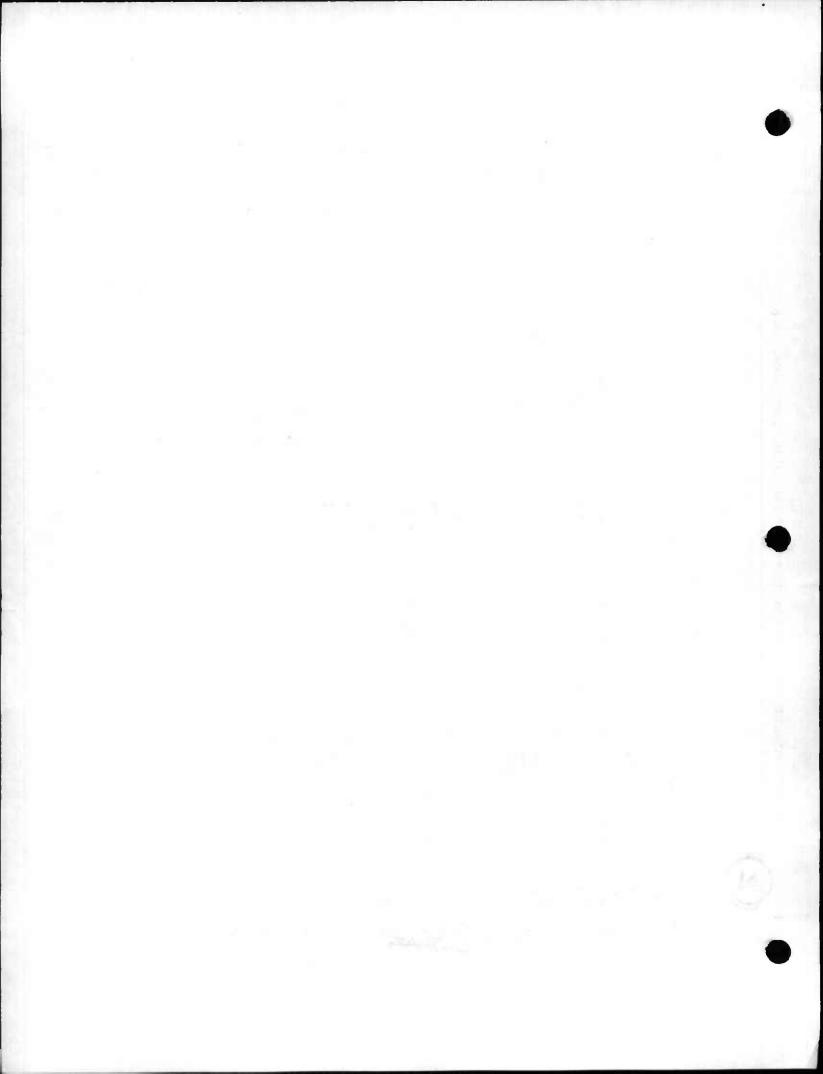
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	s 1, 2, 3 should		
VSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending physician.	i armificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the Pstate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
eath certificate be execute	attending physician and co	ttal Hygiene prior to burial	y, or other traumatic
he law requires that the d	e has been signed by the	te Dept. of Health and Mer	m 23 shows any injur
ATTENDING PHYSICIAN: 1	ECTOR: After this certificat	s after death with the Star	1 28 is marked, or ite
THE HOSPITAL OF	TO THE FUNERAL DIR.	be and within 72 hour	IMPORTANT: If then

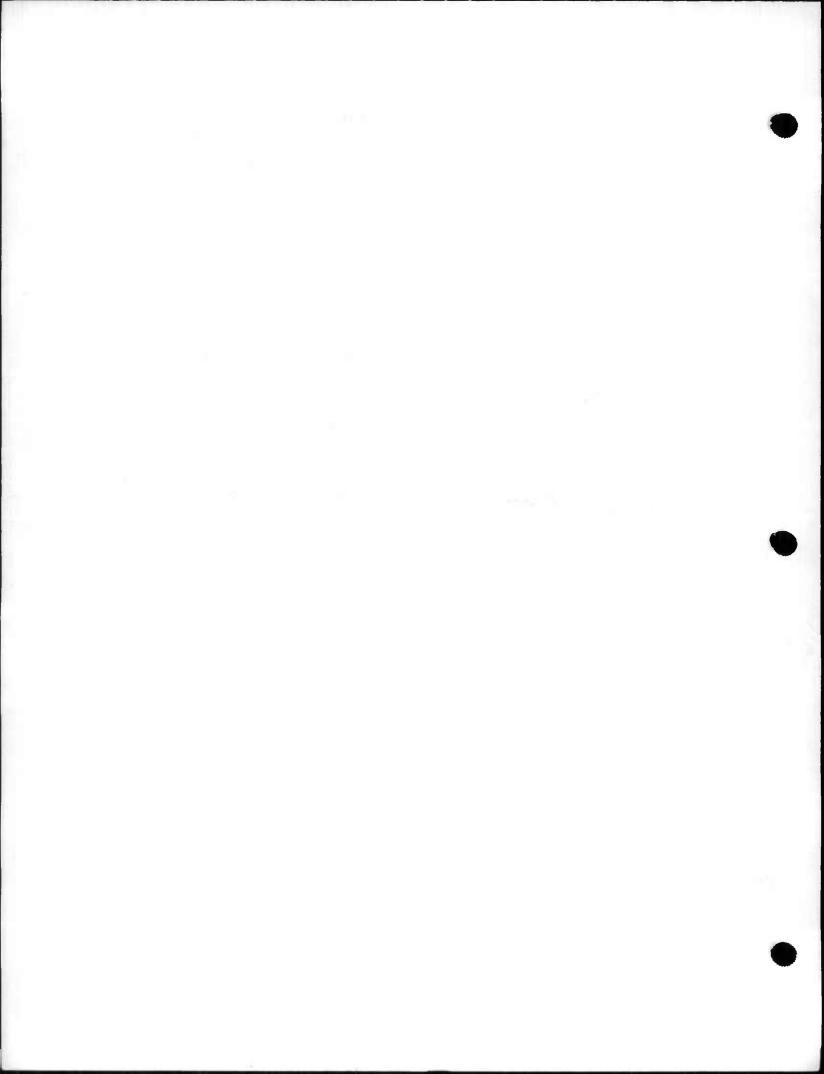
1 - STAT	TE ISTRAR	STATE OF MARYLANI	) / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.							
1. DECEDE	NT'S NAME (First, Middle, Last)	M- HOW			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH						
4. SOCIAL	SECURITY NUMBER	5. SEX 6. AGE (In yrs	( last birthdey) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)						
	TY NAME (If not institution, give		3	TOWN OR LOCATION OF D	EATH 9c	COUNTY OF DEATH						
	NCE OF DECEDENT	1- CENIEK		MUTIMO	26							
10s. STATE	hD 106. COUNT	ALT MORE	- 10c. CITY, TOWN O	N BURN	IE	10d. INSIDE CITY LIMITS? 1 YES 2						
100. STREE	EVAL	ns Street		10f. ZIP CODE	60	g. CITIZEN OF WHAT COUNTRY?						
3 Wido	NL STATUS  r Married 2 Married  wed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	THO I	NAS DECENDENT OF HISPA I yee, specify Cuban, Mexico YES 2 PRO Specific		14. RACE — American Indian, Black, White, etc. Specify: Black						
Elemen	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secendary (0-12)  Coffee (1-4 or 5 +)  166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use patiend.)  TO THE CONTROL OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use patiend.)											
Ö n	A'S NAME (First, Middle, Last)	hidains	RWCK	18. MOTHER'S NA	AME (First . Middle, Maideny Gurn	emen is head						
19a, INFOR	MANT SHAME (Type/Print)	nunga	19b. MAILING ADDRESS	(Street and Number or Rules	podia/Number, City,or Jown, Sti	ch Zip Oods 2106,0						
20a. MEZH 1 Duria	OD OF DISPOSITION		ACE ANO OATE OF OISPO		OATE 20c. LOCATI	ON City or Town, State						
	TURE OF FUNERAL SERVICE L	ICENSEE	22.1	NAME AND ADDRESS OF FA	WILITY	HRUNDET (0.7 Ma						
22 2477	kend	complications that caused the	- W	m.C. MAR	ch F/H 110	OIE. North Ave.						
IMMEDIA disease		a. DESTIME	nted In	travascul	en Caqu	Interval Between Onset and Death						
if any, le ceuse. E CAUSE () that initial	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PART II.	Other significant condition	ons contributing to death but r	not resulting in the un	derlying cause given in	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	O? AMAILABLE PRIOR TO						
	ASE REFERRED TO MEDICAL		1	26. PLACE OF DEATH (C	heck only one)							
EXAMI	YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpaties 28e. DATE OF INJURY	other 1 3 DOA 4 Num	sing Home 5 - Residence								
1 No	etural 5 Pending	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJU	HY OCCURED						
	O Oodia not be	28e. PLACE OF INJURY — j building, etc. (Specify)	At home, farm, street, fact	ory, office	281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,						
	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											
296, SIGN/	ATURE AND TITLE OF CERTIFI	· Ceca	J,M.D	29c LICENSE NU	29 3 1	d. DATE SIGNEO (Month, Gay, Year)						
30. NAME	RRY L. CO	HO COMPLETED CAUSE OF DEATH	PROP Ho	R.P. CEN	TER Bal	5. Harriour St.						
31. DATE F	JAN 0 3 199	2 32 REGISTHAR'S SIGNATU	ne and all									

some in section 25° H H 35° AND THE HEAR STATE CALLS AND A STATE OF THE 3/ /3 along the . . . . . . . . . .

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTI	H AND ME	NTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  William H	0-94-94	GROVE			DATE OF DEATH DO NONTH DO 2/ 29		3. TIME OF DEATH  4:10 A		
	4. SOCIAL SECURITY NUMBER 226-12-8033  9a. FACILITY NAME (If not institution, give at	1 X M 2   F	70 YRS. M	F UNDER 1 YEAR IF UND DAYS HOURS b. CITY, TOWN OR LOCA	MIN.	DATE OF BIRTH (Month, Day, Year)  11/21/21		BIRTHPLACE (State or Foreign Country)  Va.		
DIRECTOR	Franklin Squar		Balti	more County						
	Md.			timore,	City		10d. INSIDE CITY LIMITS? 1			
FUNERAL	10e. STREET AND NUMBER         10f. ZIP CODE         10g. CITIZEN OF WI           2000 Odell Avenue Apt-810         21234         U.S.A.									
B	11. MARITAL STATUS 1 Never Married XX Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 VINO ATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— If yes, specify Cuben, Mexican, Puarto Rican, etc.)  1 YES 2 NO Specify:  Black						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor We. Do NOT use i	k done during most of worl	king	16b. KIND OF BUS				
	17. FATHER'S NAME (First, Middle, Last)		1a, MO	THER'S NAME (	LConstru First, Middle, Maiden		Laborer			
TO BE	David Hargrov		19b. MAILING AL	DDRESS (Street and Numb	Mary er or Rural Route	Mackli Number, City or Town		de)		
	Sharon Hargre 20s, METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Remo	oval from State 20b	. PLACE AND DATE OF I	plecel				or Town, Stata		
	4 Donation 5 Other (Specify)	ENSEE V	oshell Mer	22. NAME AND ADDR	ESS OF FACILIT	TY	timore	)1 E. North Av		
CERTIFICATION	23. PART I. Enter the diseases, of complications that caused the death Do not enter the mode of dying, such as cardiec or reepiratory arrest, abock, or heart failure. List only one cause on each line.    IMMEDIATE CAUSE (Final disease or condition reculting in death)									
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions Gastrointes	contributing to deeth b	ut not resulting in	he underlying cause	given in Part	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO	POSPITAL: 1 Inpution 2 ER/Outp.		28. PLACE OF STHER:  Nursing Home 5   R	DEATH (Check o					
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT	280	J. DESCRIBE HOW IN	IJURY OCCURE	ED		
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— Al home, farm, stre	et, factory, office  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	2 MEDICAL EXAMINER	IAN: To the best of my knowl	edge, death occurred a and/or investigation, i	t the time, date and place n my opinion, death occu	e, and due to it	ne cause(s) and man , data and place, and	ner sa stated. I due to the ca	use(s) and manner as stated.		
TO BE		casus			ENSE NUMBER	NSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO Dr. Sandra Phocas 31. Date Fileo (Month, Day, Year)	MD. 9000 Fra	nklin Sau	are Drive	Baltime	ore Mary	and 21	1237		
	JAN 0 3 1992	32. BEGISTRAB'S SIGNA	1- Pendell							



	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGII		71 00004			
		CHARLES NAM	EDWARD	HANNA	M	7	- 91	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  068-07-3523  9a. EACILITY NAME (If not Institution, give s	1 10 An 2 - 8	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 5/9/190	2 1	Country) Montserrately UEST Indies			
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Catonsville  RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY Flordia	1		own or Locat	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL I	100. STREET AND NUMBER 616 Broad Aver	nue	1100		. ZIP CODE	3940	10g. CITIZE	N OF WHAT COUNTRY? USA			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, ap-		NIC ORIGIN? (Specify in, Puarto Rican, atc.) y:		4. RACE — American Indian, Black, Whita, stc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY done during most of working							
COMF	12 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)				
BE	Richard Hannam 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street a		Gertrude Route Number, City or					
9	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Beatrice Eney  Daughter 655 W. Baltimore St, Balto, MD 21201										
	20s. METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State other place)										
	21. NAME AND ADDRESS OF FACILITY State Anatomy board    Description   12//31/91   655 W. Baltimore St., Balto., MD   21201    23. Part I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardisc or respiratory street,   Approximate										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant condition		out not resulting in	tha underlyin	g cause given in	PER	AN AUTOPSY FORMED? S 2 1/NO	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C)	neck only one)					
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA 4			8 Other (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C INJUR	Y WO	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HO	W INJURY OCCU	JRED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, stre	et, factory, offic	a -	281. LOCATION (Str City or Town, S	l (Street and Number or Rural Route Number, rn, State)				
COMPLET	Check only	ICIAN: To the best of my know ER: On the beste of examination						d. cause(a) and manner as stated.			
BE CO	290 SIGNATURE AND TITLE OF CONTINUE		5		29c. LICENSE NU	MBER	29d, OATE	SIGNED (Month, Day, Year)			
TO	30. NAME AND ADDRESS OF PERSON WITH LAURENCE R. GA.	10 COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr STAGNES ME	ini) ED CTR. h							
	JAN 3 1992	32. REGISTRAR'S SIGN	NATURE	- 7			(				



	/ 8 3 3 ~ 0 3 3  FOR STATE REGISTRAR  1. DECEDENT'S NAME (First,		STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH DEA	AND I		REG. NO	-	)	36385	
	E DWARD	Middle, Last)	JEROM	E	F	HICK	MAN	JR	•	2. DAT MON			YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE	E OF BIRTH oth, Day, Year)	R DISTARILACE (State		7:09 P.M  PLACE (State or Foreign  Maryland	
	90. FACILITY NAME (If not in:	stitution, give s	2.2	22		9b. CIT	r, TOWN C	R LOCAT	ION OF DE	Apr	. 19.	969	Che	VELLY	
OR O	PRINCE GEORGES HOSPIT			AL			EVE						RINCE GEORGES		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY				10c. Cf1	e. CITY, TOWN OR LOCATION 10					10d. INSIDE CITY				
	Maryland 100. STREET AND NUMBER	Prin	ice Georg	e's	Upr	oer N	223.5					LIMITS?  1 YES 2 NO			
FUNERAL	34 Laughtor	Stree	et					207						States	
5	11. MARITAL STATUS  1 X Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (	OF HISPAN	IIC ORIGI	N? (Specify Yee Rican, etc.)	or No-	14. RACE	- American Indian,	
BY	3 Widowed 4 Divor		IF YES, GIVE W				1 TES	2 X NO	Specify		rican, etc.)		Speci	fy:	
8		OENT'S EDUC		18a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16	b. KIND OF BUS	BINESS/INC		lack	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)					ail			ng		Priva	te			
	17. FATHER'S NAME (First, Mi								HER'S NA	ME (First,	Middle, Maiden				
BE	Edward Jerome Hickman  190. INFORMANT'S NAME (DODEP): (Date of the control of the														
2	19a. INFORMANT'S NAME (Type/Print)  Blanche Chaplin  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  34 Laughton Street, Largo, Maryland 20772														
	20a. METHOD OF DISPOSITION  1  Burlal 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemeletry, crematory or other place)  20c. LOCATION — City or Town, State														
	4 Donetion 5 Other	Specify)		Linco	In Me	emori	ial (	Cemet	tery	1/6/	92 Sui	tlan	d. M	aryland	
	STEWART FUNERAL HOME, Inc.														
	youn	1	Meuran	111	1	4	001	Beni	ning	Road	l. N. E.	. Wasi	hing	ton, DC 2001	
	23. PART I. Enter the disabook, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)	ert ramura. I	MULTI	se on each line.	SHOT	Woo		a or dy	ing, auci	n aa car	diac or reapi	ratory em	rest,	Approximate interval Between Onset end Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.														
. 1	PART II. Other significan	t condition	contributing to	death but not re	suiting	in tha un	deriying	cause (	jiven in i	Pert i.	24s. WAS AN	NUTOPSY	24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL											PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
×	-									_				1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO	MEOICAL					26 DI	CE OF D	EATH (Che	ad					
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num	₹:		sidenca :						
Ē	27. MANNER OF DEATH		28a. DATE OF (Month, Da	INJURY	28b. TiM	-	28c. INJU	RY AT			SCRIBE HOW IN	JURY OCC	URED		
B	- Locideria	ending westigation	12-3	1-1991		М	1 🗌 Y		NO (	SUB.	JECT S	нот			
		ould not be etermined	28s. PLACE Of building,	F INJURY — At honate. (Specify)						28f. LOC City	ATION (Street ar or Town, State)	nd Number	or Rurel R	oute Number,	
9	29a. CERTIFIER 1 CERTIF	FYING PHYSIC	TAN: To the heat of	ON		REET		eral Mar		The O	47				
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and									and manner ea stated.					
BEC	29b. SIGNATURE AND TITLE														
1 P	Nonalel & U	Migh	+ MD				O.C.M.E.					d. DATE SIGNEO (Month, Day, Year)  1 → 1 → 1 9 9 2			
	30. NAME AND ADDRESS OF DONALD G. WR			E OF DEATH (ITEM			IN S	TRE	ET 1	BALT	CIMORE	MA	RYLA	ND 21201	
1	31. DATE FILED (Month) Day Ye	1992	32. REGISTRAI	's signatupe no								-	-		

2 (2)

u effect of the second of the

FOR

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIEN		00000			
	1. DECEDENT'S NAME (First, Middle, Last) ADOLPHUS	WALT	ER .	HY50N, II	2 DATE OF DEATH	1991	3. TIME OF DEATH  10:00 A M			
	4. SOCIAL SECURITY NUMBER 577-09-9664	1842 F 7		F UNDER 1 YEAR IF UNDER 24 HRS.  MYTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Monthy Day, Year)	9/6 Vir	HPLACE (State or Foreign try) ginia			
TOR	9a. FACILITY NAME (If not institution, give s 9530 Knight C		9	Upper Marlb	EATN	9c. COUNTY OF				
DIRECTOR		nce George		own on Location per Marlboro		10d. INSIDE CITY LIMITS?  1 YES 2 X NO				
FUNERAL	9530 Knight			101. ZIP CODE 20772	States					
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	U.S. ARMED 2 NO ATES 22/46	13. WAS DECENDENT OF NISPAI If yes, specify Cubert, Maxico 1 YES 2 XNO Specif	n, Puerto Ricen, etc.)	s or No— 14. RAC Blac Spec	E — American Indian, ik, White, etc. sity: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		done during most of working billied.)	16b. KIND OF BUS	SINESS/INDUSTRY	Black			
OM	17. FATNER'S NAME (First, Middle, Last)		Snippi	ng Clerk	ME (First, Middle, Melden	vate				
BE C	Adolphus W.	Hyson. Sr			dela Jac					
0 B	19e. INFORMANT'S NAME (Type/Print)	750, 52		DRESS (Street end Number or Rural	Route Number, City or Tow	n, State, Zip Code)				
F	Deborah Hyson		9530	Knight Ct.	Upper Ma	arlboro	MD			
	Deborah Hyson  20e, METNOD OF DISPOSITION 1 GABurdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  All Ington National Cemetery Arlington, VA.									
	4 Donation 5 Other (Specify)	CENSEE AL	ar ring co.	NATIONAL C	emetery	Arling	ton, VA.			
	> leam.	thurst	TIT	Stewart funeral Home 4001 Benning Rd., N.E. Wash. D.C.						
CERTIFICATION	23. PARY I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, above, or heert feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease of condition resulting in death)  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY PERFORMED?   1 YES 2 NO OF DEATH?   1 YES 2 NO									
PHYSICIAN:	25. WAS CASE BEFERRED TO MEDICAL			26. PLACE OF DEATH (CH	ick anly one)					
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpa		THER:  Nursing Home 5 Residence						
BY PH	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJURY AT	26d. DESCRIBE HOW IN	JURY OCCURED				
	3 Suicida 6 Could not be detarmined 26e. PLACE OF INJURY — At home, larm, streel, factory, offica building, atc. (Specify) 26e. PLACE OF INJURY — At home, larm, streel, factory, offica City or Town, State) 26i. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSH	CIAN: To the best of my knowle R: On the beels of examination	edge, death occurred a	t the lime, date end place, end dua i my opinion, death occurad at the	to the cause(e) end men	ner ae atated.	) end menner es stated.			
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		29d. DATE SIGNED	(Month, Day, Year)			
0	Whenha	ue mi)		1128	79	Alex	26 1991			
	30. NAME AND ADDRESS OF PERSON WHO	m. D. 10%	01 110	FTON DR	LARGE	(in)	20772			
	JAN 015 1992	32. REGISTRAR'S SIGNA	andell	1						

Account of the second of the s

mr. Janut. I adel

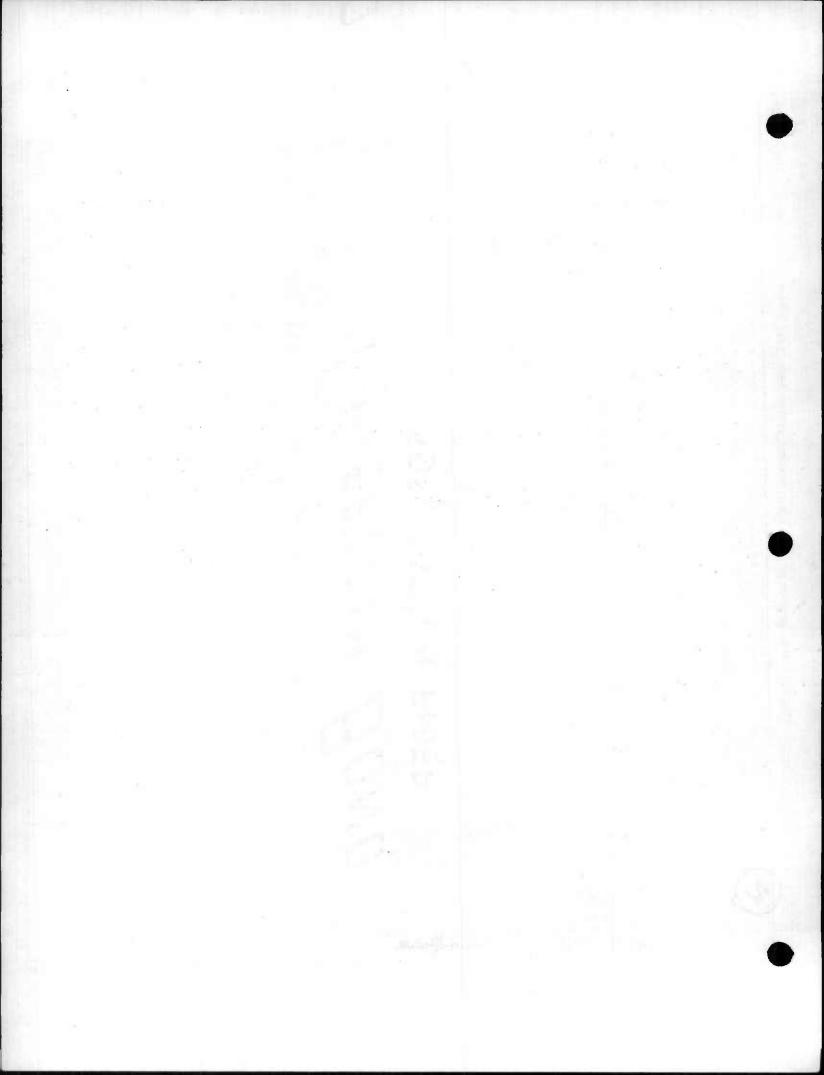
4 --- 1-4---

OPPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	The following and death with the State Dept. Or regard and wenter the product of the medical examiner must be notified at once.
DEPITAL	MERAL C	WE H H
-	_	-

REGISTRAR			MARYLAND /		ICATE				REG. NO		1 0	0001
1. DECEDENT'S NAME (FI	rst, Middle, Lest) Lry C. Hog	7110									PAR	TIME OF DEATH
4. SOCIAL SECURITY NU		SEX	6. AGE (In yrs. lesi	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	12 3	-	BIRTNPLA	2:00 p M
410-64-45	82	□ M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 7 12 09		Country)	
9a. FACILITY NAME (# no	t Institution, give street	and number)			9b. CITY	, TOWN O	A LOCATIO	ON OF DE			Y OF DEATH	
Sacred Hea	rt Home,	ne, Inc.					tsvi	11e		Pr. C	Geo's	. Co.
10e. STATE	10b. COUNTY			10c. CIT	TY, TOWN C	R LOCAT	ION				10d	. INSIDE CITY LIMITS?
Sacred Hears RESIDENCE OF DITE 100. STATE  Maryland  100. STREET AND NUMBE 5805 Queen  11. MARITAL STATUS		Geo's.			Hyat	_	Ille	F		10a CITIZE		YES 2 NO
5805 Queen		Road	L					20782	2	log. of the	USA	
11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 🔀 D	Married		TEVER IN U.S. ARI YES 2 X N WAR OR DATES			If yes, spe		n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	en or No— 1	Black, Wi	
15. D (Specify Elementary/Secondary 17. FATHER'S NAME (First	ECEDENT'S EDUCATION IN highest grade com	ON pleted) ollage (1-4 or 5	(Gi	ive kind of	USUAL Of work done se retired.)	CCUPATIO	DN st of workin	ng	16b. KIND OF BU	JSINESS/INDUS	Negr	0
		5+	Ret	ired	Tea	cher			Priv			
	Middle, Last) Cesna Ho	ogue							ME (First, Middle, Maide der Wims	n Surname)		
19m, INFORMANT'S NAME		Ü	190	b. MAILING	G ADDRESS	S (Street a	nd Number	or Rural F	Route Number, City or To	wn, State, Zip C	ode)	
Clarence		ms. Sr	. 50	01 W	heel	er R	oad,	0x0	n Hill, Ma	arylan	d 20	745
20s. METHOD OF DISPOS 1 St Buriel 2 Creme	rtion 3 🗌 Removal	from State	20b. PLACE other pla	ece)				natory or		OCATION - CI	- Control of the Cont	
4 Donation 5 Dtl		685,	- Ft. L	inco			ery D ADDRE	SS OF FA		ntwood	, Mar	yland
John	n Ti	Lewo	nt II						AL HOME, Road, N.		hingt	on, D. C.
23. PART I. Enter the shock, or IMMEDIATE CAUSE ( disease or condition resulting in death)	r heert fellure. Liat Final	only one cer	andio	).	,					piretory arres	st,	Approximete Interval Between Oneet and Death
Sequentielly list con- if eny, leeding to im- cause. Enter UNDER CAUSE (Disease or i- that initiated events resulting in death) L	nediate LYING njury c	DUE TO	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	DUENCE C	)F):	cr	ac	eid	ent			
PART II. Other signif		elli tr		resulting	In the ur	nderlying	g cause	given in		N AUTOPSY ORMED?	AWA COI OF	RE AUTOPSY FINDINGS JILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED EXAMINER?		OSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)			
1 VES 2 0			ER/Outpetient 3		4 Nor	sing Nom		esidence	8 Other (Specify)		250	
27. MANNER OF BEATH  1 Chatural 5  2 Accident	Pending Investigation	(Month, L		25b. Til	JURY M		PK?	NO	28d. DESCRIBE HOW	INJURY OCCU	IRED	
9 Pudalda	Could not be determined	28e. PLACE ( building	OF INJURY — At ho , atc. (Specify)	ma, farm,	street, fec	tory, offic	•		26f. LOCATION (Street City or Town, State	t and Number o	r Rural Route	Number,
one)									time, date and place, a			d manner as stated.
29b. SIGNATURE AND THE	TLE OF CERTIFIER	~						ENSE NUI	MBER >934	29d. DATE	SIGNED (Mo	onth, Day, Year)

32 ARGUSTHAM'S SIGNATURE PANDER

JAN 0 3 1992

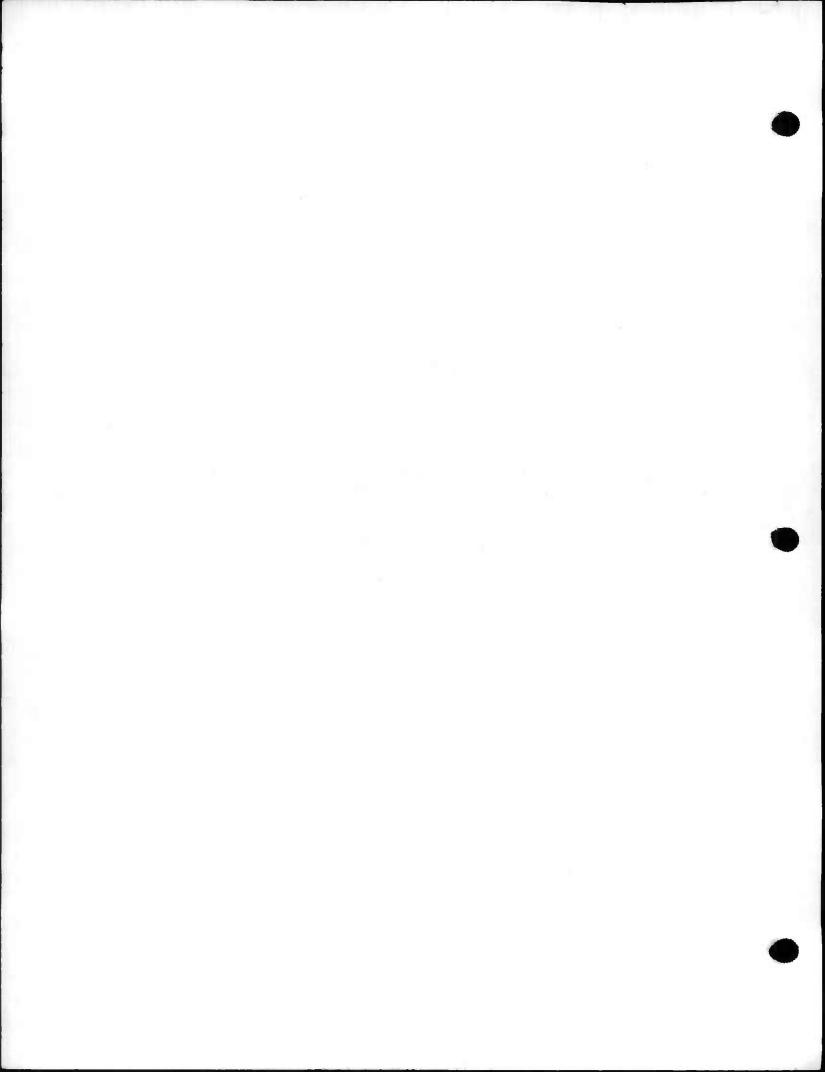


0	
OFCITO	
AT DIDE	
INEDA	
DV E	
ETED	
ä	
TO BE COM	
L	
NOIL	)
PEDTIEICA	
DICAL	1
C	1

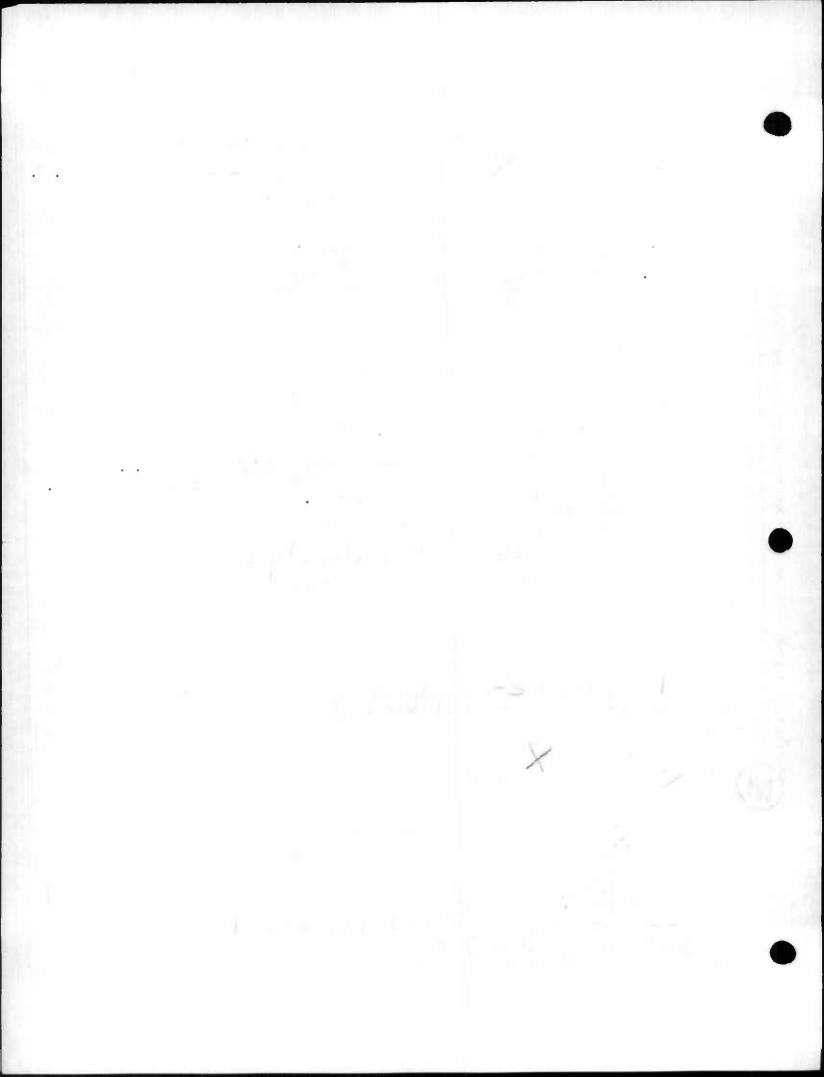
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										0.1	36388
	FOR STATE REGISTRAR	STATE OF MA				F HEALTH OF DEAT		ENTAL HYGIENI REG. NO.	E	J !	00000
ŀ	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	γ ,	VEAR	TIME OF DEATH
ĺ	George	Alto	n		lines			Eceniba		71 4	LI OO AMM
1	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. le	st birthday)	IF UNDER 1 YI		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	. BIRTHPLA Country)	CE (State or Foreign
ı	215-18-7244	1 🔀 M 2 🗆 F	68	YRS.	MONTHS DA	NYS HOURS		Feb. 20 1	923		yland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	WN OR LOCATIO				Y OF DEATI	
۾ ا	800 W. Padonia	Rd			Co	ckeysv	illo		Pal	ltimor	
DIRECTOR	RESIDENCE OF DECEDENT	itu.				CKEYSV	me		Dai	Limor	е
ŭ	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION				100	I. INSIDE CITY LIMITS?
<b>=</b>	Maryland Balt	imore			Cockey	sville				1 [	YES 2 X NO
	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	800 W. Padonia	Rd.				21	030		119	SA	
Z I	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN ITS A	DMED	T 42 1486			ORIGIN? (Specify Yea			American Indian,
	1X Never Married 2 Merried	FORCES? 1	YES 2		II ye	s, specify Cubar	n, Mexicen,	Puerto Rican, atc.)	or No-	Black, WI	hite, etc.
וׁ אַ	3 Widowed 4 Divorced	IF YES, GIVE WAT	R OR DATES		1 🗆	YES 2 KNO	Specify:			Specify:	White
	15. DECEDENT'S EDUC	CATION	10a D	ECEDENT'S	USUAL OCCU	DATION		18b. KIND OF BUS	INESS (INDIA)	DTOV	
-	(Specify only highest grade		100. 0	Give kind of a	work done during	ng most of working	g	ISD, KIND OF BOS	HNESS/INDU	SINI	
ן צ	Elementary/Secondary (0-12)	College (1-4 or 5+)									
Ė				arde	ner/C	aretake		Ceme			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAM	E (First, Middle, Maiden	Surname)		
BE	George Thomas I	Hines				Ne	ellie	Olive Pitt	S		
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADORESS (S	reet end Number	or Rural Ro	ute Number, City or Town	n, State, Zip C	(ode)	
2	Robert B. Hines			428	W. P	adonia	Rd.	, Timoni	um. N	/ld. 2	1093
	20a. METHOD OF DISPOSITION			E OF DISPOS		of cemetery, crem			CATION - CI	_	
	1 Buriel 2 Cremellon 3 Remo	val from State	other p	olace)							
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Dona7	d Wade	Dix	22. NAI	ME AND ADDRES	SS OF FACI	LITY CONTROL	מואג ישיו	TOMV	BOARD
	X	Ronal						DIM			
1	Sille /in	wal/	1/2/9	92	655	w. Ba	LULING	ore St, Ba	ILO.M	D 212	01
	23. PART I. Entar the dissesses, or c shock, or heart fellure. I				not anter the	mode of dyl	ng, such	as cardiac or respi	retory arres	st,	Approximata interval Batween
}	IMMEDIATE CAUSE (Final	//	1 (1	/ /			- /				Onset and Daath
- 1	disease Dr condition resulting in death)	Laco	10 9	05h	ralor	NFO	1hr	e			
	resulting in dealing	DUE TO (C	OR AS A CONS	EQUENCE O	F): /	Lux	., .,				
z		Car	1,20		NE	1					
CERTIFICATION	Sequentially list conditions, if any, issding to immediate	DUE TO (C	OR AS A CONS	EOUENCE O	F):	A U Y	7			-	
₹	cause. Enter UNDERLYING										
	CAUSE (Disease or Injury that Initiated eventa	DUE TO (C	OR AS A CONSI	EQUENCE O	F):						
=	resulting in death) LAST										
3		J									
. 1	PART II. Other significant condition	s contributing to d	sath but not	resulting	In the unde	rlying cause g	given in P				RE AUTOPSY FINDINGS
3								PERFOR		co	MPLETION OF CAUSE
ā I								_   1   123 2	2		DEATH?
Ē				_				-		וי	YES 2 NO
ا											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF D	EATH (Chec	k only one)		_	
ō	1 ∏ YES 2 □ NO	1   Inputient 2	ER/Outpatient	3 🗆 DOA		Home 5 1	eldence 8	Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b. TIN	E OF 28	e, INJURY AT WORK?		28d. OESCRIBE HOW I	NJURY OCCU	RED	
	1 Natural 5 Pending	(Month, Day	, rear)	100		YES 2	□ NO				
0	2 C ALLE	28a. PLACE OF	INJURY — At I	home, farm,	street, factory	office		28f. LOCATION (Street is	and Number o	r Rural Route	Number,
3	4 Homicide S Could not be	building, e	tc. (Specify)					City or Town, State)			
COMPLETED	200 CERTIFIER							-			
		CIAN: To the best of n	ny knowledga, o	death occurr	red at the time	, date and place	, end due t	o the cause(a) and mer	nner as stated	d.	
5	one) 2 MEDICAL EXAMINE	R: On the basis of exa	mination end/o	r Investigation	on, in my opin	ion, death occur	red at the ti	me, date and place, an	d due to the	cause(a) an	d menner as stated.
	296, SIGNASORI NO TITLE OF CERTIFIE		_		1	290, 1,101	ENSE NUMI	MER .	29d. DATE	SIGNED (M)	with, Day: Miar)
법	Market	Cor la	,,,,,	1011	es)	12	19	323	1/2	-31-	-91
2	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE	OF DEATH OT	EM 27) (70-	Printi	-/	-/-	- 0	1		210:-
	16. 1. En	/	11.		1100	16/	111		11	-	2120
	CHOYLES FO	ONNE	1//n	1)	Tex	1001 00	7/4	use los	SKOY	e-1-	Altrigory
Í	JAN 3 1992	Suna Javie	S SIGNATURE	400	100	,			-		
1	OUIL & LOOF	0			1 .						



	1 - STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF H	EALTH AND DEATH	MENTAL HYGIEI REG. NO		. 00000
	1. DECEDENT'S NAME (First Middle, Last)  Tetor Jessi	e			A comment	Z \	year 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lesi birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	3	BIRTHPLACE (State or Foreign
	213-34-8877 1 D M 2 1 6	8 YRS.	MONTHS DAYS	HOURS MIN.	8-21-23		Trenton S. C.
· ·	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN O			9c. COUNT	Y OF DEATH
DIRECTOR	University Hospital		Balti	more Cit	ty		
EC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATI	ION			10d. INSIDE CITY
	MD.	Ba	ltimore,	MD.			LIMITS?
AL	104. STREET AND NUMBER			ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	600 W. Lafayette Avenue			21217		US.	A
2	11. MARITAL STATUS  1 Never Merried 2 Merried FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No — 14	I. RACE — American Indian,
ВУ	1 Never Merried 2 Merried FORCES? 1 YE 3 X Wildowed 4 Divorced IF YES, GIVE WAR OR		1 TYES	2 NO Specia	en, Puerto Rican, etc.) fy:		Black, White, atc. Specify:
	15. DECEDENT'S EDUCATION	164 DECEDENT'S	USUAL OCCUPATION	N N	461 8410 05 01		Black
COMPLETED	(Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT us	work done during mos se retired.)	t of working	16b. KIND OF BU	ISINESS/INDUS	STRY
ם	Contract (Carlot St.)		ewife				
ŏ	17. FATHER'S NAME (First, Middle, Last)	11000	CWITC	18. MOTHER'S NA	ME (First, Middle, Meider	Surneme)	
BE (	Eddie Loman				e Mae Lank		
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	AOORESS (Street en	d Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)
-	Veronica Cunningham	600	W. Lafay	ette Ave	enue		
	1 Lightsum 2 Li Cremetion 3 Li Removal from State	0b. PLACE AND DATE					y or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Piney Gro	ve Cemet	ery :	1/6/92 Tre	nton S	.C.
	1 2 2 min of the	e. n.4	22. NAME AND	AODRESS OF FA	сішт <u>у</u> 4600 <u>Г.1</u>	berty 1	Heights Ave.
Table:	se wy U	44			tt and Son		
	23. PART I. Enter the diseases, or complications that caus shock, or heart fellure. List only one cause on	ed tha death. No reech line.	not anter tha mod	la Df dying, suc	h as cerdiac or reep	iratory arres	t, Approximata Intarval Between
	IMMEDIATE CAUSE (Finel disease or condition	1.	1 0	1			Onset and Death
	resulting in death)	rola	linta	5010	20		
-	disease or condition resulting in death)  Sequentially list conditions,  DUE TO (OR AS	CONSEQUENCE OF		Sant			
CERTIFICATION	Sequantially list conditions, If any, leeding to immediate	A CONSEQUENCE OF	F):	1001			
CA	CAUSE (Disease or injury						
E	that initiated events recuiting in deeth) LAST	A CONSEQUENCE OF	F):				
Ä	d						
CAL	PART II. Other eignificent conditions contributing to death	but not reculting i	in the underlying	ceuee given in	Pert I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
2	diabetic Ketoa	cidos			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Gastrointesting	10	eed		1 PYES	W MO	OF DEATH?
ä							TO IES ZANO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF OEATH (Ch	eck only one)		
YSI	1 VES 2 NO Inpatient 2 ER/Ou		OTHER: 4  Nursing Home	5 Residence	6 Other (Specify)		
표	27. MANNER OF DEATH  28a. OATE OF INJURY (Month, Day, Year)		E OF 28c, INJUI		28d. DESCRIBE HOW	NJURY OCCUR	EO
B	2 Accident Investigation			S 2 NO			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJUF building, etc. (Sp.	tY — At home, ferm, s ecify)	treet, factory, office		281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
<u>u</u>	29e. CERTIFIER						
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	wiedge, death occurre	d at the time, date e	nd place, end due	to the cause(e) end mai	nner as stated,	
8		on end/or investigation	n, in my opinion, des	rth occured at the	time, date end plece, er	d due to the c	euse(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	)		29c. LICENSE NUM	MBER	29d. DATE S	GNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (5mg	Print)				6-31-41
	22 S Green St	Baili	- Mn	717	.01		
-	31 DATE FILED (MONT), Day Moor) July 32 HEGISTRAN STORY	MADURA	1711	210			
	JAN 0 9 1992 grad Devices - No						



TO THE HOSPITAL OR ATENDING PAYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the brospital or attending physician.

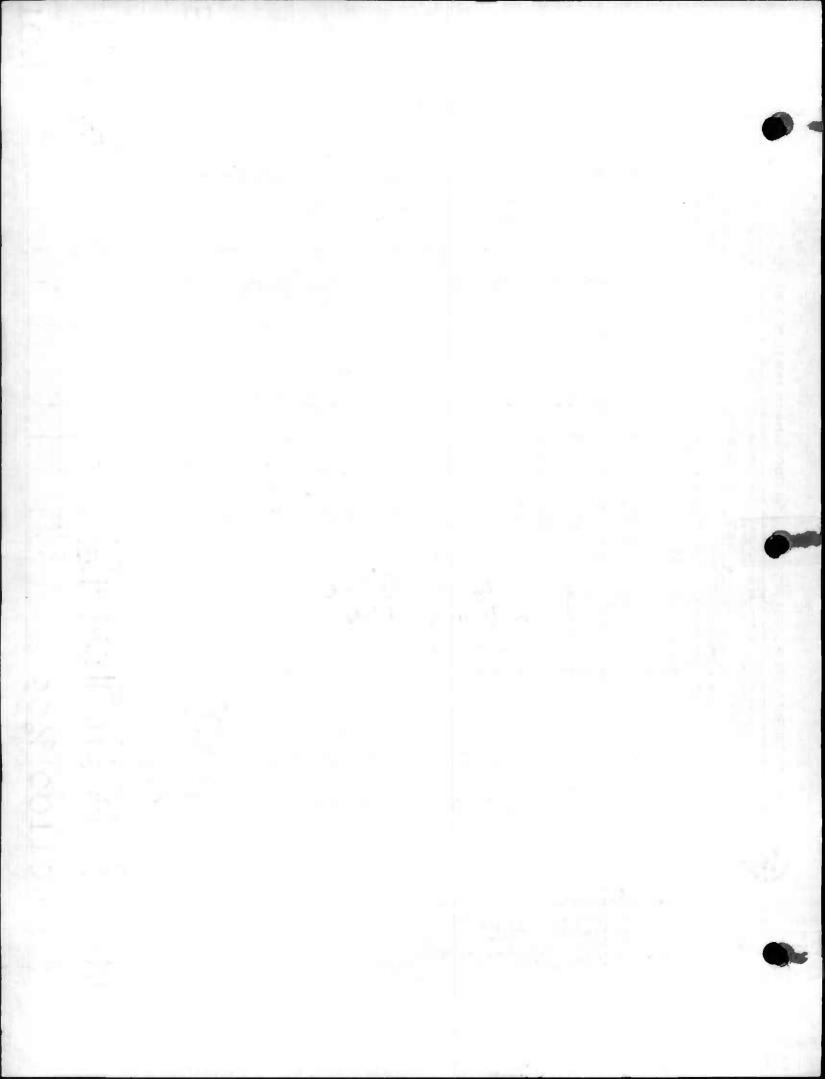
TO THE FUNETAL DIRECTOR After this certificate has been signed by the amending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Days. of Heath and Mental Hygiens prior to hurial, committee in removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examining must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND,	/ DEPAI	RTMEN	F OF H	IEALTH DE A	AND	MENT		IE .		36390
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII	- 01	DLA		2 DAT	REG. NO			3. TIME OF DEATH
	BERNARD  4. SOCIAL SECURITY NUMBER	M .	8. AGE (In yrs. Is	J	ORDA IF UNDE		T =		MON 1	TH D	9 1		6:15 p
	226-54-5472	1 🔀 M 2 🗌 F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	E OF BIRTN oth, Day, Year) 80/1943		Country	PLACE (State or Foreign
~	9a. FACILITY NAME (If not institution, give s				9b. CITY	, TOWN	OR LOCAT	ION OF D	EATN		9c. COU	NTY OF D	
DIRECTOR	PRINCE GEORG		PITAL				RLY				PRI	NCE	GEORGES
DIRE	District of Co				ry, town								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Tumbia		W	ashi		. ZIP COD	E			10a CITI	ZEN OF W	1 YES 2 NO
FUNERAL	172 Uhland Te						20	002					d States
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	X YES 2	RMED NO	13.	WAS DEC	ENDENT (	OF HISPAN	NIC ORIGI	IN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES			1 🗌 YES	2 X NO	Specifi	y:	Trouti, acc.,		Specif	
	15. DECEDENT'S EDUC (5 pecify only highest grade	CATION completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON of worki	na	16	b. KIND OF BU	SINESS/INC		ack
COMPLETED	Elementary/Seco.:dary (0-12)	College (1-4 or 5 d	+)	ehoi	se retired.)			_		Dr	ivat		
	17. FATHER'S NAME (First, Middle, Last)		IWal	EHOI	use	Man	18. MOT	HER'S NA		Middle, Maiden		.e	
BE	Iashia Jordan							Ethe					
5	19a. INFORMANT'S NAME (Type/Print)									nber, City or Tow			
	Edna Jordan							rac	e, :	N.E.	<b>Vash</b>	. D.	C.
	20g, METNOD OF DISPOSITION 1 [XBuriel 2 ] Cremetton 3 ] Reme	oval from State	20b. PLACE cemetery, gre	emetory or o	ther place!				127	2.1	CATION —	City or Tov	vn, State
- 1	4 Donation 5 Other (Specify)	ENGEE D.	Wash	ingt	on Na	atio	nal (	Ceme	tery	Su:	itla	nd,	Maryland
- 1	· Inom	At.	t	-111-						1 Hom		T-7 - 1	h. D.C.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	QUENCE O	n: n:	CAR	Plat	MEC	UL	IR D	ISEA	SE.	Onset and Death
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	s contributing to	death but not r	resulting i	in the un	derlying	cause (	given in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	resources continue		OTHER		ACE OF D	EATH (Che	ick strily or	nej			
Š	1 X YES 2 □ NO 27, MANNER OF DEATH	1 □ Inpatient 2 X		_	4 🗆 Nuns	ing Home	TO PERSONAL PROPERTY.	eldence	f [] Othe	и (Ѕрисіўу)			
À b	1 Natural 1 Pending	28a. DATE OF (Month, Da		INJ	URY M	TRE. INJ.		NO	28d, DE	SCRIBE HOW II	INNIA OCC	UHED	
	2 Accident Investigation 3 Dutoide 6 Could not be determined	26e. PLACE OF building.	F INJURY — At ho etc. (Specify)	me, farm, a	street, facto				2Mf. LOC	ATION (Street a or Even, State)	nd Number	or Runal Ro	sure Number.
COMPLETED		t: On the besis of ex	my knowledge, de amination and/or (	ath occurs	ed at the ti	me, date pinion, de	and place,	and due	to the car	use(s) and man	ner as state	id. r cause(x)	and manner as slated.
B E	SHE SIGNATURE AND TITLE OF CERTIFIER	VV	7. 1				29c. LICE	NSE NUM	MERI		29d. DATE	SIGNED (	Month, Day, Year)
2	39. NAME AND ADDRESS/OF PERSON WHO	COMPLETE	17/				0.0	.М.	Ε.		P 1	2/20	0/1991
	MARIO F. GOL	UE JR	E OF DEATH (ITE)  MD 1  1'S SIGNATURE  ON-Paradal	PEN	N S	FREI	T	BAL	TIM	ORE,	MARY	LANI	21201

BOX 68760, BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within which a fact that have be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MESTIVE OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE CHARL SHECTOR: After this certificate has been signed by the attending physician and completely filled in by the further thous after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other train

1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTI CERTIFIC	MENT OF HEAD			HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, La	James	R-			2. DATE OF MONTH	DAY 29	9 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214124836 98. FACILITY NAME (If not institution, gi	Du 2 Dr	71 YRS. W	IF UNDER 1 YEAR IF UNDER 1 YEAR HOUSE		_	4/1920		
PANTEN VETTE	RANS HOSPIT	AT.	BALTIM					
MD . 10s. STATE 10b. COU	NTY	65.7	TOWN OR LOCATION  TIMORE CIT  101, ZIP 0			100	. CITIZEN OI	10d. INSIDE CITY LIMITS?  1 YES 2 NO  F WHAT COUNTRY?
301 McMechen St	reet	VER IN U.S. ARMED	13. WAS DECENDED	21217	IC ORIGIN?		U.S.	
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 ST IF YES, GIVE WAR 1943—1	YES 2 NO OR OATES	if yes, specify ( 1 ☐ YES 2★	uban, Mexicar	n, Puerto Ric		Sp	ack, White, atc. ecity: NEGRO
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		life. Do NOT use	rk done during most of w	rorlding	16b. K	IND OF BUSINES	S/INDUSTRY	
17. FATHER'S NAME (First, Middle, Lest)				OTHER'S NAI	ME (First, Mic	ldle, Malden Surni	arne)	
TAMES EDWARD JO 19a. INFORMANT'S NAME (Type/Print)	ONES, SR.	19b. MAILING A	ADDRESS (Street and Nu.	LADYS			nte, Zip Code)	
MICHELLE TOYER			WNWOOD CD			LTO, M		
20s. METHOO OF DISPOSITION  1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)		of cemetary, crematory of CROWNSVILL	r other place) E VETERAN	S CEM.		A.A.CO		
21. SIGNATURE OF FUNERAL SERVICE	I, Rus	201	JOSEPH L	. RUSS	FUNE			21216
iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OI	R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):	ailure					Onset and Dec
resulting in deeth) LAST	La. Unl	hour						who
PART II. Other significant condi	tions contributing to de	eath but not resulting in	the underlying ceu	se given in	Part I.	PERFORMED	7	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE	OF DEATH (Ch	eck only one)			
1 Q YES 2 NO 27. MANNER OF CEATH	26e. DATE OF IN	JURY 26b. TIME				Specify) RIBE HOW INJUI	RY OCCURED	
1 Netural 5 Pending 2 Accident investigat		Year) INJU NJURY — At home, farm, str	M 1 TES	2   NO		TION (Street and I	Ex	1
3 Suicida 6 Could not	be building, etc		reat, factory, office			Town, State)	Various of Nur	ar route fullion,
(oncon only		y knowledge, death occurred nination end/or investigation						se(e) and manner se stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER NY 67	III nort	296	LICENSE NUM	ABER	29	d. DATE SIGN	NEO (Moreth, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, I	Print)				101	41.1
31. DATE FILED (Month, D	Fedia Davido	S SIGNATURE						



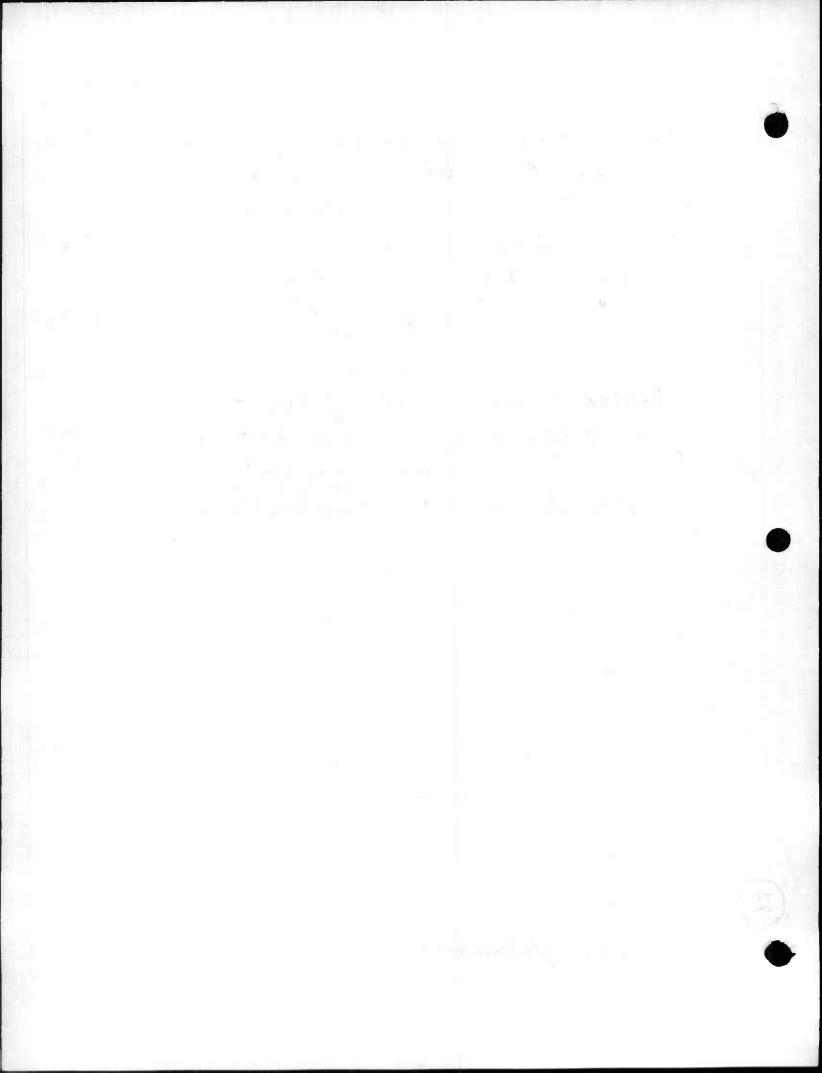
	•
ď.	
BOX 68760	
9	
1	
w	
9	
~	
0	
~	
0	
٠.	
ο.	
P.0	
10	
07	
00	
-	
0	
()	
ш	
œ	
L RECORDS,	
ITAL	
⋖	
_	
>	
4	
0	
9	
~	
0	
4.0	
S	ı
=	
-	
=	
DIVISION	

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended with the State Dept. of Health and Mental Hygiene prior to burial, cremotal.

IMPORTAINT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

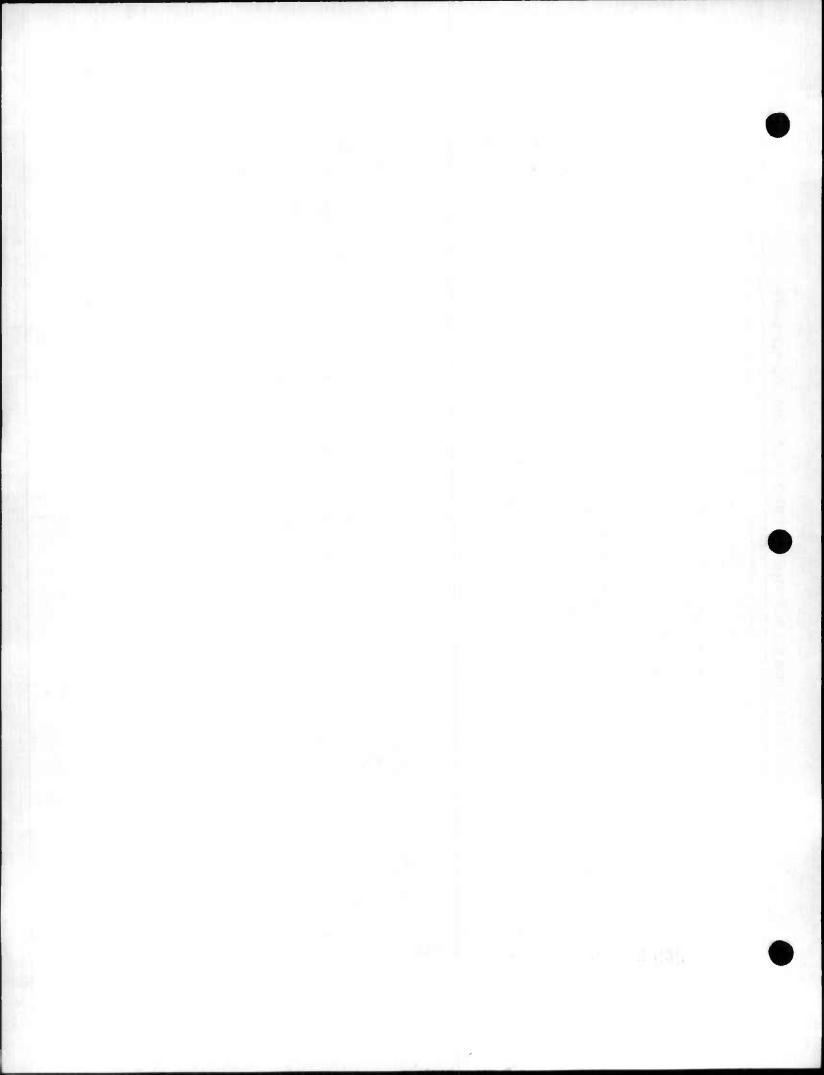
	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAR CERTIFI	TMENT OF H		MENTAL HYGIE	_	36392
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	J.	3. TIME OF DEATH
	Anthony Adam	Kaczmara	rouk		MONTH		EAR A ALLE
	4. SOCIAL SECURITY NUMBER 5 SEX	6. AGE (In yrs. last birthday)				-	
		4 100	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Foreign Country)
	188-14-1579 18M20F	6 / YRS.			6-12-1	924 F	ENNSYLVANIA
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN O	R LOCATION OF DE			Y OF DEATH
DIRECTOR	FRANCIS Scott Key Me	edical Center	Balt	-: 1000	0		
15	RESIDENCE OF DECEDENT	- WICHI CLOPEN	UATI	IMOR			
W.	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATE	ION			10d. INSIDE CITY
1 2	MARYLAND BAITIMO	Re Di	INDALI	K			LIMITS?
	10e. STREET AND NUMBER	100				1	1 YES 2 NO
FUNERAL	Kondia R. 111	á.	101.	ZIP CODE		4 4	N OF WHAT COUNTRY?
W W	Kinship Road 4	T		d d d	d	UNI	led Slales
5	11. MARITAL STATUS  1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARMED	13. WAS DECE	ENDENT OF HISPAN	IIC ORIGIN? (Specify You, Puerto Ricen, atc.)	n or No- 14	I. RACE — American Indian, Black, White, etc.
B		WAR OR DATES		2 NO Specify			Specific
		N.W.					White
LED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Ghe kind of w	USUAL OCCUPATIOn	N at of weeking	16b. KIND OF BI	SINESS/INDUS	TRY
E	Elementary/Secondary (0-12) College (1-4 or		e retired.)	at or working			
AP	8	SAles	MAN		Autor	106il	es
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maide	Sumama)	
Ш	Stanley - Karz	MARCZYI	k	Minu	1.4	4	ale.
8	19a. INFORMANT'S NAME (Type/Print)	MAK CZ I	1000000	THAKY	- Mc	1chin	ISMA
2	64 - 0 -		AUDHESS (Street an	nd Number or Rural F	Noute Number, City or To		ode)
	MARY RIA KACZMA	RCZYN NIN	Ship	SOAd 4	14 DUA	· dAll	, Md. 21222
	20a. METHOD OF DISPOSITION  1 P Buriat 2 Cremation 3 Removal from State	20b. PLACE AND DATE O		ne of	OATE 20c. L	OCATION - CIT	y or Town, Stata
	4 Donatton 5 Other (Specify)	cemetery, crematory or oth	HEART	of Jesus	1-3 1	Dund	Alk, Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME ANI	D ADDRESS OF FAC	HITY ( A	0.1	t- Md 212361
	· M · O C	- 0 -	100	5 DUNO	MIKAVE	1 1241	to, Md. 21224
	Task a, chop	necre	W. DA	b Rows	Ki-Chai	NAC	To Funeral Grand
	23. PART I. Enter the diseases, or complications the shock, or heart fellure. Liet only one or	nat coused the death. Do no	ot enter the mod	de of dving, such	as cerdiac or rear	dreton, emes	1 Ammunuturata
	officer, of fleat fellure. List offly one ci			73,		matory arres	t, Approximete
	IMMEDIATE CAUSE (Finel	oues on each mie.		, , , , , , , , , , , , , , , , , , , ,		matory arres	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition					matory arres	
	disease or condition					matory arres	Interval Between
	disease or condition resulting in death)  a. F2(ccl)	W me chenice of	1 6.565			matory arres	Interval Between
NOI	disease or condition resulting in death)  a. F2(c)	W me chenice of	1 6.565			matory arres	Interval Between
ATION	Sequentielly list conditions, If any, leading to immediate	Whe chen' co o for as a consequence of nem coten do o for as a consequence of	bisase	societion		matory arres	Interval Between
ICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury Cause).	whe chan's a consequence of new artery do (or as a consequence of the	l discossi	societion		matory arres	Interval Between
TIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events	Whe chen' co o for as a consequence of nem coten do o for as a consequence of	l discossi	societion		natory arres	Interval Between
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	whe chan's a consequence of new artery do (or as a consequence of the	l discossi	societion		natory arres	Interval Between
. CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	o (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)	l discossible discossible pul	man	discasi		Interval Between
4	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events	o (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)	l discossible discossible pul	man	d 1 SCR St	A AUTOPSY	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS
4	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	o (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)	l discossible discossible pul	man	d 1 SCR Jr. Pert I. 24a. WAS AI	I AUTOPSY	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
4	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	o (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)	l discossible discossible pul	man	d 1 SCR St	I AUTOPSY	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	o (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)	l discossible discossible pul	man	d 1 SCR Jr. Pert I. 24a. WAS AI	I AUTOPSY	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
4	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to	o (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)  O (or as a consequence of)	the pul	couse given in i	Part I. 24a. WAS AI PERFO	I AUTOPSY	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the contributing to the contributing to the cause. Enter UNDERLYING C	W ME CHEN'C COO OF AS A CONSEQUENCE OF OF OR AS A CONSEQUENCE OF OF OR AS A CONSEQUENCE OF OR OB O DO O DO O DO O DO O DO O DO O D	the underlying	man	Part I. 24a. WAS AI PERFO	I AUTOPSY	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the significant conditions conditions contributing to the significant conditions contributing contributing to the significant conditions contributing to the si	W Me (hen)'c c  O (OR AS A CONSEQUENCE OF)  MEM CHEM CHEM  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  o deeth but not resulting in	the pul	ceuse given in I	Part I. 24a. WAS AI PERFO	I AUTOPSY	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1	W Me Chan's CO O (OR AS A CONSEQUENCE OF) MEM CATCY O (OR AS A CONSEQUENCE OF) O (OR AS A CONSEQUENCE OF) O deeth but not resulting in	the underlying  26. PLA  OTHER: 4   Name of   28c. INJU	ceuse given in i	Part I. 24a. WAS AI PERFO	AUTOPSY RMED? 2 [] MG	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the significant conditions con	W Me (hen)'c c  O (OR AS A CONSEQUENCE OF)  MEM CATEN S  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O deeth but not resulting in	the underlying  26. PLA  OTHER: 4   Nursing Home  OF   28c. INJU WOR	ceuse given in i	Part I. 24a. WAS AI PERFO 1 YES	AUTOPSY RMED? 2 [] MG	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the contribution to the contribution	O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)	26. PLA OTHER: 4   Nursing Home OF 28c. INJU	Ceuae given in i	Part I. 24a. WAS AI PERFO 1 TYES  CK only one)  8 Other (Specify)  28d. DESCRIBE HOW	I AUTOPSY RMED? 2 [[JARO	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the contribution to the contribution	O (OR AS A CONSEQUENCE OF) O (OR AS A CONSEQUENCE OF) O (OR AS A CONSEQUENCE OF) O (OR AS A CONSEQUENCE OF) O (OR AS A CONSEQUENCE OF) O deeth but not resulting in	26. PLA OTHER: 4   Nursing Home OF 28c. INJU	Ceuae given in i	Part I. 24a. WAS AI PERFO 1 YES	AUTOPSY RMED?  2 [JAK)  INJURY OCCUR  and Number or	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the contributing to the cause of the conditions of the	O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)	the underlying  26. PLA  OTHER: 4   Name of the local section of the loc	ceuse given in i	Part I. 24a. WAS AI PERFO 1 YES  CK only one)  8 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State	NAUTOPSY RMED? 2 [JANO INJURY OCCUR	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the contributing to the contributing to the cause. Enter UNDERLYING C.  PART II. Other significant conditions contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution to the contri	O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)	26. PLA OTHER: 4   Nursing Home OF   28c. INJU WOR   1   YE reet, factory, office	ceuae given in i	Part I. 24s. WAS AI PERFO 1 YES  CK only one)  8 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State to the cause(s) and ma	AUTOPSY RMED?  2 [JANO INJURY OCCUR and Number or an atteted,	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the contributing to the contributing to the cause. Enter UNDERLYING C.  PART II. Other significant conditions contributing to the contribution to the contri	O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)	26. PLA OTHER: 4   Nursing Home OF   28c. INJU WOR   1   YE reet, factory, office	ceuae given in i	Part I. 24s. WAS AI PERFO 1 YES  CK only one)  8 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State to the cause(s) and ma	AUTOPSY RMED?  2 [JANO INJURY OCCUR and Number or an atteted,	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the contributing to the contributing to the cause. Enter UNDERLYING C.  PART II. Other significant conditions contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution to the contri	O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)	the underlying  26. PLA  OTHER:  4   Name   Name   Name    OF   28c. INJURY    M   1   YE  reet, factory, office	ceuae given in i	Part I. 24a. WAS AI PERFO 1 TYES  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State to the cause(a) and mailme, data and placa, as	AUTOPSY RMED? 2 [JANO INJURY OCCUR and Number or or or or or or or or or or or or or	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditione contributing to the significant conditione con	O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)	the underlying  26. PLA  OTHER:  4   Name   Name   Name    OF   28c. INJURY    M   1   YE  reet, factory, office	Ceuse given in I	Part I. 24a. WAS AI PERFO 1 TYES  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State to the cause(a) and mailme, data and placa, as	I AUTOPSY RMED?  INJURY OCCUR  and Number or and due to the company of the compan	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the contributing to the contributing to the cause. Enter UNDERLYING C.  C. O. O. D. C. O. O. O. C. O. O. O. O. O. O. O. O. O. O. O. O. O.	O (OR AS A CONSEQUENCE OF)  O (OR AS A CONSEQUENCE OF)	26. PLA  The underlying  The underlying  26. PLA  The underlying  26. PLA  The underlying  26. INJU  WOR  M  The underlying  26. INJU  WOR  M  The underlying  26. INJU  WOR  M  The underlying  26. INJU  WOR  A the time, data a  In my opinion, deta	ceuae given in i	Part I. 24a. WAS AI PERFO 1 TYES  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State to the cause(a) and mailme, data and placa, as	I AUTOPSY RMED?  INJURY OCCUR  and Number or and due to the company of the compan	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	O (OR AS A CONSEQUENCE OF)  O	the underlying  26. PLA  OTHER: 4   Name of the lime, data a large of the large of	ceuse given in i	Part I. 24a. WAS AI PERFO 1 TYES  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State to the cause(a) and mailme, data and placa, as	I AUTOPSY RMED?  INJURY OCCUR  and Number or and due to the company of the compan	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disasee or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  1 When the significant conditions contributing to the sequence of the sequ	O (OR AS A CONSEQUENCE OF)  O	26. PLA  The underlying  The underlying  26. PLA  The underlying  26. PLA  The underlying  26. INJU  WOR  M  The underlying  26. INJU  WOR  M  The underlying  26. INJU  WOR  M  The underlying  26. INJU  WOR  A the time, data a  In my opinion, deta	ceuse given in i	Part I. 24a. WAS AI PERFO 1 TYES  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State to the cause(a) and mailme, data and placa, as	I AUTOPSY RMED?  INJURY OCCUR  and Number or and due to the company of the compan	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disasee or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  1 When the significant conditions contributing to the sequence of the sequ	O (OR AS A CONSEQUENCE OF)  O	the underlying  26. PLA  OTHER: 4   Name of the lime, data a large of the large of	ceuse given in i	Part I. 24a. WAS AI PERFO 1 TYES  Ck only one)  B Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State to the cause(a) and mailme, data and placa, as	I AUTOPSY RMED?  INJURY OCCUR  and Number or and due to the company of the compan	Interval Between Onset and Daath  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 29 hours after death with the State Death of Health and Mental Husings note to burial presents on presenting the find within 29 hours after death with the State Death of Health and Mental Husings note to burial presents. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First	, Middle, Last)		_		CATE O	F DEATH		REG. NO	).	
	4. SOCIAL SECURITY NUMBER	C.	LA JE	6. AGE (In yrs	ALVIN	LAIR		MO	2 2	8	3. TIME OF DEATH
	219-18-	5533	1 M 2 - F	6. AGE (III YIS	YRS.	MONTHS DAY	S HOURS A	7 (Mc	TE OF BIRTH brith, Day, Year)	25	Country) Maryland
CTOR	STELLA	MARI		PKE		-	SON	OF DEATH		0	LTIMORE
DIREC	10e. STATE  Maryland	10b. COUNT	timore c	ountv	10c. CITY	TOWS					10d. INSIDE CITY LIMITS?
- 1	100. STREET AND NUMBER					10,10	10f. ZIP CODE 21204				1 YES 2 NO
FUNERAL	11. MARITAL STATUS 1 Never Merried 2	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	If yes,	ECENDENT OF H	Aexicen, Puert	SIN? (Specify Ye o Ricen, etc.)		SA  I. RACE — American Indian, Black, White, etc.
ED BY	3 Widowed 4 Divo	EDENT'S EDU	CATION		no oecedent's	USUAL OCCUP	ES 2 NO		NO	SINESS /INDI	Specify: White
(Sive kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)										ilat	
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  Louis Laird  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Edna Roseta Meyers										
0	190. INFORMANT'S NAME (7) LOUIS C. La		Jr s	on			et and Number or I	Rural Route Nu	mber, City or Tow	vn. State, Zip Co	
	Louis C. Laird, Jr Son 642 Regester Avenue, Balto., MD 21212  20e. METHOD OF DISPOSITION  1 General 2 Comment on 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State										
	21. SUMATURE OF FUNERAL	A SERVICE LI	Rona)	d Wade	, Dir		AND ADDRESS (				BOARD D 21201
CERTIFICATION	disease or condition resulting in death)  A CONSEQUENCE OF):  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significa	nt condition	d	death but no	ot rasulting in	tha undarly	ing cause giva	n in Part i.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDM AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient		OTHER:	PLACE OF DEATH				
1010	27. MANNER OF DEATH  1 Natural 5 1  2 Accident	Pending investigation	28e. DATE OF (Month, Da		28b. TIME INJU	OF 28c. (	NJURY AT VORK? YES 2 NO	28d. D	ESCRIBE HOW I	NJURY OCCUP	ED
	3 Suicide 8	Could not be determined	28e. PLACE Of building,	FINJURY — At etc. (Specify)	home, ferm, at	reet, factory, of	lice	281. LO	CATION (Street of y or Town, State)	and Number or	Rural Route Number,
. 1	29e. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end menner ee stated.										
7 7	(Check only one) 2 MEON	IFYING PHYSI	R: On the beele of ex	amination end/	or investigation	In my opinion	death occured a	t the time, da	le and place, en	d due to the c	euse(e) end menner ee stated
TO BE COMPLET	(Check only one) 2 MEON 29b. SIGNATURE AND TITLE	CAL EXAMINE	R: On the beele of ex	amination end/	-		29c, LICENSE				euse(e) end menner ee stated IGNEO (Month, Day, Year)



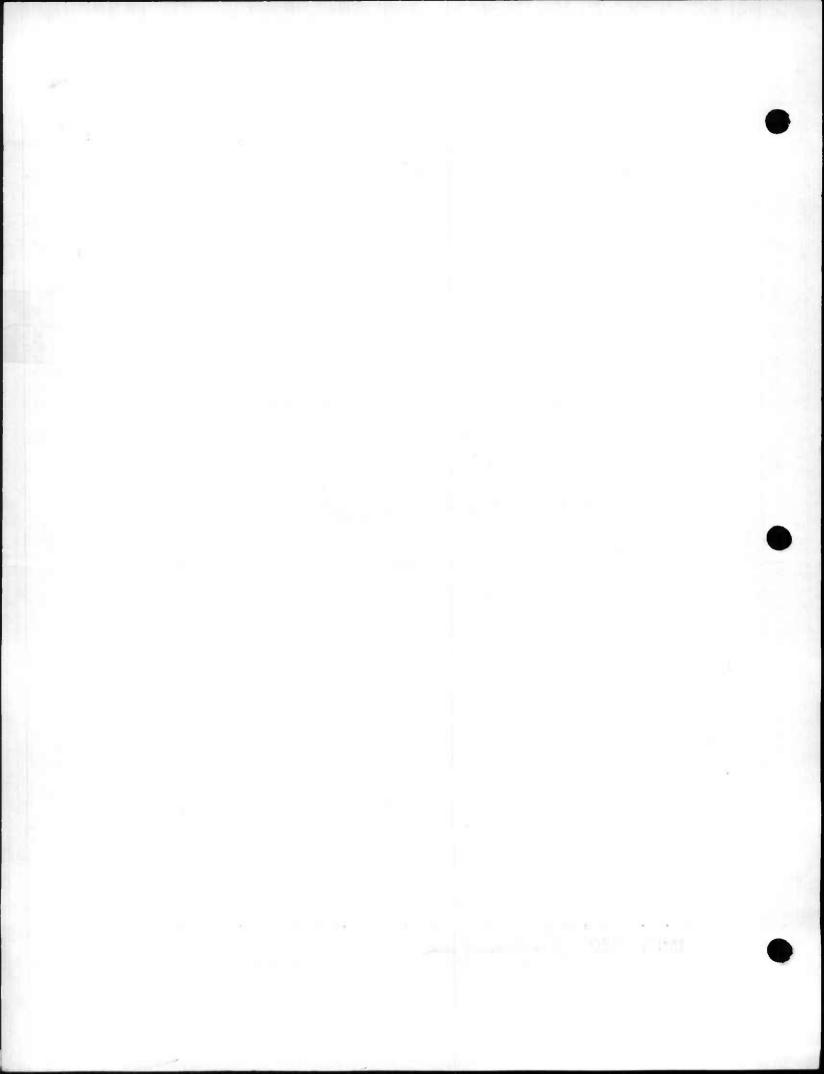
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

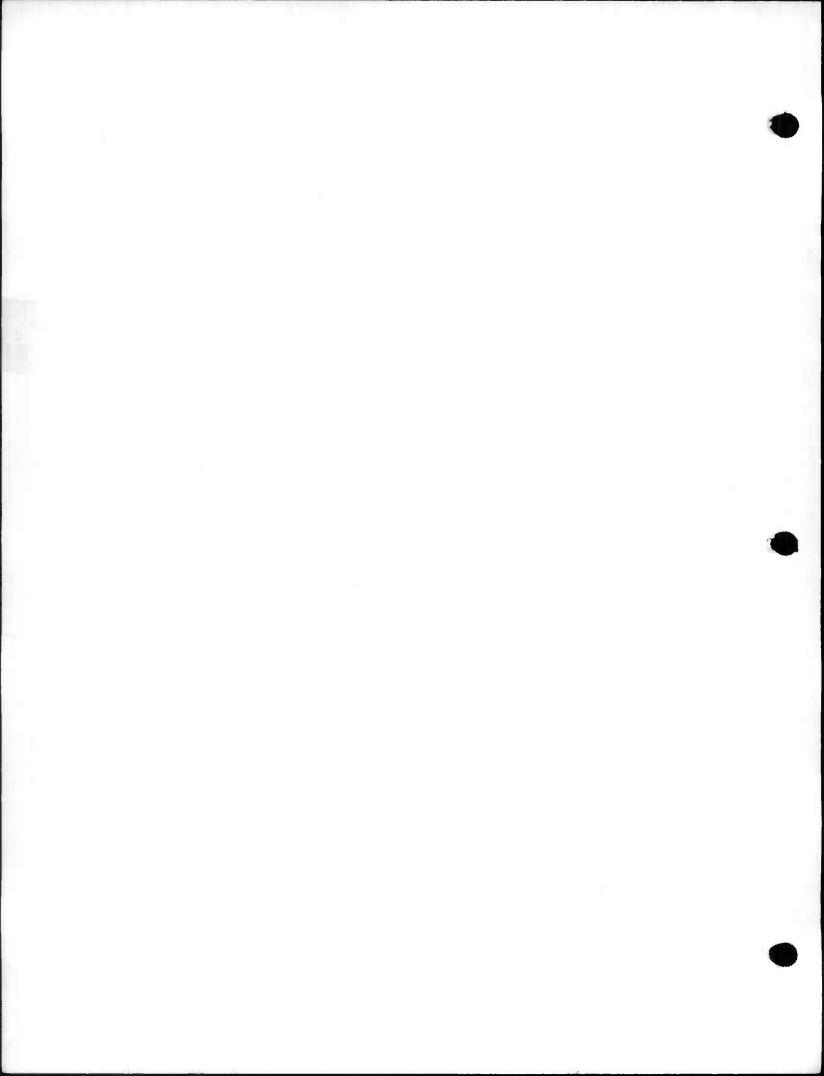
1 - FOR STATE REGISTRAR

	REGISTRAR		CE	RTIFICAT	E OF DEATH	R	EG. NO.		
	1. OECEDENT'S NAME (First, Middle, L	est)				2. DATE OF D	EATH		3. TIME OF DEATH
	REGINA	Matilda	LIPI	O.TO		MONTH	2 O	YEAR O.1	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last t		ER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF B	30	91	1:10 A M
		1 🗆 M 25 🥸 F		YRS. MONTHS		(Month, De)		8. BHHI Coun	HPLACE (State or Foreign try)
	214-05-6653		83				0-1908		MD
~	9e. FACILITY NAME (if not institution, g			- 1	TY, TOWN OR LOCATION OF D	EATH		COUNTY OF	
Ö	Memorial Hospi	tal		C	umberland		A	11egar	ny
5	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. CO	JNTY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITS?
	_ MD A	Llegany		Cambo	rland.				YV YES 2 NO
A	10e. STREET AND NUMBER	3 2			10f. ZIP CODE		10a.	CITIZEN OF	WHAT COUNTRY?
8	FOC Bessetts Ci				21502				
FUNERAL	506 Favette St	12. WAS DECEDENT	EVER IN U.S. ARMI	ED 1				USA	
	Never Merried 2 Merried	FORCES? 1	YES XX NO	1	<ol> <li>WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic</li> </ol>	an, Puerto Rican	ecify Yes or No , etc.)	- 14. RAC Blac	E American Indian, ik, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 YES 2 NO Speci	fy:		Spec	
	15, DECEDENT'S	EDUCATION							white
	(Specify only highest g	rade completed)	(Give	EOENT'S USUAL	during most of working	18b. KINI	OF BUSINESS	INDUSTRY	
1 1 1	Elementary/Secondary (0-12)	College (1-4 or 5+	) me. D	Oo NDT use retired.	)				
₹	12		re	tired		Т	'imes-N	CLIC	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
BE (	Determine T.								
	19e. INFORMANT'S NAME (Type/Print)	<del>bbo1a</del>	19b	MAILING ADDRES	SS (Street and Number or Rural	T. Dog	erner	7/2 O-d-)	
2			1.00	MAICH O ADDIL	33 (Street and Humber Or Hural	noute Number, Ci	ny or iown, State	i, Zip Gode)	
	Mr. John J. Mo	Mullon, Jr			ect Square Ci	mberla	nd, MD	21502	
	1 Burlel 2 Cremetion 3 F	lamoval from Stata		D DATE OF DISPO		OATE	20c. LOCATION	- City or To	own, State
	4 Donetion 5 Other (Specify)	()	AU T			Soft-flar	Ral+	imore	MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1110-11	TICICOTO 22	Board of Mar	CILITY	Dane	mure,	
	►()a- >	10	111		Scarpelli Fu	neral I	Home		
	yones 7	RICOMP	CIVL		Character of Toronto	MD 21 F	22		
	23. PART i. Enter the diseasea, ahock, or haert fallu	or complications∕that ra. Liat only one caus	ceused the deat	h. Do not ente	r the mode of dying, suc	ch as cardiac	or reaplratory	arrest,	Approximate
	IMMEDIATE CAUSE (Final	N		A					Onset end Death
	disease or condition resulting in daeth)	levto	rated	Abdor	ninal Visc	118			2-days
	resorting in daeth)		OR AS A CONSEOU						1 / >
		_							1
CERTIFICATION	Sequentially list conditions,	bOUE TO (	OR AS A CONSEQU	ENCE OF					
AT	If any, leading to immediate cause. Enter UNDERLYING								
윤	CAUSE (Diseese or Injury	C. DUE TO (	OR AS A CONSEQU	ENCE OF					
Ē	that initiated eventa resulting in death) LAST	502 10 (	ON AS A CONSECU	ENCE OF J.					
5		d							
	PART II. Other significant condit	iona contributing to	death but not res	uiting in the u	nderhing same alves I-	Bost I I as			1
DICAL	A [)	1	. //	A The Land	inderlying cause given in	Part I.   24a.	WAS AN AUTOP PERFORMEO?	SY 24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Trule Kespi	muny 4	artine	ano to	) acute		YES 2' NO		COMPLETION OF CAUSE OF DEATH?
E	orsthuratie "	runchitis	and C	hime	Obstructive	2			1  YES 2 NO
Ξ	pulmona	my direa							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Ch	eck only one)			
잃	EXAMINER?	HOSPITAL: 1 ☑ Inpatient 2 □	EDIO AL INI	OTHE	R:			-	
<u>×</u>	27. MANNEPLOF OEATH				rsing Home 5 - Residence				
ā	1 Natural 5 Pending	28e. DATE OF I (Month, De	r, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBI	E HOW INJURY	OCCURED	
à	2 Accident Investigation			M	1 YES 2 NO				
	3 Suicide 8 Could not		INJURY — At home tc. (Specify)	, farm, street, fee	ctory, office	28f. LOCATION	(Street and Nun	nber or Rural F	Route Number,
	4 Homicide determined		in (opsomy)			City or Tow	m, State)		
ш	29e. CERTIFIER				CENTRAL DE LES EXPERTANTA				
-4   1	(Check only one)	YSICIAN: To the best of n	ny knowledge, daath	occurred at the	time, date end place, and dua	to the cause(e)	end manner as	stated.	
MPL		INER: On the basis of axa	imination and/or inv	eatigation, in my	opinion, death occured at the	time, date and p	oleca, and due t	o the cause(e	end mennar ee stated.
COMPL	2 MEDICAL EXAM	1 ~			29c. LICENSE NUI	WBER	29d.	DATE SIGNED	
E COMPLET	29b. SIGNATURE AND TITLE OF CERH	-A							(MYONIN, Day, Year)
BE	2 MEDICAL EXAM	-A	my			90		12/0.	(Month, Day, Year)
W	296. SIGNATURE AND TITLE OF CERM	Infunt	OF OFATH //TEM	7) (Time Drive)	D 332	80	•	12/30	9
BE	29b. SIGNATURE AND TITLE OF CERMINATURE AND ADDRESS OF PERSON	WHO CONTLETEO CAUSE			D 332		•	12/30	S (Month, Day, Year)
BE	20. NAME AND ADDRESS OF PERSON Dr. S. Gupta. Jo	WHO CONTLETEO CAUSE			D 332		2150	12/30	(Moorth, Day, Year)
BE	296. SIGNATURE AND TITLE OF CERM	WHO CONTLETEO CAUSE	shts Medi		D 332		2150	12/30	(Month, Day, Year)



100 10 01	With Cirister and Comment of the Com
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or littin 23 meet any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the Share to removal.

	1 - FOR STATE OF MARYLAND / CE		ENT OF HE		MENTAL HYGIEN REG. NO.		9! 36395		
	1. DECEDENT'S NAME (First, Middle, Last)  LIVINGSTONE (	NE G. LEVASSEUR			2. DATE OF DEATH DATE OF DECEMBER				
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lesi 39 XX M 2 □ F 39	YRS. MON	THS DAYS	IF UNDER 24 NRS.	7. DATE OF BIRTH (Month, Day, Year) NOV. 18,19	952 I	SIRTHPLACE (State or Foreign Country) IAITI		
	90. FACILITY NAME (If not institution, give street and number) HOWARD COUNTY GENERAL HOSPITAL RESIDENCE OF DECEDENT	COLUMBIA			9c. COUNTY OF DEATH HOWARD				
	100. STATE 10b. COUNTY					10d. INSIDE CITY LIMITS?			
	MARYLAND HOWARD  10e. STREET AND NUMBER	COLU	UMBIA			1 ☐ YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?			
	100. STREET AND NUMBER  101. ZIP CODE  21044						S.A.		
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS OCCEOENT EVER IN U.S. ARIFORCES? 1 YES AND IF YES, GIVE WAR OR DATES		It yes, speci	OENT OF HISPAN	IC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)		RACE — American Indien, Black, White, etc. Specify:		
COMPLETED	(Specify only highest grade completed) (Gi		AL OCCUPATION done during most led.)		16b. KIND OF BUS	SINESS/INDUST	RY		
MPL		SICAL T	HERAPHY		HEALTH ME (First, Middle, Maiden				
8	17. FATHER'S NAME (First, Middle, Lest) ROUDEL LEVASSEUR				RESE GRACI				
TO BE		b. MAILING ADD	PRESS (Street and	1 Number or Rural R	loute Number, City or Tow	n, State, Zip Coo	de)		
۴				FARM ROA	D, COLUMBIA	A, MD. 2			
	1X Buriel 2 Cremetion 3 Removal from State other pla	ace)	CEMETER				CITY, MARYLAND		
	21. SIGNATURE OF FUNERAL MERVICE LICENSEE		22. NAME AND	ADDRESS OF FAC	CILITY		UNERAL HOMES		
	Lussellentzel		5555 TV	VIN KNOL	LS ROAD, CO	DLUMBIA	, MD. 21045		
	PART I. Enter the diseases, or complications that caused the deshock, or heart fellure. List only one cause on each line		entar tha mode	e of dying, sucl	h as cerdiec or resp	iratory arreat	Approximete Interval Between Onset and Death		
CERTIFICATION	immediate cause (Fine) disease or condition resulting in death)  Due to (or as a consequence of):  Primary undeforming Carrierm								
	Primary undetermined carriams								
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
JEIC	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):								
H	resulting in death) LAST								
AL	PART ii. Other algnificant conditions contributing to death but not r	resulting in th	na undarfying	ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
SE	1 TES 2 NO						OF DEATH?		
. M					-		1 TYES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	01	26. PLA	CE OF DEATH (Ch	eck only one)				
HYSI	1 ☐ YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3  27. MANNER OF DEATH 28e. DATE OF INJURY	26b. TIME OF	Nursing Home 28c, INJU		6 Other (Specify)	NJURY OCCUR	EO		
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WOR	K? ES 2   NO					
	3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At he building, etc. (Specify)	t, factory, office		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner ea attated.  (Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee attated.								
BE	296. SIGNATURE AND TITLE OF CEPTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  12-30-91								
2	296. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICENSE NOMBER  297. LICE								
	JAN 0 3 1992 July Davidson Andel								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FLUCKEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	CCEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
	ANDRFA	D. MADDOX				12 26		11:17 pM			
	4. SOCIAL SECURITY NUMBER 218-86-4317	1 M 2 N F	(In yrs. last birthday) 22 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/6/69	8. BIRT	HPLACE (State or Foreign			
OR	99. FACILITY NAME (If not institution, give street and number)  UNIVERSITY HOSPITAL  BALTIMORE										
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY			
	MD 10s. STREET AND NUMBER			La	BALTIN	10RE		1 A YES 2 NO			
FUNERAL	27 TREMAINE COURT			101	21207		USA	WHAT COUNTRY?			
BY	11. MARITAL STATUS  1 Never Merried 2 Married .  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DEC If yes, sp 1 YES	ocify Guban, Maxic	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	n or No— 14. RAG Bla Spe	CE — American Indian, ck, White, etc.  City:  BLACK			
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTRY	DEACK			
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)  1 YFAR	iffe. Do NOT u	vork done during mo- se retired.)	st of working	CTATE O	E MADVI	ALD			
COMPL	17. FATHER'S NAME (First, Middle, Last)	TTEAR			18 MOTHED'S NA	ME (First, Middle, Maiden	F MARYLA	AND			
BE C	CARROLL G. WH	ITE				N ROWE	Sumeme)				
TO B	t9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Code)				
F	EARLIEN ROWF					LTIMORE. M		7			
	20a. METHOD OF DISPOSITION 1	oval from State cer	PLACE AND DATE	F DISPOSITION (Na		DATE 20c. LO	CATION — City of T	own, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE //	TO OIL		D ADDRESS OF FA		FUNERAL				
	· Mauri	Want				4300	WABASH A				
	IMMEDIATE CAUSE Final	· MULTIPLE	iacii iiiie.	oounD				Approximate Interval Between Onset and Dasth			
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Due TO (OR AS A CONSEQUENCE OF):  c. Due TO (OR AS A CONSEQUENCE OF):										
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICA	1					PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)					
YSi	1 YES 2 NO	HOSPITAL: 1 Inpetient 2X ER/Outp	patient 3 🗆 DOA	OTHER: 4  Nursing Home	5 Residence	6 Other (Specify)					
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Yeer)	26b. TIMI	OF 28c, INJU	IRY AT	26d. DESCRIBE HOW I	NJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation	To to Citable to and to the				SUBJECT STABBED					
ED	3 Suicide 6 Could not be	authority, etc. (Specify)				281. LOCATION (Green and Number of Fural Gurp Numpher) 7.					
H	And Appropriate		PUBL			SWANN AV	<u>ENUE</u>	BALTIMORE,			
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated.  MARYLAND										
8	2 DE MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as stated.										
B	296. SIGNATURE AND TITLE OF CERTIFIC	Lall. C	to wh		O . C . I		29d. DATE SIGNED				
2	12/2	7/1991									
	MAKIO F- GOLLE OR 111 PENN STREET BALTIMORE, MARYLAND 21201										
	JAN 0 3 1992	32. REGISTMAR'S SIGN	Andell								

1174 11 11

Figure 1 The August 1

- 10

FOR STREET

THE CHARTENDES PRESCAN. The save requires that the death certificate be executed within 2—cuts after death. Page 6 may be retained by the hospital or attending physician.

The thick of the think the certificate has then speed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be contained the state beat, or health and Mental Hydrene prior to burial, cremation, or removal.

NT. II feet 28 is marked, or than 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / CE		OF HEALTH AND	MENTAL HYGI		1 30331		
	1. DECEDENT'S NAME (First, Middle, Lest)	Allie) Ma			2. DATE OF DEAT	DAY YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest	birthday) IF UNDE		7. DATE OF BIRTH	30 19	BIRTHPLACE (State or Foreign		
	219-05-6797	1 - M 2 X F 91	YRS. MONTHS	DAYS HOURS MIN.	(Month Day, Yes	00	Virginia		
R	DEATH LLOSP & MED	dical Center	9b. CITY	Galto	HTABO	9c. COUNTY	OF DEATH		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY, TOWN	OD LOCATION			10d. INSIDE CITY		
DIRECTOR	md		BALL	mones	City		LIMITER		
	10e. STREET AND NUMBER	21	1.011	101. ZIP CODE	-	10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	1214 EUH	TW PIACE  12. WAS DECEOENT EVER IN U.S. ARI		21217	7	U.	5.A		
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 H	10	WAS DECENDENT OF HISP. If yes, specify Cuber, Mexi  1 YES 2 110 Specific Sp	can, Puerto Rican, etc		RACE — American Indian, Black, White, atc.		
160	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 16a. DE-	CEDENT'S USUAL C	CCUPATION during most of working	16b. KIND O	BUSINESS/INDUST	TRY		
COMPLETED	GRAMMER School	College (1-4 or 5+)	Aborek						
<u>S</u>	17. FATHER'S NAME (First, Middle, Last)		1001001		AME (First, Middle, Me	alden Surname)			
BEC	Joseph Jones	SR.		HAT	he -	lones			
<u> </u>	190. INFORMANT'S NAME (Type/Print)		MAILING ADDRES	S (Street and Number or Rure	2.11.	Town, State, Zip Co	de)		
	MARY TRANCES  200. METHOD OF DISPOSITION	ONEa 1	OF DISPOSITION (N	eme of cemetery, crematory of	JA HIMEN	c. LOCATION — CITY	or Town, State		
	1 D Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al from State Mother ple	CALVA	ry Cemes	KRY A	NNE AR	undel Co, Md		
	21. SIGNATURE OF FUNERAL BERVICE LICEN	eser /	22	NAME AND ADDRESS OF	FACILITY				
	· Nonuco	XIMILLO	y V	Um.C. MA	ech flt	+ 1101 €	North Ave.		
	23. PART i. Enter the diseases, or conshock, or heart fallure. Lie	mplications that caused the da st only one cause on each line		r the mode of dying, so	ich as cardiac or i	respiretory arrest	intarval Between		
	IMMEDIATE CAUSE (Finel disease or condition	Metastatic G	- strice	Adams	- Di-		2 m pt. 74s		
	resulting in death) a.	DUE TO (OR AS A CONSEC	OUENCE OF):	Macab Ca	n wave	~	~ m on us		
8	Sequentially list conditions, b.	DUE TO (OR AS A CONSEC	DUENCE OED-						
EX	If any, leading to immediate cause. Enter UNDERLYING	Bot 10 (on No X outset	GOLINGE OF J.				į		
	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEC	OUENCE OF):						
CERTIFICATION	reaulting in death) LAST								
AL (	PART ii. Other significant conditions	contributing to death but not r	reaulting in the u	ndariying cause givan	n Part I. 24a. W	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	Dementia				1 🗆 Y	ES 2	OF DEATH?		
PHYSICIAN: MEDIC							1 🗆 YES 2 NO		
N N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (	Check only one)				
Sic	EXAMINER?	HOSPITAL:	OTHE	R: irsing Home 5 - Realdenc	e 6 Other (Specify	)			
F	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	25c. INJURY AT WORK?	28d. DEŞCRIBE H	IOW INJURY OCCUP	RED		
B	2 Accident Investigation	28e. PLACE OF INJURY — At he	M M	1 YES 2 NO	201 LOCATION (S	treet and Number or	Pural Doubs Number		
COMPLETED	3 Suicide 6 Could not be 4 Homicide datermined	building, etc. (Specify)	orre, territ, etteet, te	story, ornice	City or Town,		nural rivuta rumba,		
PLE	29a. CERTIFIER Check only	AN: To the best of my knowledge, de	eath occurred at the	time, date end place, end d	ue to the cause(e) en	d menner ee atated.			
N O	and any	YING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee atated.  AL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.							
BEC	296. SIGNATURE AND TITLE OF CERTIFIER		$\overline{}$	29c. LICENSE N		29d. DATE S	IGNED (Month, Day, Year)		
TO B	Timothy	· Kto his	-	173	7458	<b>)</b>	2/30/91		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O DEATH (ITE	M 27) (Type, Print)						
	31. DATE FILED (Month, Pey, Year)	32. REGISTRAR'S SIGNATURE	and the same	4					
	JAN 97 3 1992	0		9					

SING	in la
=	1
	9
within	nistah
DB ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 Tours	more removed to the second to the second to the returned on the relation and completely filled in
2	ole a
tificate	inda .
Cer	ding
death	nother
the	40
that	7
quires	A nice
- ₹	3
9	1
F	4
SICIAN	
FF	4
DING	100
MITEN	-
DR	6

3 Suicide

BE COMPLETED

2

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospital or attending physician.	are has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached for use as the buna-transit permit, Pages 1, 2, 3 should are been signed by the attending physician bunal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	IN THE PRESENT OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a	The TIME ALD DIRECTOR: After this certificate has been signed by the attending physician and completely thed in by the tune time of the prior to burlar, cremation, or removal.	MPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

36398 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH PATSY 3:45 P.M MURRA 7. DATE OF BIRTH (Month, Day, Year) 11/29/57 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215 -707120 HOURS 1 M 2 X F 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, BALTIMORE BALTIMORE Eity Coun. FUNERAL DIRECTOR 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION MO moke 1 YES 2 ND 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21225 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No 14. RACE - American Black, White, etc. 11. MARITAL STATUS FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 10 Specify: 1 Hever Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) unemployed 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S, NAME (First, Middle, Maiden Surname, murrac SR 1é 1COA ev BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. P 2 th 21218 20a. METHOD OF DISPOSITION DATE 20b. PLACE AND DATE OF DISPOSITION (Name 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) Mem. Cem. 21. SIGNATURE OF FV THAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY 400 23. PART 1 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease Dr condition\_ STATUS EPILEPTICUS
DUE TO (DR AS A CONSEQUENCE DF): resulting in death) Hyperosmolor. COMA BY PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (DR AS A CONSEQUENCE OF): f any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PRUG ABUSER I.U DUE TO (OR AS A CONSEQUENCE OF): DIA BETES DESILITUS SEPSIS PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

•

29d. DATE SIGNED (Month, Day, Year)

OF DEATH? TYES 2 | NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 Augustient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ing Homa 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e, DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

6 Could not be 4 Homicide 29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINED: Do the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner se stated.

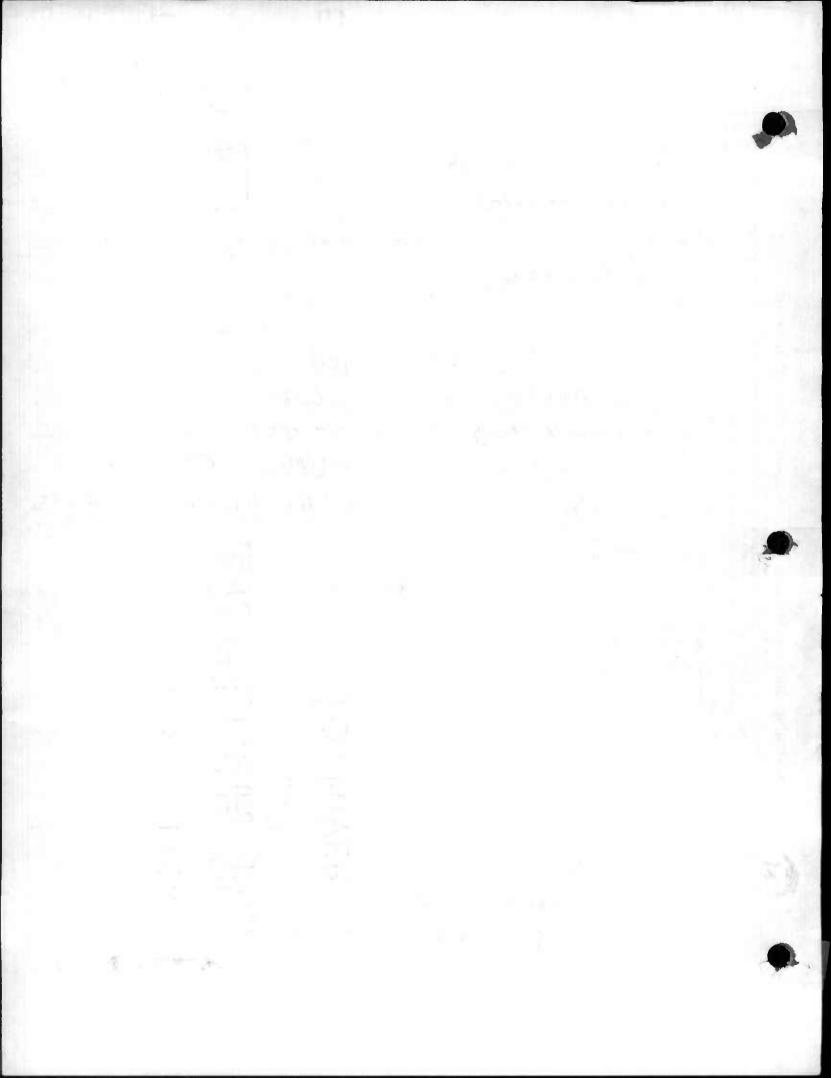
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner as stated.

26. PLACE DF DEATH (Check only one)

29b. SIGNATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 5 244 1614 - 34

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CANTO

JAN 3 1992 grina Daydion-popular

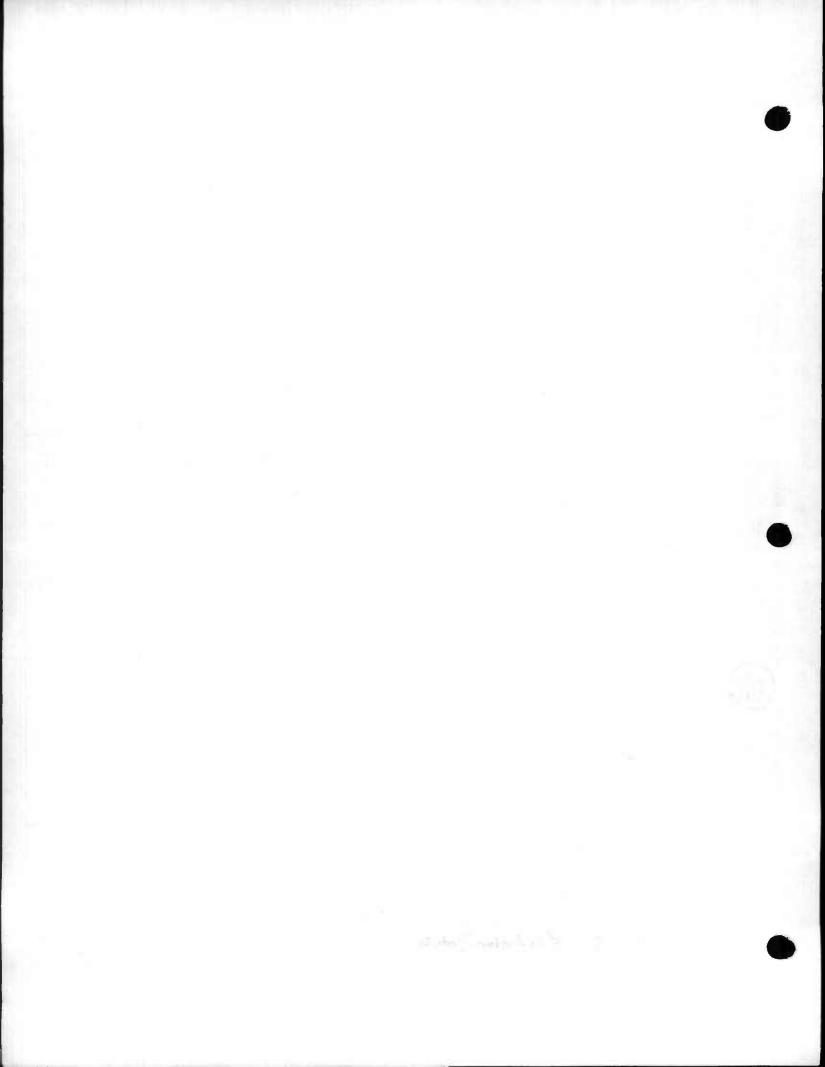


in ceruncate the process within 24 mount into the party be retained by the hospital or attending physician.	ending physician and compleme. We find the traveral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Hygiene prior to burial, cremation, or removal.	mention, or other tranmatic event, the medical examiner must be notified at once.
	A HORSE WITH B	ON STATE AND ADDRESS OF	thown military
IO THE HUSPITAL OR ALLENDING PHYSICIAN: IT	TO THE FUNERAL DIRECTOR: After this certificate has be	be filed within 72 hours after death with the State Dept.	IMPORTANT: If item 28 is marked, or item 23 if

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE		ICATE OF			REG. NO.				
	ARTHUR MILES							2. DATE OF DEATH DATE 12	1 1	1991	2:25	тн Рм
	4. SOCIAL SECURITY NUMBER 23.6-50-2724	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH 4/29/4/8		BALT	LACE (State or F	
	9a. FACILITY NAME (If not institution, give s	1	.,,		9b. CITY, TOWN	OR LOCAT	ON OF DEA			TY OF DEA		
OR	THE JOHNS HOPKIN	S HOSPIT	AL		BAL	TIMOR	E		\$5^A`****	TMOD	F CITY	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			10c, CIT	Y, TOWN OR LOCA	TION			DAL		Od. INSIDE CITY	
	MARYLAND			E	BALTIMO	RE					X YES 2	
Too. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WE												
ONE.	11. MARITAL STATUS	12. WAS DECEOEN	IT EVER IN U.S. ARM	AED	13. WAS DE	CENDENT (	OF HISPANI	C ORIGIN? (Specify Yea	or No	USA		
8	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 XN	0	If yes, s	pecify Cubi		Puarlo Rican, etc.)	or No.	Black, Specify:	- American Indi Whita, atc. BLAC	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	e kind of	USUAL OCCUPATI work done during m se retired.)	ON ost of worki	פר	16b. KIND OF BUS	INESS/INDU	JSTRY		
BE CO	JOHN A. MOBI	LE				RC	MAIN	NE MILES				
TO	ROMAINE DIXON				CALLO			BALTIM			2121	5
	20a. METHOD OF DISPOSITION  12 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	cemetery, cren	natory or o	OF DISPOSITION (A ther place) MEMOR I		PARK		BUTTI		i, Stata IARYLA	ND
	21. BEGINATURE OF FUNERAL SERVICE LI	). Du	elt	•	14600	Y O.	DYE	LTY CTT & SON CHEIGHTS	N FUI	NERA		E
CERTIFICATION	23. PART 1. Enter the diseases, or ahock, or hear failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSEO	UENCE O	n: A1DS n:	7	i p	Mupian	,	ist,	Approxim interval B Onset and	etween
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  248. WAS AN AUTOPS PERFORMED?  1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 DESCRIPTION OTHER:							MED?	A C	VERE AUTOPSY FIVALLABLE PRIOR OMPLETION OF () F DEATH?	TO		
										,		
BY	27. MANNER OF DEATH  1											
Solution of the determined building, etc. (Specify)  29a. CERTIFFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									d. cause(a) a	nd manner as a	tated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER POLY LE	M.D.		370	53	29c. LICI	NSE NUMB	DER 3	29d. DATE	SIGNED (M	fonth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Party Le Tohn Harry Haspital Buttone, M.D.  31. PATE FILED (Mogain, Day, Year)  32. BEGISTRAR'S EIGNATURE											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law many parts cartificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been used that the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should imPORTANT: If item 28 is marked, or item 23 now many or other traumatic event, the medical examiner must be notified at once.	- COMPLETED BY FUNERAL DIRECTOR
---	---------------------------------

	HEGISTHAH		CEI	RIFIC	CATE	OF DEATH		REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last) MICHAEL	S.		м	AXFIE	LD	2. DAT	E OF OEATH		VEAG	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest b		F UNDER 1 YE						
	214-86-5608	1 🕅 M 2 🗆 F	19	YRS.	ONTHS DA	YS HOURS MIN	· (Moi	E OF BIRTH rith, Day, Year) /4/197		Country)	ACE (State or Foreign
E .	99. FACILITY NAME (If not institution, give so 4300 BLK WABAS					MORE CI				TY OF DEA	
2	RESIDENCE OF DECEDENT						11		<u> </u>		
DIRECTOR	MARYLAND				C. CITY, TOWN OR LOCATION  BALTIMORE CITY  10d. INSIDE CT 2. MMTS? 1  YES 2						Od. INSIDE CITY VEIMITS?  YES 2 NO
FUNERAL	3720 MILFORD A	VENUE				10f. ZIP CODE 2120	7		10g. CITIZ	EN OF WH	AT COUNTRY?
BY	11. MARITAL STATUS  1 X Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS OECEDENT EX FORCES? 1 I	VER IN U.S. ARME YES 2. NO OR OATES	D	If yes	DECENDENT OF HISI s, specify Cuben, Mex YES 2 XNO Spe	icen, Puerto	IN? (Specify Yes Pilcan, atc.)	or No-	14. RACE - Bleck, \ Specify:	American Indian, White, etc.  BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	OENT'S US kind of wor o NOT use i	BUAL OCCUP rk done during retired.)	PATION g most of working	16	b. KINO OF BUS	SINESS/INOU	STRY	DENOR		
NO.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Meiden	Sumeme)		
BE C	EDWARD MAXFI	ELD		_		FRANC	CES I	MAXFIE	ELD		
2	FRANCES MAXFIE	LD	19b. A	720	MIL.	FORD AV	el Route Nur ENUE	BALT	O.,	MD 2	21207
	20e. METHOO OF DISPOSITION 1 XBuriel 2 Cremation 3 Remo 4 Doneties 5 Other (Specify)		20b. PLACE AND COMPLETE, C	MEM	ORIA!	Name of PARK	DA		CATION — CI		State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	TO LO	1011			OY O. DY					HOME
	23. PART I. Entar the diseases, or c	omplications that ca	sed tha death	n. Do not	enter tha	mode of dying, se	uch as car	rdiac or resol	ratory arre	st.	Approximate
	IMMEDIATE CAUSE (Final	.ist only one cause	each lina.								Interval Between Onset and Death
	disease or condition resulting in death)	GUNST			DE	10 BA	CK				
Z		DOE 10 (ON	AS A CONSEQUE	ENCE OF):							
E I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR	AS A CONSEQUE	NCE OF):							
FIC	CAUSE (Disease or Injury that initiated events		AS A CONSEQUE	NCE OF):							
CERTIFICATION	resulting in death) LAST	•		_							į į
	PART II. Other significant conditions	Contributing to daa	th but not rest	Ulting In 1	the underl	ving causa givan i	n Part I.	24a, WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINGS
EDICAL						-10 20-2-2-2000		PERFOR	MED?	AM CC	AILABLE PRIOR TO OMPLETION OF CAUSE
								7.23			DEATH?
AN.	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: M	EXAMINER?	HOSPITAL:	Outpatient 3 🗆	DOA O	THER:	PLACE OF DEATH (					
높	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	RY 2	8b. TIME O	7 1 28c.	INJURY AT	28d. DE	SCRIBE HOW IN	300 F	BLK I	WABASH AV
B M	1 Netural 5 Pending 2 Accident Investigation	12-30-1	991 9	50P	,M 1 [	WORK?  YES 2 NO	SUB	JECT S	SHOT		
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (	Specify) ON	STR		ffice	4 3 0	O BLK	WABA		
절	29e. CERTIFIER (Check only one)	IAN: To the best of my k	nowledge, death	occurred a	it the time, o	late end place, end de	ue to the ce	use(s) end men	ner as stated		
	2 MEDICAL EXAMINER	: Un the basis of exemin	etion end/on inve	atigation, I	n my opinio			end place, end	due to the	ceuse(e) en	d menner ee stated.
8	The And TO A CERTIFIER	all	bul			29c. LICENSE N					onth, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	DEATH (ITEM 27	) (Type, Pri	int)	O.C.M	. E .		12-	-31-	1991
	MARIO F. GOLL	F JR-V	M)			STREET	BAL	TIMORE	E MAR	RYLAI	ND 21201
	"JAN U 3 1992 4	La Davidson	Anders.								

11-1 05-1

Land Marin Print R. Co.

200 (04)

ed in the

B was well

## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

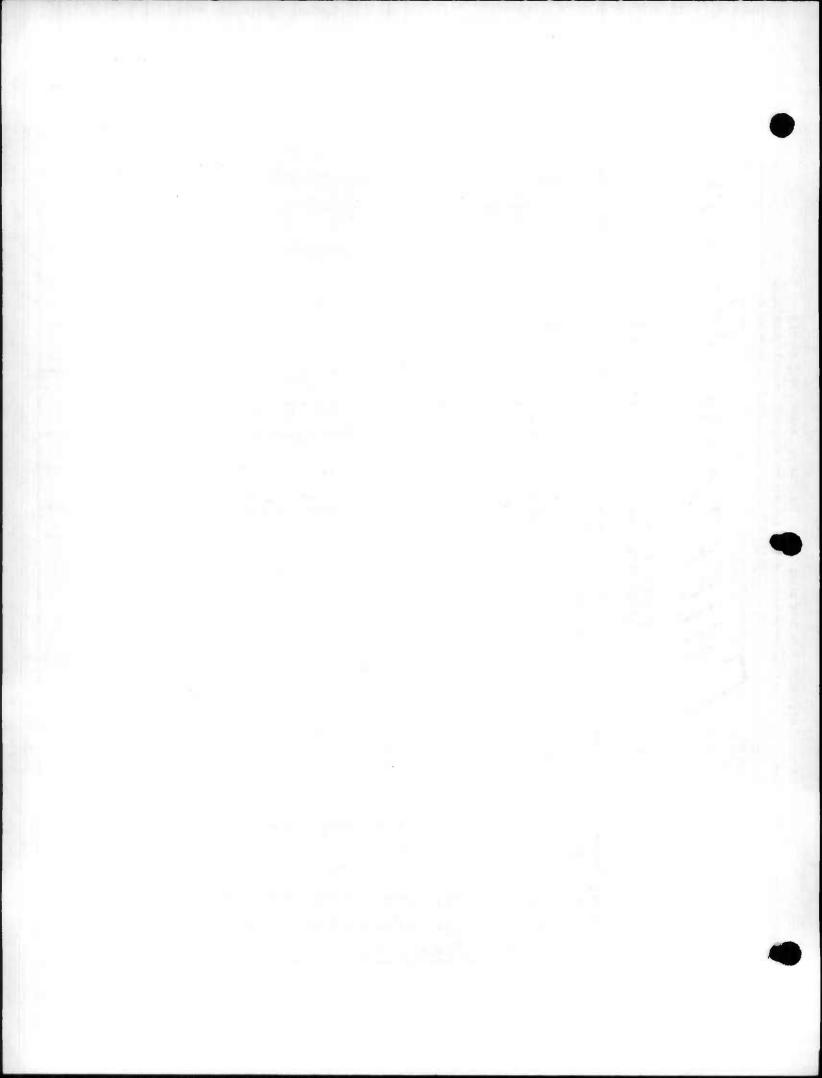
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTM	MENT OF HEALTH	AND MENTAL HY	GIENI
CERTIFIC	CATE OF DEA	TH REC	NO.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN				
	1. OECEOENT'S NAME (First, Middle, Last)	Margaret	Isabella	Mills	3	2. OATE OF OEATH 1	0.1	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 100 13 0611	5. SEX 6. AGE (In 1 M 2 TF X 92	7. OATE OF BIRTH (Month, Day, Year) 4-22-189							
S S	9a. FACILITY NAME (If not institution, give st Children's Hospit	302-	,		r LOCATION OF OE	ATH	9c. COUNTY O	F OEATH		
DIRECTOR	10a. STATE 10b. COUNTY Maryland	na		own on Locat	ION					
FUNERAL	10e. STREET AND NUMBER 6225 York Road		101	21212		1   YES 2   NO  10g. CITIZEN OF WHAT COUNTRY?  USA				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		IC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No- 14. RACE — American Indian, Black, White, etc.  Specify: White			
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo			SINESS/INOUSTR	Y		
COMPLET	Grammer  17. FATHER'S NAME (First, Middle, Last)		Seam	stress	16. MOTHER'S NA	Sewil  ME (First, Middle, Meiden  Dacon				
10 85	Edward Knight  190. INFORMANT'S NAME (Type/Print)  Hazel Hunter	Sister			nd Number or Rural F	Poute Number, City or Tow				
19	20a. METHOO OF OISPOSITION 1	oval from State	PLACE OF DISPOSITION				OCATION — City o			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Ronald Wade, Dir  12/31/91  655 W. Baltimore St, Balto., MD 2120								
HILLAIION	shock, or/heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	B. COLLAGO BUE TO (OR AS A COLLAGO OUE TO (OR AS A COL	CONSEQUENCE OF):	mas	y In	whis	~	Interval Between Onset and Death		
MEDICAL CE	PART II. Other algolificant condition	e contributing to deeth but	t not resulting in t	the underlyIn	g cause given in	Part I. 24e. WAS AFPERFO	RMEO?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO		
25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF OEATH (Check only one)  27. MANNER OF OEATH  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  (Month, Day, Year)  28. DATE OF INJURY  1 YES 2 NO  28. DATE OF OEATH  1 Natural 5 Pending  1 YES 2 NO  28. DATE OF INJURY  1 YES 2 NO										
Y PHY	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28s. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, streat, factory, office City or Town. State)								
9	3 Suictde 8 Could not be determined									
COMPLET	29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	am ,			29c. LICENSE NUI		29d. DATE SIG	NEO (Month, Day, Year)		
		ciner 600	WNOW		Pkway	Balto	md -	21210		
	JAN 3 1992 Julie Javidson-Rander									



Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

ETED.

COMPL

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm he filed within 72 hours after death with the State Deat of Health and Mental Hyalene prior to purial cremation or named.	MPORTANT: if Item 28 is marked, or item 23 shows any Injury or other traumatic event, the medical exeminar must he notified at once
---	---	---

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 36402 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 12-27-91 ELLEN 3. TIME OF DEATH NORA MEEK 110 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) 1 M 2 DE 212 05 1662 DAYS HOURS MIN. 83 YRS 21 08 MD 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Extended Care Baltimore na RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? na MD Baltimore 1 F YES 2 NO 10e STREET AND NUMBER 10f. ZIP CODE 719 Rock Spring Avenue 10g. CITIZEN OF WHAT COUNTRY? 21014 6225 York Road 212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 1 YES 2 NO 3 Widowed 4 Divorced Specify Specify White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spi (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) Telephone Operator C & P Telephone co 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Schubert Charles Edward Lydia Oliphant 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ruth Sanborn Gt-Niece 719 Rock Spring Avenue, Bel Air, MD 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Buriel 2 Cremetion 3 Removal from State Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY 1.2.31.91 STATE ANATOMY BOARD Ronald Wade, 655 W. Baltimore St., Baltio., MD 21201 23./PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or heart failure. List only ope interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition\_ 3mins reaulting in death) IOR AS A CO ears Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAIL ARLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Nstural 5 Pending Investigation М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, dete end place, end due to the ceuse(e) end menner ee stated. 29d, DATE SIGNED (Month Day Year) 22 

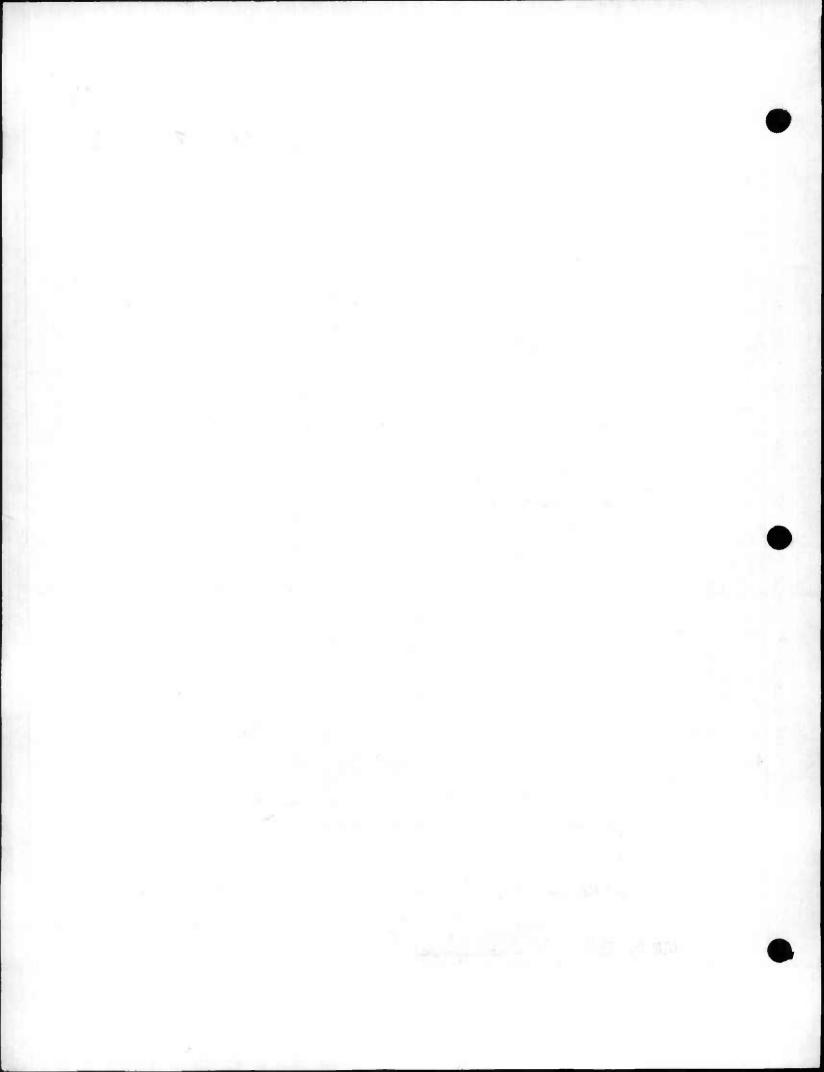
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print

32. REGISTRAR'S SIGNATURE

Davidson-Randell

1992

JAN 3



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

91-7778	8 - 005	7 00								9.1	36403
FOR Items: 23   1 - STATE REGISTRAR	STATE OF I	WARYLAI	ND / DEPAI CERTIF	RTMEN	T OF H	MEO G-6 IEALTH AND DEATH	MENTA	L HYGIEN		7 1	30900
1. DECEDENT'S NAME (First, Middle, Last)	)							OF DEATH			3. TIME OF DEATH
	ALLEN	M	ILLER				1 2	29	19	9 <sup>5</sup> 1"	10;49 P w
4. SOCIAL SECURITY NUMBER	5. SEX		yrs. lest birthday)	IF UND	ER 1 YEAR	IF UNDER 24 HRS.	(Manual	OF BIRTH			PLACE (State or Foreign
213-64-2740	1XXM 2 □ F	38	YRS.			nouns and.	MAR	СН 28,	1953	MA	RYLAND
9e. FACILITY NAME (If not institution, give						R LOCATION OF E	DEATH		9c. COU	NTY OF D	EATH
PARKING LOT - 1 1	)4 INGLE	SIDE	AVE.	CA	CONSV	ILLE			B A	LTI	MORE
10a. STATE 10b. COUNT	TY		10c. CIT	ry, town	OR LOCAT	ION					10d, INSIDE CITY
MARYLAND B.	ALTIMORE			WOOI	DLAWN						LIMITS?
10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
1518 FOREST PARK	AVENUE					21207				U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U	S. ARMED	13	. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN	17 (Specify Yea		14. RACE	- American Indian,
1 Never Merried 2 Merried 3 Wildowed 4 X Merried	IF YES, GIVE V	WAR OR DATE	ES .			XX NO Spec		Ricen, etc.)		Specif	WHITE
15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	10	6a. DECEDENT'S (Give kind of	work done	durina mo	N st of working	166	KIND OF BUS	SINESS/INC	USTRY	
Elementery/Secondary (0-12)	College (1-4 or 5		iiie. Do NOT u								
17. FATHER'S NAME (First, Middle, Last)			TILE SE	TIE	Χ.			CONST		TON	
DON ALLEN MILLER						18. MOTHER'S N			Sumeme)		
19a. INFORMANT'S NAME (Type/Print)			195 MAII INC	ADDDES	e (Street a	of Number or Rural		NYDER	201		
SHIRLEY MILLER	(мотне	/	1518	FORE	EST P	ARK AVE					1207
20e. METHOD OF DISPOSITION  1	noval from State		TRO CRE				/3/92			City or Tow	yn, State , MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-	11			D ADDRESS OF F					
Kussee		J.	tel	116	530 E	DMONDSO	N AVE	NUE, CA	TONS	VILLI	ERAL HOMES E,MD.21228
23. PART I. Enter the diseasas, or shock, or heart failura.	List only one cau	t caused the	na death. Do i h lina.	not enta	r tha mo	da of dying, su	ch as card	diac or respi	ratory arr	ast,	Approximata Intarvai Between
iMMEDIATE CAUSE (Final disease or condition											Onset and Daath
resulting in death)	a. Acute A	Alcoho	ol Into	xica	tion	with As	spira	tion			
	DUE TO	(OR AS A CO	ONSEQUENCE O	F):							
Sequantially list conditions, if any, leading to immediate	b	(OR AS A CC	ONSEQUENCE OF	F):							
cause. Enter UNDERLYING CAUSE (Disease or injury	C										
that initiated events resulting in death) LAST		(OR AS A CO	ONSEQUENCE OF	F):							
	d										+
PART II. Other significant condition	ns contributing to	death but	not resulting	in the u	nderlying	cause givan in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								YES 2			COMPLETION OF CAUSE OF DEATH?
1 YES 2 NO											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (C)	neck only on	e)			
XXYES 2 NO	1 🗆 Inpatient 2 🗆	ER/Outpatle	ent 3 🗆 DOA	OTHE 4 □ Nu	R: rsing Home	5 🗆 Residence	XsX Other	r (Specify)	PAR	KING	GLOT
27. MANNER OF DEATH  1 Netural Pending 2 Accident Investigation	28e. DATE OF (Month, Di 12/29	NJURY By. Veer)	28b. TIM 10:4	E OF URYP 9 M	28c. INJU WOI 1 Y		0.3		conși	-	
3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — .	At home, ferm, s	street, fec	tory, office		281. LOC	ATION (Street o	- 147	or Rural Ro	ute Number,
4 Homicide determined	Truck		arking	lot			Wood I	or Town, State)	1104		leside Ave.
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYS  X X MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of ax	my knowledg	ge, death occurre	ed at the	lime, data	and place, and due	to the cau	se(e) end man	ner se atat	ed.	
	_		gatio	,y	opinion, ac	aru occased at the	tirrie, Gate	and piace, and	due to the	e ceuse(e)	and manner se stated.

29c. LICENSE NUMBER

PENN

STREET

OCME

BALTIMORE, MARYLAND

1992 JWR

JAN 0 3 19

TURE AND TITLE OF CERTIFIER

1991

29d. DATE SIGNED (Month, Day, Year)

30

21201

**H** 2

저 22 번째의

- 18 6 1 Marin

thister or the manager of an

filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.

permit. Pages 1, 2, 3 should

	ithin
9	3
1312	execute
×	2
B	tificate
o	Par
۳.	death
S	the
문	that
ECC C	rentifies
	36
M	The
OF VITAL RECORDS, P.O. BOX 13146,	CONTAIL OD ATTENDING DHVCICIAN: The law requires that the death certificate he executed within
DIVISION	PNUNG
=	A
$\leq$	00
	COLTAI

certificate has been signed by the attending physician and completely filled in the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or

ままる

2

20

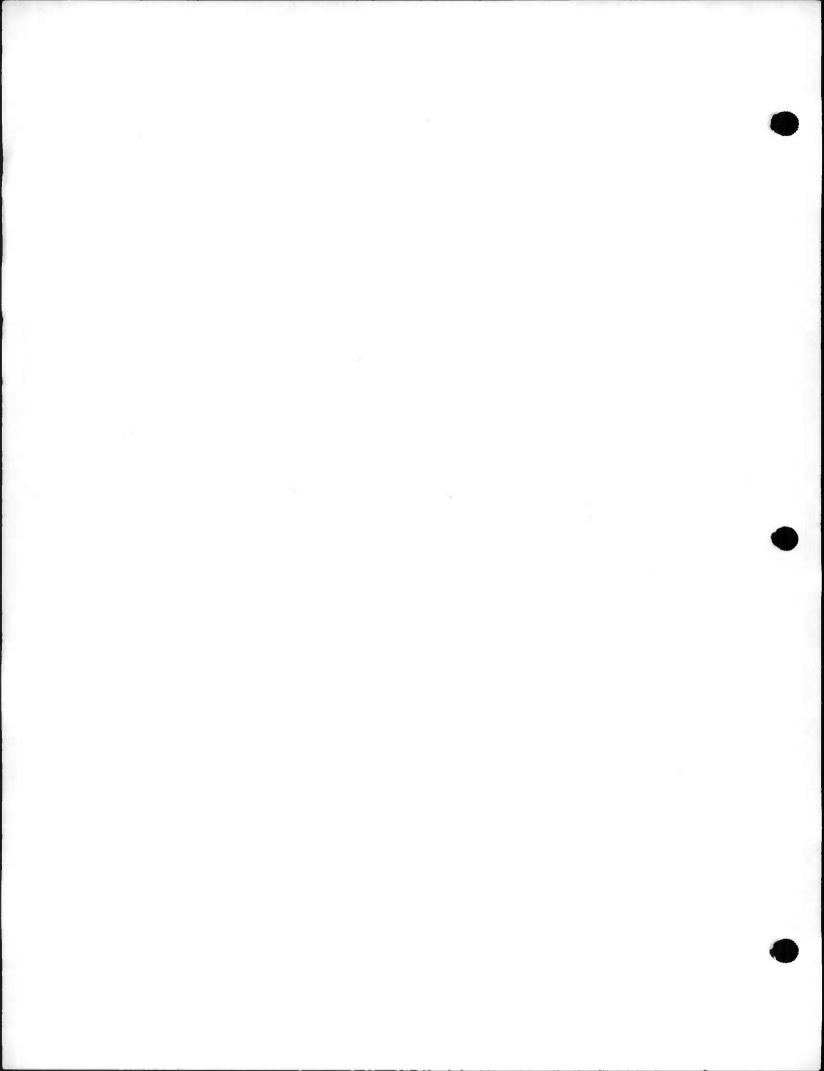
31. DATE FILED (Month, Dex.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
JUNIO DEVIDENT PROPERTY.

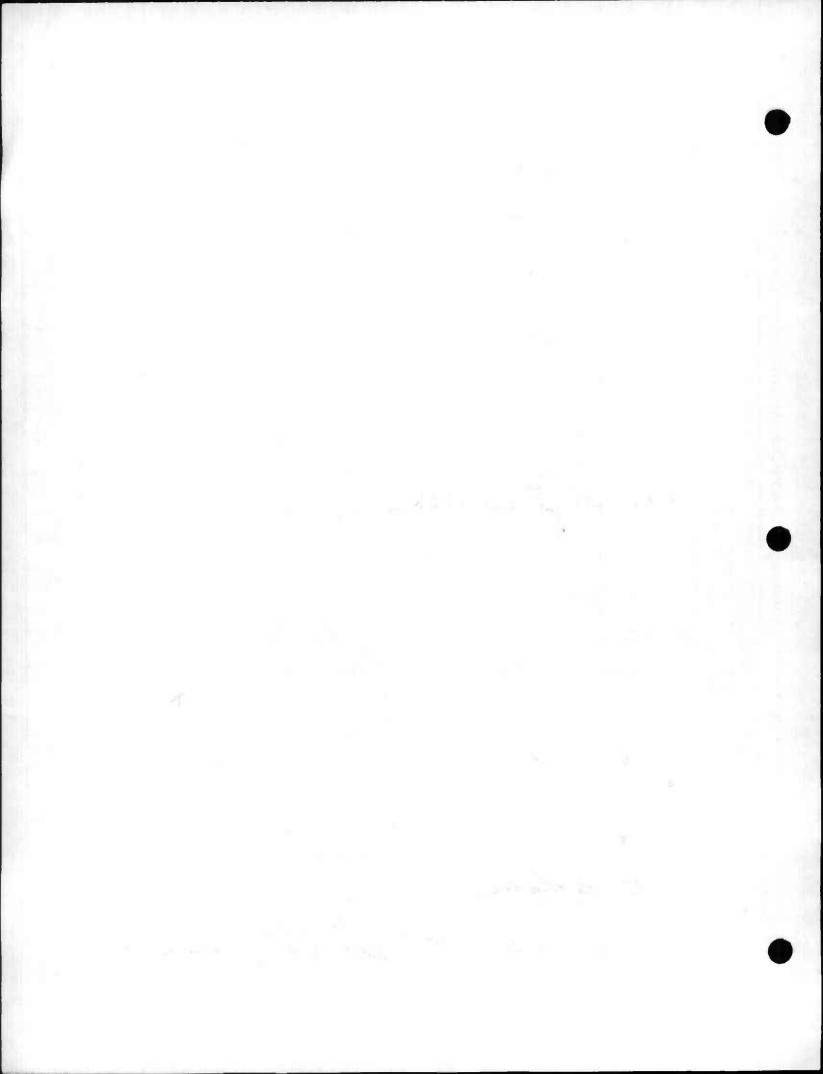
91 36404 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH John Carroll McGhee 2 00 5. SEX 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 12403 57 DAYS M 2 D F #= 577 YRS. April 6 191 Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Loch Raven VA Hospital BAltimore RESIDENCE OF DECEDENT 10d. INSIDE CITY 10h COUNTS 10c. CITY, TOWN OR LOCATION 10e. STATE Md. BAltimore 1 TYES 2 NO Essex FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1007 Foxridge Lane 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 TES 2 NO Specify BY 3 Wildowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 8th Mechanic Domino Sugar 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William McGhee notified at Cornelia BE 19e. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Janet Hitt 1007 Foxridge Lane BAltimore Md. 21221 pe 20e. METHOD OF DISPOSITION
1∑ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of come 20c. LOCATION — City or Town, Stata tery, cremetory or must 4 Donation 5 Other (Specify) Oak LAwn Cemetery Baltimore Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve. 21221 wone medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Batween Onset and Death **IMMEDIATE CAUSE (Final** the disease or condition reaulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) truc rinar CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury 11 ole ox DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST dispase OL coronar. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atter be filed within 72 hours after death with the State Dept, of Health and Mental IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE pacema 1 TYES NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: nt 2 ER/Outpatient 3 DOA 4 🗆 N me 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 26c. INJURY AT WORK? Ma. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Matural 1 YES 2 NO BY 2 Accident Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER DESTRYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 🔲 MECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

3



d within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	the modified arranging a more for a salitary of the salitary
e executed within 24 hours after	an and completely filled in by the to burial, cremation, or remove	umatic event the medical
lires that the death certificate	signed by the attending physic dealth and Mental Hygiene pric	are any injury or other to
PHYSICIAN: The law requ	ir this certificate has been th with the State Dept. of	arked or item 23 cho
OSPITAL OR ATTENDINA	UNERAL DIRECTOR: After the of the other than 72 hours after dea	INT if item 28 is m

	ist)			ICATE OF			2. DATE (	REG. NO	AY	YEAR	3. TIME OF DEATH
William Fr	ank	MORAN					Dece	mber	30	1991	
223-14-6673	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN.		Dey Mar)	1916	8. BIRTI	HPLACE (State or Foreign Ty) rginia
90. FACILITY NAME (If not institution, gi Franklin S	quare Ho	spital			Poccerillo					COUNTY OF DEATH	
Md . 106, COU		Baltimore Essex									10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 503 Myrth			101. ZIP CODE 21221								WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 N WAR OR OATES	MED	If yea, sp	ENDENT Cooling	in, Maxica	n, Puerto Ri	(Specify Yes can, atc.)	or No—	14. RACI Blac Spec	E — American Indian, k, Whita, atc. //y: White
15. DECEOENT'S E (Specify only highest gi Elementary/Secondery (0-12)	OUCATION ade completed) College (1-4 or 5	(Gi	CEDENT'S ive kind of v Do NOT us	USUAL OCCUPATION Work done during more retired.)	ON est of working	ng	16b. I	KIND OF BUS			
8 th 17. FATHER'S NAME (First, Middle, Last)		W	lare	housema				Gler		MA	rtin
Moses Mor	an				A	lice	e Co	odle, Maiden Onner	•		
	oran	191	112	ADDRESS (Street a	fer	or Rural I	oad 1	r, City or Town	n, State, Zip Shaw	Md.	.21021
20a, METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 R  4 Donation 5 Other (Specify)		cemetery, crea		ed Ceme	ter	V	DATE		cation – per		wn, State L VA .
21. SIGNATURE OF FUNERAL SERVICE	A FUM	undh	/	22. NAME AN	D ADDRE	S OF FA		lHom∈	3001	MAC	eAve.2122
23. PART I. Enter the diseases, shock, or heert fellu	complications that List only one cer	at caused the de use on each line	ath. Do n	ot enter the mo	de of dyl	ing, suci					
stream, or most tella	a. Lung oue to	Et caused the de use on each line  Cancer O (OR AS A CONSECTION OF OR AS A CONSECTION OF	OUENCE OF	); );	de of dyl	ing, suci					Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Lung oue to b. Due to c. Due to	Cancer O (OR AS A CONSECTION OF	DUENCE OF	): ):			n as cardi	ac or reapi	ratory err	rest,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Lung oue to b. Due to c. Due to	Cancer O (OR AS A CONSECTION OF	DUENCE OF	): ):			h as cardle	ac or reapi	AUTOPSY	rest,	Interval Betwee
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit	a. Lung oue to b. Due to c. Due to d. lone contributing to	Cancer O (OR AS A CONSECTION OF	DUENCE OF	n the underlying	d canse d	jiven in	h as cardle	ac or reapi	AUTOPSY	rest,	interval Betwee Onset and Deal Onset
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit EXAMINER?  1  YES 2  100	a. Lung OUE TO b. DUE TO c. DUE TO d. lona contributing to	Cancer O (OR AS A CONSECTION OF	DUENCE OF	n the underlying	g cause g	jiven in	Pert I. 2	24a. WAS AN PERFORI	AUTOPSY	rest,	interval Betwee Onset and Deal Onset
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit	a. Lung oue to b. Due to c. Due to d	Cancer O (OR AS A CONSECTION OF	DUENCE OF	2& PL OTHER: 4   Nursing Home OF   28c. INJI WOI	J cause g  ACE OF OI  5 □ Re	piven in	Part I. 2	24a. WAS AN PERFORI	AUTOPSY MED?	24b.	interval Betwee Onset and Deal Onset
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending	a. Lung OUE TO b. DUE TO c. DUE TO d. lona contributing to lona contributing to 28e. PLACE Of 28e. PLACE OF	Cancer O (OR AS A CONSECTION OF	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME	OTHER:  OF Mursing Homm  OF 28c. INJI  WOI  1 Y	ACE OF OI	piven in	Part I. 2  Other (28d, DESC)	24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation of the condit	a. Lung OUE TO b. DUE TO c. DUE TO d	Cancer O (OR AS A CONSECTION OF INJURY — At hor atc. (Specify)	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJURIES.	2a. PL OTHER: 4   Nursing Home COF 28c. INJI WOI 1   Y treet, factory, office d at the time, date	J Cause g  ACE OF OI  5  Re JRY AT RK? ES 2	EATH (Che	Part I. 2  Ck only one)  G Other ( 28d. DESC)  City or	24a. WAS AN PERFORI 1 YES 2/	AUTOPSY MED? No  IJURY OCC and Number	24b.  CURED  or Rural A	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation of the condit	a. Lung OUE TO b. DUE TO c. DUE TO d	Cancer O (OR AS A CONSECT O (OR	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TiME INJURNE, farm, at atth occurrent westigation	2a. PL OTHER: 4 Nursing Home 5 OF Wolf I Y Wolf I Y ireel, factory, office d at the time, data h, in my opinion, de	ACE OF OI  5 S Re  JRY AT  RKY  ES 2 S  and plece,  with occurre  29c. LICE	EATH (Che	Part I. 2  Cok only one)  B Other ( 28d. DESC	24a. WAS AN PERFORI 1 YES 2/	AUTOPSY MED?  AUTOPSY MED?  NO  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  Autopsy Medical Medi	24b.  CURED  or Rural A  ed. e ceuse(a)	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO



	atte	9	2	
	10	in July		
1	Spit	hed	1	-2
	e ho	etac		nce
	by th	be d		ato
	ped	pine		9
	etair	Sho		a di
	be	5 90		9
	may	r. Da		st b
	9 9	recto		Ē
	Pag	al di		ner
	eath.	uner		E G
	ter d	the	wal	aj e
	rs af	3	Гет	dica
١	Pour	ed ii	0	E
	1 24	N F	ation	ŧ
٠	Milli.	plete	rem	ent,
	ted	EOO	al, c	6
	поех	and	pnu	atic
	pe e	heid	or to	aum
	cate	hysic	e pri	or tr
	ertific	d bu	giene	othe
	th c	endi	E F	0
	dea	e att	Aenta	ury,
	t the	by th	nd N	E
	s tha	pau	Ith a	any
	Juire	1 Sign	Hea	DWS
	V rec	been	t. of	Sh
	le lav	has	Dep	n 23
	= ==	cate	State	it e
	CIA	ertifi	the	0
	HAS	his c	with	Ked.
	10 9	ler t	ath	mar
	B.	4 4	8	.00
	Ĕ.	B	ij.	22
	g	DIRE	hour	Te tr
	TO A FINGS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended	TO THE TOWNER DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use a	be that within 72 hours the math with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
۱	8	E S	ä	E
9	E.	Ē	M 26	SKE
	0	10	6	M P
	1	-	٥	=

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	RIMENT OF I	HEALTH AND MEN	TAL HYGIEN	E	91 36401
1. DECEDENT'S NAME (First, Middle, Las					ATE OF DEATH	NY .	3. TIME OF DEATH
ANDRE  4. SOCIAL SECURITY NUMBER		RYL  AGE (In yrs. last birthday)	OWEN:		-	5 1	991 6:30 p
218 06 5434	1.XXM 2 □ F	23 YRS.	MONTHS DAYS	HOURS MIN. F	ATE OF BIRTH	19	8. BIRTHPLACE (State or Foreign 8 Couptry) Wash, D.C.
9e. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF OEATH			NTY OF OEATH
5121 DEAL DRI	IVE		OXQ N	HILL		PRI	NCE GEORGES
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	VTY	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY
Maryland	PG	U	oper Ma	rlboro			LIMITS?
10e. STREET AND NUMBER			10	I. ZIP CODE			ZEN OF WHAT COUNTRY?
11.009 Mt. Lub				20772			ted States
1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1 1	YES 2 ANO	13. WAS DEC	ENDENT OF HISPANIC OR ecify Cuban, Mexican, Pue 2 NO Specify:	IGIN? (Specify Yae rto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: Black
3 Widowed 4 Divorced	IF YES, GIVE WAR (	OH DATES	1 TYES	2 NO Specify:			Specify: Black
15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATION Work done during mose retired.)	ON est of working	16b, KIND OF BUS	INESS/IND	USTRY
Elementary/Secondery (0-12)	College (1-4 or 5+)				nn i ere	L =	
17. FATHER'S NAME (First, Middle, Last)		Paten	t resea	18. MOTHER'S NAME (Fit	PRiva		
Mack Arthur O	wens			Gale Y.			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural Route A	lumber, City or Town	, State, Zip	Code)
Mack Arthur O		1100	009 Mt.	Lubentia	-4		er Marlboro
2 Gremetion 3 Re	moval from State	20b. PLACE AND DATE of cemetery, crematory or o			2792 20c. LO		City or Town, State Md .
21. SHEMATURE OF PUBERAL SERVICE L	685	wasning		ional Cem		Sui	tland,Maryl
Vilan, 1	House	1 111	Stew	art Funer	al Hom		
23. PART I. Enter the diseases, of	complications that can	used the death Dor	4001	Benning	Road, N	.E.	
anoun, or near reliate	I lot only one source -		not enter the mo	de of dving, auch as o	erdiac or respl	retory err	ast   Approviments
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. MULTI	PLE GU AS A CONSEQUENCE OF	NSHOT	de of dying, auch as o	erdiac or reepi	retory err	est, Approximate interval Betwee Onaet and Dea
disease or condition	a. MULTI DUE TO (OR /	PLE GU	NSHOT Pi:	de of dying, auch as o	erdiac or reepli	retory error	interval Between
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. MULTI DUE TO (OR A  C. DUE TO (OR A  d.	AS A CONSEQUENCE OF	NSHOT 7:	WOUNDS	24s. WAS AN	WITOPSY	interval Between
Sequentially list conditione, if any, laading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	a. MULTI DUE TO (OR A  C. DUE TO (OR A  d.	AS A CONSEQUENCE OF	NSHOT 7:	WOUNDS		NUTOPSY MED?	interval Betwee Onaet and Des  24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	a. MULTI DUE TO (OR A  C. DUE TO (OR A  d.	AS A CONSEQUENCE OF	NSHOT 7:	WOUNDS	24s, WAS AN PERFORI	NUTOPSY MED?	interval Betwee Onaet and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	a. MULTI DUE TO (OR A  C. DUE TO (OR A  d.	AS A CONSEQUENCE OF	NSHOT	Ceuse given in Part i.	24s. WAS AN / PERFORI	NUTOPSY MED?	interval Betwee Onaet and Dea  24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART ii. Other algnificent conditions.	a. MULTI DUE TO (OR /  b. DUE TO (OR /  c. DUE TO (OR /  d. Due To deel	AS A CONSEQUENCE OF	NSHOT  7:  7:  In the underlying  28. PL  OTHER:	ceuse given in Part i.	24s. WAS AN PERFORM	NUTOPSY MED?	interval Betwee Onaet and Dea  24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other aignificent conditions.	a. MULTI DUE TO (OR /  b. DUE TO (OR /  c. DUE TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /	AS A CONSEQUENCE OF	DSHOT  The underlying  28. PL  OTHER: 4 □ Nursing Home  E OF □ 28c. INJI	ACE OF DEATH (Check only  a 5 X Residence 8 0	24s. WAS AN PERFORM	MUTOPSY MED?	interval Betwee Onaet and Dea Onaet and Dea Onaet and Dea Onaet and Dea Onaet and Dea Onaet and Dea Onaet and Onaet
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other algnificent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. MULTI DUE TO (OR /  b. DUE TO (OR /  c. DUE TO (OR /  d. Due To (OR /  d. Due To (OR /  d. Due To (OR /  d. Due TO (OR /  d. Due To (OR /	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  The but not resulting I  Coutputent 3 DOA  RY 286. TIME  OUTPUT DOA  RY 286. TIME  OUTPUT DOA  RY 286. TIME	THER:  A DATHER:  A DATHER:  B OF LOSE, PL  OTHER:  WO  WE  OTHER:  WO  OTHER:  WO  OTHER:  WO  OTHER:	ACE OF DEATH (Check only a 5 X) Residence 8 0	24a, WAS AN / PERFORI 1 VES 2 / One) ther (Specify) DESCRIBE HOW IN	MUTOPSY MED?  NO  JURY OCC	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
Sequentially list conditione, if any, laading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR /  DU	AS A CONSEQUENCE OF  AS A CONS	The underlying  26. PL  OTHER: 4   Nursing Homi URY	ACE OF DEATH (Check only a 5 X Residence 8 0  JRY AT 286. C	24a. WAS AN / PERFORI 1 M YES 2  Tone)  ther (Specify)  DESCRIBE HOW IN SUBJEC'	JURY OCC	interval Betwee Onaet and Dea
Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART ii. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  2 Accident  3 Suicide  4 Homicide 6 Could not be detarmined	B. DUE TO (OR /  DUE TO (OR /	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF	The underlying  26. PL  OTHER: 4   Nursing Home BOF   28c. INJ URY   WO  O PM   1   WO  Atreet, factory, office MENT BU	ACE OF DEATH (Check only a 5X Residence 8 0 JRY AT 28d. c	24s. WAS AN / PERFORI 1 (YES 2  Tone)  ther (Specify)  DESCRIBE HOW IN SUBJEC' OCATION (Smirg)  Ry or Town, Smirg)  EN HIL	JURY OCC  I SH  ON PROPERTY  L, N	Interval Betwee Onaet and Dea
Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the conditions of the conditio	DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR /  DUE T	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A	The underlying 26. PL  OTHER: 4   Nursing Home Port 20. INJURY WO PM 1   W Vareet, factory, office WENT BU	ACE OF DEATH (Check only a 5X Residence 8 0  JRY AT 28d. c ES 2 X NO  LLDING OX end place, end due to the	24a, WAS AN / PERFORI 1 (YES 2  Tone)  ther (Specify)  DESCRIBE HOW IN SUBJEC'  OCATION (Smart & Iny or Town, Shrin)  LEN HIL  Cause(e) end menr	JURY OCC  I SH  ONITAL A  TOTA	Interval Betwee Onaet and Dea
Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 4 Mindelde 6 Could not be detarmined (Check only) 1 CERTIFYING Physical P	a. MULTI DUE TO (OR /  b. DUE TO (OR /  c. DUE TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  28e. OATE OF INJU (Month, Day, Ye /  1 2 / 2 6 /  28e. PLACE OF INJU building, etc. (:  SICIAN: To the base of examin	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A	The underlying 26. PL  OTHER: 4   Nursing Home Port 20. INJURY WO PM 1   W Vareet, factory, office WENT BU	ACE OF DEATH (Check only a 5X Residence 8 0  JRY AT 28d. c ES 2 X NO  LLDING OX end place, end due to the	24a, WAS AN / PERFORI 1 (YES 2  Tone)  ther (Specify)  DESCRIBE HOW IN SUBJEC'  OCATION (Smart & Iny or Town, Shrin)  LEN HIL  Cause(e) end menr	JURY OCC  I SH  ON TO DESCRIPTION  TO SHOW THE PROPERTY OF THE	Interval Betwee Onaet and Dea
Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSONE) 2 MEDICAL EXAMINER.	B. DUE TO (OR )  DUE TO (OR )	AS A CONSEQUENCE OF AS A C	The underlying  26. PL  OTHER: 4   Nursing Home OP   28c. INJ URY   WO OP n   1   V treet, factory, office MENT BU d at the time, date n, in my opinion, de	ACE OF DEATH (Check only a 5X1 Residence 8 0 JRY AT RK? ES 2 X NO 261. L L D I N G O X end place, end due to the	24a, WAS AN / PERFORI 1 YES 2  Tone)  ther (Specify)  DESCRIBE HOW IN SUBJEC'  OCATION (Smart and or Town, Swine)  EN HIL  cause(a) end menter and place, end	JURY OCC  I SH  ONITION  TO SHOOT IN A STATE OF THE STATE	Interval Betwee Onaet and Dea
Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSONE) 2 MEDICAL EXAMINER.	a. MULTI DUE TO (OR /  b. DUE TO (OR /  c. DUE TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  d. Due TO (OR /  28e. OATE OF INJU (Month, Day, Ye /  1 2 / 2 6 /  28e. PLACE OF INJU building, etc. (:  SICIAN: To the base of examin	AS A CONSEQUENCE OF AS A C	The underlying  26. PL  OTHER: 4   Nursing Hom.  E OF   28c. INJ  WO O pan 1   1   1   Wreet, factory, office MENT BU  d at the time, date n, in my opinion, de	ACE OF DEATH (Check only a 5 X Residence 8 0 0 NRY AT RK?  ES 2 X NO  ILDING OX  end place, end due to the eath occured at the time, d  29c. LICENSE NUMBER  O. C. M. E	24a. WAS AN / PERFORI 1 N YES 2  ther (Specify) DESCRIBE HOW IN SUBJEC' OCATION (SINS): a region of Town, Shelp! EN HIL cause(s) end menseta end place, end	JURY OCC  I SH  No  L, N  Por on state due to the	Interval Betwee Onaet and Dea

DHMH-16 Ray 1/89

- 15

39

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should ith the State Dept. of Heath and Mental Hygiene prior to bunal, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H				E S	36407	
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIFI	CAIL OF	DEATH		REG. NO.		3. TIME OF DEATH	
	Carrie	Lue Porter				MON 12	TH DA		91 11.50 a. M	
		5. SEX 6. AGE (In yrs.	. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7. DATE	OF BIRTH		B. BIRTHPLACE (State or Foreign	
	218-26-0849 9a. FACILITY NAME (If not institution, give stre	1 D M 2 X F 66	YRS.	MONTHS DAYS		_	8-25		S.C.	
DIRECTOR	2	Hospital		96. CITY, TOWN O	Himo				Himore	
E S	10a. STATE 10b. COUNTY		19¢. CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY	
	10e. STREET AND NUMBER		Ba	Itim				LIMITS?		
FUNERAL	2958 Mosher	- Ct. Apt.	3B	101	Z12	-16		10g. CITIZE	EN OF WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	If yes, spi	ENDENT OF Hecify Cuban, M	lexican, Puerto	N? (Specify Yas Rican, etc.)	or No — 1	4. RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16a.  College (1-4 or 5+)	DECEDENT'S I (Give kind of w life. Do NOT use	USUAL OCCUPATION for done during monotred.)	ON st of working	16	b. KIND OF BUS	INESS/INDUS	STRY	
BE CO	Henry Dunc	an			Bin	ky G	Middle, Maiden	5		
10	190, INFORMANT'S NAME (Type/Print) Carrie Mae	Porter	2966	Mosh	nd Number or F	Hural Route Nun	to LA		to. mdl. 21216	
	20e.METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	rai from State cemetery,	crematary or oth	F DISPOSITION (Na		1-2-9	1 / 2	CATION — CI	ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Wane		MOLFO	ADDRESS OF	neral	Hone	-We	16. md. 21215	
	23. PART I. Enter the diseases, obcoshock, or heart feliure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused tha at only one cause on each is	ina.			such as car	diac or raapir	atory arres	tt, Approximata Interval Batwean Onset and Daath	
NOIL	Sequentially list conditions, If any, leading to immediate  Dilated Cardio myo pathy  Due to (or as a consequence of):									
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Theophy II	SEQUENCE OF	Toxici	+4					
CERT	reaulting in death) LAST	Overwhe	Jmin	q Se	psis					
MEDICAL	PART II. Other algnificant conditions	contributing to death but no	t resulting in	the underlying	g cause give	n in Part I.	24a. WAS AN A PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH	H (Check only o	ne)			
SIC	A THE AND AND	HOSPITAL:   Ninpatient 2   ER/Outpatient		OTHER: 4 - Nursing Home	5 🗆 Raside	nce 6 🗆 Othe	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	URY AT	2ad. DE	SCRIBE HOW IN	JURY OCCU	RED	
ED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, st			28f. LOC	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one)	AN: To the best of my knowledge,	death occurred	I at the time, date	and place, and	due to the ce	use(a) and mann	ner as stated.		
	29b. SIGNATURE AND TANLE OF CERTIFIER	On the beals of exemination and/	or investigation	, in my opinion, de			and place, and			
BE	Kerren Oldern	AD House	٠ ١٨.		29c. LICENSE	8993		29d. DATE S	IGNED (Month, Day, Year)	
( )			11111	V. T. V	11 . 1	12 -1 -1	- 1	1 4	14-0 1-11	
10	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEATH (I	TEM 27) (30), /						V 21201	



planed descript I 

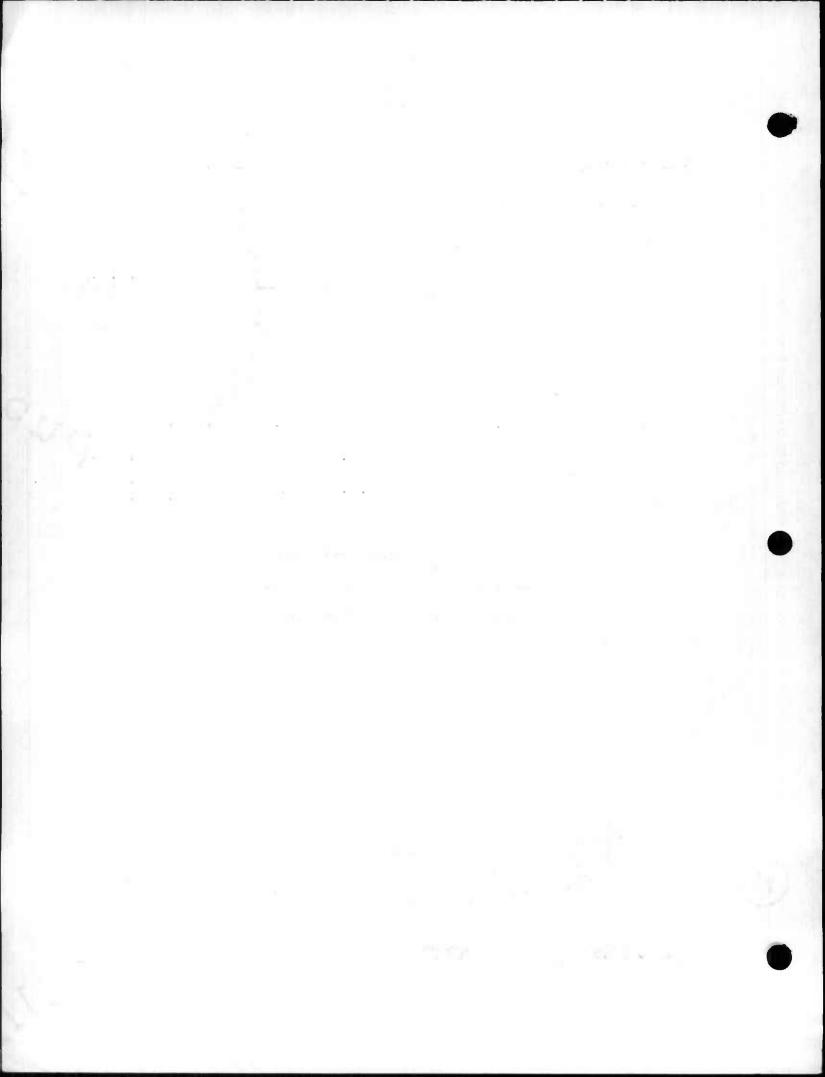
-	
0	
BO	
o.	
9	
٥.	
DIVISION OF VITAL RECORDS,	
Ö	
7	1
-	
2	
0	
Ш	
Œ	
_1	
4	
-	1
5	1
1.	į
-	1
U	-
Z	
0	-
=	1
S	i
5	The second secon
=	1
	1

	REGISTRAR	Acc. No.							
	1. DECEDENT'S NAME (First, Middle, La	PARRO	77			2. DATE OF DEATH	may ord I a	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthdi	my) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreig	
	213-20-8572	1 🗆 M 2 🔀 F	78 YR	S. MONTHS DAYS	HOURS MIN.	(Month, Day, Year 12-10	, ,	Maryland	
œ	9a. FACILITY NAME (# not institution, of University H	ospital			OR LOCATION OF DE		9c. COUNTY	Y OF DEATH	
CTO	RESIDENCE OF DECEDENT	_		Balt	imore C	ity			
DIRECTOR	MD .	NTY	10c.	CITY, TOWN OR LOCA		^		10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				ore Cit	У	10g. CITIZEI	1 √ YES 2 □ NO N OF WHAT COUNTRY?	
FUNERAL	1100 Bolton	Street Apt	. 806		21201			U.S.A.	
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IT	YES 2 NO	If yea, as	CENDENT OF HISPAN pecify Cuban, Maxica S 27 10 Specify	n, Puarto Rican, etc.	Yea or No- 14	Black, White, atc.  Specify:  Black	
LED	15. OECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. OECEDEN (Give kind	T'S USUAL OCCUPATI of work done during me IT use retired.)	ION lost of working	16b. KIND OF	BUSINESS/INDUS		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NO	Housewi.					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mal	den Sumame)		
BE C	Walter D	ennis			1	rtha Ce			
10	19a. INFORMANT'S NAME (Type/Print)  Dennis Parro	++	196. MAIL 22	6 Gentle	and Number or Rural I	Rd. Ow	Town, State, Zip Co	ills,21117	
	20a METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISPOSITION /N	lame of	DATE 20c	LOCATION - CIT		
	1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)		Arbutu	or other place) S Mem.Pa	ark12-2	8+91	Balto.		
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME A	NO ADDRESS OF FA	CILITY		N.Monroe S	
		Hector	#281	D - 1 -		/ 1111/	-1 4/1	deligning 2	
	23, PARI I. Enter the diseases, (				o.MD.				
	immediate cause (Final	re. List only one cause	on eech iina.	o not enter the mo	oda of dying, suc	h aa cerdiac or re		Onset and D	
	ahock, or heart fellui	re. List only one cause	on eech iina.	o not enter the mo	oda of dying, suc	h aa cerdiac or re		Onset and I	
7	immediate cause (Final disease or condition	re. List only one cause	on eech iina.	o not enter the mo	oda of dying, suc	h aa cerdiac or re		Onset and I	
TION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	a. Rup our to for b. Previous	on eech iina.	Thorness.	oda of dying, suc	h aa cerdiac or re		interval Bet Onset and I	
FICATION	immediate cause (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Previous  b. Previous  DUE TO (OR	threat (	Toracoal Toracoal Toracoal EOF):	oda of dying, suc	h aa cerdiac or re		interval Bet Onset and I	
RTIFICATION	immediate conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Previous  b. Previous  DUE TO (OR	A S A CONSEQUENCE	Toracoal Toracoal Toracoal EOF):	oda of dying, suc	h aa cerdiac or re		Onset and D	
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Pur TO OR  b. Pur TO (OR  DUE TO (OR  C. DUE TO (OR  d.	AS A CONSEQUENCE	Toracoal  Toracoal  E OF):  TORACOA  E OF):	Slomskal	Aortic Aortic	Aneury	interval Bets Onset and D  sem himte  year  Veas	
4	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  d.  liona contributing to dec	AS A CONSEQUENCE	Toracoal  Toracoal  E OF):  TORACOA  E OF):	Slomskal	Aartic Aartic Part I. 24a. WAS PER	A RELIENT A NEUTOPSY FORMED?	interval Bets Onset and E  A Marife  A Marife  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAM	
4	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Pur TO OR  b. Pur TO (OR  DUE TO (OR  C. DUE TO (OR  d.	AS A CONSEQUENCE	Toracoal  Toracoa  E OF):  TORACOA  E OF):	Slomskal	Aartic Aartic Part I. 24a. WAS PER	Aneury	interval Bets Onset and D  SM Munife  24b. WERE AUTOPSY FIND MALABLE PRIOR TO	
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Rup of DUE TO FOR D	AS A CONSEQUENCE	Thorncoal E OF):  E OF):  Thornese.  E OF):	Slomskal	Aortic  Aortic  Pert I. 24a. WAS PER	A RELIENT A NEUTOPSY FORMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
MEDICAL	immediate Cause (Final disease or condition resulting in death)  Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of th	a. Pur TO (OR  b. Pur TO (OR  C. DUE TO (OR  d. Iona contributing to dec	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE  The state of t	E OF):  To recoal  E OF):  To recoal  E OF):  To recoal  E OF):  To recoal  E OF):  To recoal  E OF):  To recoal  E OF):  To recoal  E OF):  To recoal  E OF):  To recoal  E OF):  To recoal  E OF):	oda of dying, suc	Part I. 24a. WAS PER 1 DES	A RELIENT A NEUTOPSY FORMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are conditionally in death.	a. Pur TO OR  b. Pur TO (OR  c. DUE TO (OR  d. DUE	DA each lina.  HARLA (  RAS A CONSEQUENCE  RAS A CO	E OF):  26. P  OTHER:  4   Nursing Hor	oda of dying, suc	Part I. 24a. WAS PER 1 DES	A RELITY  A NEW YORK  AN AUTOPSY FORMED?  5 2 \( \text{NO} \)	24b. WERE AUTOPSY FIND MAIL ABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2	
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  PART II. Other algnificant conditions or the conditions of the cause.	b. Previous  b. DUE TO (OR  c. DUE TO (OR  d.  HOSPITAL:  10 Tigostem 2 ER  28e. DATE OF INJ  (Month, Day, 1)	DA each lina.  HARLA (  RAS A CONSEQUENCE  RAS A CO	E OF):  26. P  OTHER: 4   Nursing Hon INJURY   28c. IN. INJURY   28c. IN. INJURY   28c. IN.	Solomakal  Solomakal  Solomakal  Solomakal	Part I. 24a. WAS PER 1 Seck only one)  6 Other (Specify)	A RELITY  A NEW YORK  AN AUTOPSY FORMED?  5 2 \( \text{NO} \)	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 SOIO	
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions.	a.  DUE TO (OR  DU	Driech lina.  HARA CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AND	E OF):  26. P  OTHER: 4   Nursing Hon INJURY   28c. IN. INJURY   28c. IN. INJURY   28c. IN.	oda of dying, suc	Part I. 24a. Was PER 1. Det	A NAUTOPSY FORMED?  S 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 COMO	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are supported by the conditions of the c	a. DUE TO (OR  b. POUTOUS  DUE TO (OR  C. DUE TO (PR  d.  Iona contributing to decent to the contribution of the contribution	BAS A CONSEQUENCE  AS A CONSEQ	Do not enter the motor of the motor coal (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	oda of dying, successful dying, successful delivers of the control	Part I. 24a. WAS PER 1 DEK only one)  6 Other (Specify)  26d. DESCRIBE HO  28f. LOCATION (Str. City or Town, St	AN AUTOPSY FORMED?  S 2 NO  W INJURY OCCUR  evet and Number or ate)	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 DIO	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Highware 5 Pending Investigated a Suicide 6 Could not detarmined  29a. CERTIFIER (Check only)	a. DUE TO OR  b. POLYPOIS  DUE TO OR  DUE TO OR  DUE TO OR  DUE TO OR  DUE TO OR  A. DUE TO OR  d. DUE TO OR  d. DUE TO OR  d. DUE TO OR  d. DUE TO OR  DU	Driech lina.  HARA CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  When the consequence  When t	E OF):  26. P  OTHER: A   OTHER: A   OTHER: MINJURY M   1	oda of dying, suc	Part I. 24a. WAS PER I P	A NAUTOPSY FORMED?  5 2 NO  W INJURY OCCUP eet and Number or ate)	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 SONO  RED  Rural Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Highware 5 Pending Investigated a Suicide 6 Could not detarmined  29a. CERTIFIER (Check only)	a. DUE TO (OR  b. DUE TO (OR  c. DUE TO (OR  d. DUE	Driech lina.  HARA CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  When the consequence  When t	E OF):  26. P  OTHER: A   OTHER: A   OTHER: MINJURY M   1	oda of dying, suc	Part I. 24a. WAS PER 1 DESCRIBE HO City or Rown, St to the cause(a) and time, data and piece	A NAUTOPSY FORMED?  S 2 NO  W INJURY OCCUP oet and Number or ate)	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 SONO	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions and initiated events reaulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Meturel 5 Pending investigated investigated investigated detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF RESE	B. DUE TO OR  DUE TO O	Driech lina.  AS A CONSEQUENCE	TO NOT COAL  E OF):  TO TREES.  E OF):  26. P  A OTHER: A 4   Nursing Hon  TIME OF   1	Denne kal	Part I. 24a. WAS PER 1 DESCRIBE HO City or Rown, St to the cause(a) and time, data and piece	A NAUTOPSY FORMED?  S 2 NO  W INJURY OCCUP oet and Number or ate)	24b. WERE AUTOPSY FIND AWALLANDE PRIOR TO COMPLETION OF CAU OF DEATH?  1 VES 2 DIO  RED  Rural Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions and initiated events reaulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Meturel 5 Pending investigated investigated investigated detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF RESE	a. DUE TO (OR  b. DUE TO (OR  c. DUE TO (OR  d. DUE	Driech lina.  AS A CONSEQUENCE	TO NOT COAL  E OF):  TO TREES.  E OF):  26. P  A OTHER: A 4   Nursing Hon  TIME OF   1	oda of dying, successful dying, successful desired and income some successful desired at the suc	Part I. 24a. WAS PER 1 DESCRIBE HO City or Rown, St to the cause(a) and time, data and piece	A NAUTOPSY FORMED?  5 2 NO  W INJURY OCCUP manner as stated. , and due to tha c	24b. WERE AUTOPSY FIND AWALLED PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 SONO  RED  RURAL Route Number,	

	170
	- 40
601	- 1
•	- 3
_	
e-	300
	moncute.
	400
3	- 3
ъ.	- 63
	- 63
_	- 28
	- 6
2	ires that the death certificate be m
	- 40
3	- 60
	- 75
ъ.	23
м.	.5
	100
	-
٠.	- 5
ъ.	9
•	- 4
	_
	- 45
	- 1
_	- 22
	q
-	
-	
n	- 9
	- 6
•	- 44
-	-
ent .	- 70
	- 61
	- 2
9	
	u
~	- 4
	- 64
_	19
. 0	- Parity
ш.	- 2
_	- 2
L VIIAL RECORDS	
	2
	- 2
	- 6
-6	
-	- 4
3	- 4
-	-
_	
_	- 2
Sec.	40
_	-
	- 6
	- 3
	- 97
_	- 5
	5
-	- 4
_	
-	- 0
	=
in.	- 5
3	C
-	20
	d
-	- CI
r)	500
- 0'	
_	100
-	-
-	
DIVISION OF	DO ATTENDANC DUNCHAME TE
	- 0
3	

	1 - STATE REGISTRAR		CERTIF	ICATE O		MENTAL HYGIEN REG. NO				
	1. OECEOENT'S NAME (First, Middle, Last) LILLIAN		PINKNEY			12	30 0	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-74-7136	1 □ M 2 🔀 F	8. AGE (In yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 4-11-1	904	BIRTNPLACE (State or Foreign Country) Maryland		
OR	PRINCE GEORGE <sup>1</sup> S		CENTER		N OR LOCATION OF O	EATN	9c. COUNTY PRIN	OF OEATN  NCE GEORGE®S		
DIRECTOR	100. STATE 10b. COUNT  MARYLAND Lat	ndover H			10d. INSIDE CITY LIMITS? 1 및 YES 광단하0					
FUNERAL	7528 Ardwick				cyland 107. ZIP CODE 20784			J.S.A.		
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 25 TO R OR DATES	If yes,	ECENOENT OF HISPA specify Cuben, Mexico ES 2 KNO Specific		e or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black		
PLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind o	s usual occupy ( work done during use retired.) cired	NTION most of working	16b. KIND OF BU		eacher		
E COMPL	17. FATNER'S NAME (First, Middle, Last) Herbert L	. Mosley			18. MOTNER'S NA	nnie Hac	Sumame) Kett			
TO BE	190. INFORMANT'S NAME (Type/Print) Addison Pinki	ney Jr.	19b. MAILIN 393	B Duva	et and Number or Rural	Balto.,	MD. 2	216		
	20a. METHOD OF DISPOSITION  1 % Burlel 2 Cremetion 3 Removal from State  4 Donetion 8 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or APT OUT US Mem. Park  Arbutus, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LI	Decto	#281	E.L.	Phillip	s F/HBal	1-27 N to.,MI	N.Monroe St D. 21217		
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus		(a	Per Don	P	piratory arreat	Approximate interval Batwee Onset end Dea		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Seese Corege	COTING THE COTING THE AND CONSEQUENCE	ent Fa	ty Dise	ne				
MEDICAL CERT	PART II. Other significant condition	na contributing to c	leath but not resultin	g in the underly	ying cause given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
: MEDIC								<u></u>		
ICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	, PLACE OF DEATH (C					
PHYSICIAN:	EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending	1 Inpatient 2 I	ER/Outpetlent 3 DOA NJURY 28b. T	OTHER: 4   Nursing I	Nome 5 Residence		INJURY OCCUI	RED		
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 D NO  27. MANNER OF OEATH	1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 28e. PLACE OF Inpatient 28e. PLACE OF Inpatient 28e. PLACE OF Inpatient 28e. PLACE OF Inpatient 28e. PLACE OF Inpatient 2 Inpa	NJURY 28b. T	OTHER: 4   Nursing I IME OF NJURY M 1	Nome 5 Residence INJURY AT WORK?  YES 2 NO	6 Other (Specify)	t and Number or			
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only	28e. QATE OF I (Month, Da) 28e. PLACE OF building, e	NJURY 26b. T 26b	OTHER: 4   Nursing I IME OF NJURY M 1  In, street, factory, o	Nome 5 Residence INJURY AT WORK? YES 2 NO office	6 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Fown, State  to the cause(e) and make the cause(e) and make the cause(e).	t and Number or e)	Rural Route Number,		

32. REGISTRAR'S SIGNATURE



Pages 1, 2, 3 should

permit.

hospital	tached fo		106.
y the	e de		10 11
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to		TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8	age :		De n
may	of p		nst
ge 6	Sirect		E
death. Pa	funeral of	,	examine
after	y the	TOVA	cal
Ours	2	or ref	nedi
24 14	filled	IOU, C	the r
rithin	ietely	emai	mt, I
ted w	СОШР	a . c	eve
noaxe	and	000	natic
pe o	lcian	10r	Inell
ificate	phys	ne p	her
cert	ding	Hygie	r ot
death	afte	Mal	7,0
the	y the	NO ME	를
that	per	IID ar	any
quires	Sig.	Неа	OWS
W re	peer	H. 0	3 sh
he la	has	e ne	m 2
E IN	ficate	Stati	ite
SICIA	certi	1 me	1, 01
PHY	this	DIM L	arke
DING	Affe	Geat	S m
TTEN	HOT.	ane	28
OR A	DIREC	OULS	E
TAL	PAL	17	=
HOSP	FUNE	MEDIN	W

BY

0

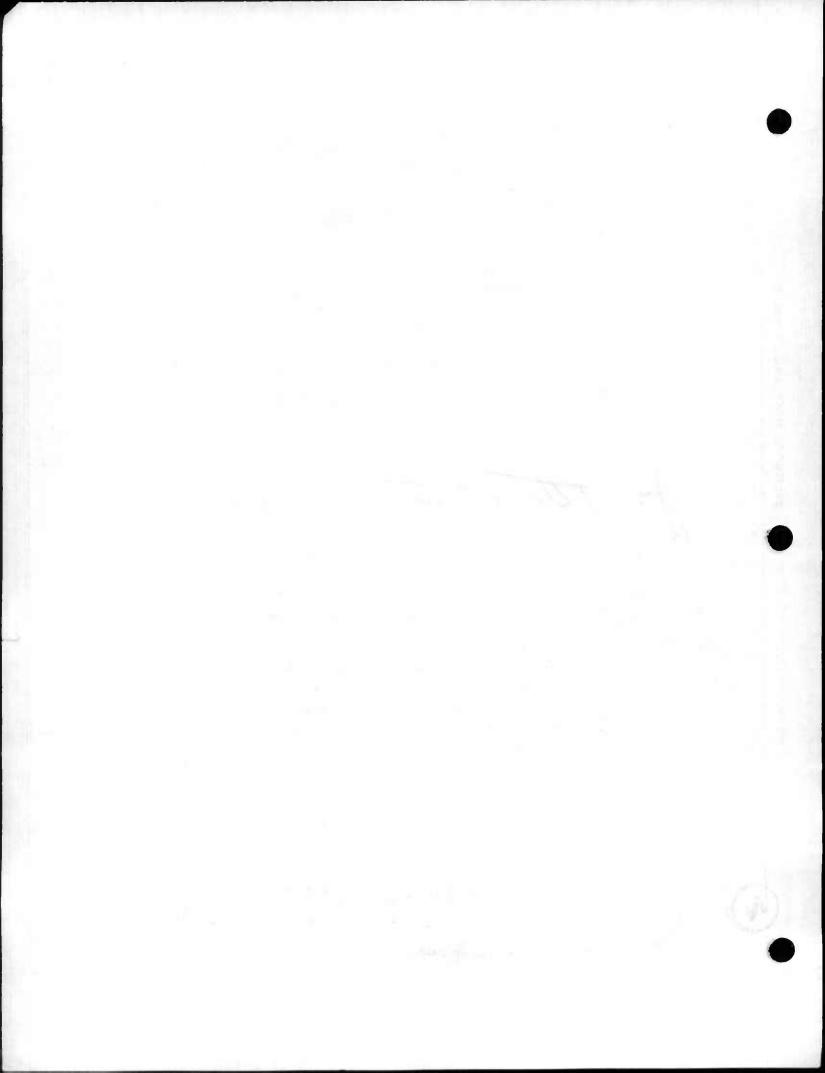
ET COMPL

BE

9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY POWELL HAYWOOD OHN 3:25 AM 12 30 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 64 1 X M 2 | F 577-32-4165 Jan. 927 27 N.C. 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospital DIRECTOR SILVER SPRING Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY District of Columbia Washington 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 511 Allison Street, N.W. 20011 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: Black 1 Never Merried BY 3 Widowed 4XXDivorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) 12th College (1-4 or 5+) Retired GOV. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Andrew Powell Melissa Arrington BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Deborah Hayman 1612 Featherwood Street Silver Spring, Md. METHOD OF DISPOSITION
Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State rort Lincoln Cemetery 1/3/92 Donation 5 - Other (Specify) Brentwood, Maryland NATURE OF EUNERAL SERVICE LIC 22. NAME AND ADDRESS OF FACILITY
Stewart Funeral Home 4001 Benning Road, NE. IT I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or hasrt failure. List only one cause on each line. Interval Batwaen MEDIATE CAUSE (Final Onset and Death shame or condition MESPIRATORY ARREST resulting in death) DUE TO (OR AS A CONSEQUENCE OF): SEPSIS CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING USSEMINATED INTRAVASCILAR COAGULATION CAUSE (Disease or injury that initiated events resulting in desth) LAST THROMBOCYTOPENIA PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO ENDSTACE RENAL DISEASE DIABETES COMPLETION DF CAUSE 1 YES 2 -NO HUPERTENSION CORONARY 1 YES 2 NO HEART DISEASE. ERODERMA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DEȘCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as attated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end pieca, and due to the cause(e) and memor as stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Monthly Day, Year, D40997 RSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Rive . 8300 Corporate M.D 32. REGISTRAR'S SIGNATURE lia Neviden Abodelle

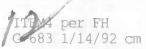


After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

IDING PHYSICIAN: The law requires that the death certificate be executed within 24



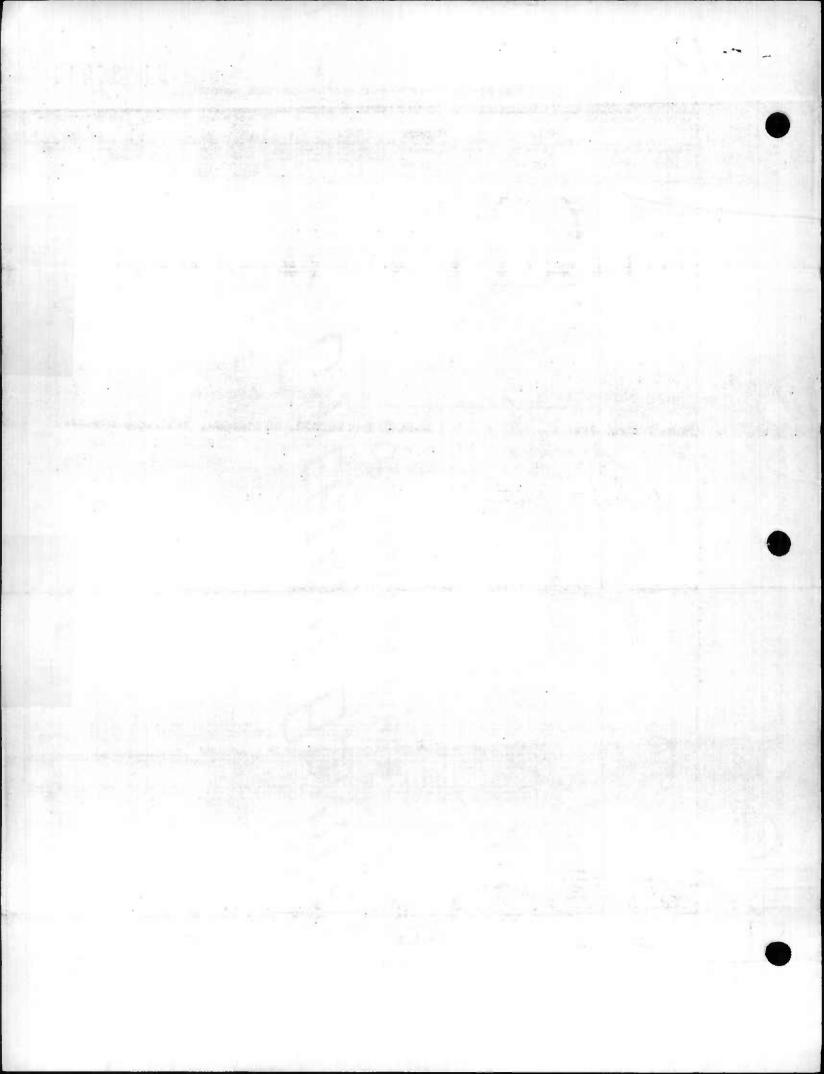
36411 91

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERT	TIFICAT	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	)					2. DATE (	OF DEATH	v	YEAR	3. TIME OF DEATH
E	Dale E	. Parke	er	Sr.		12 -			91	14:09
4. SOCIAL SECURITY NUMBER 216-18-8581 216-18-8531	1∭ M 2 □ F	AGE (In yrs. lest birth		DAYS	IF UNDER 24 HRS. HOURS MIN.		Dey. Year)		8. BIRTHE Country	Delaware
90. FACILITY NAME (If not institution, give Peninsula Gener				y, town o alisk	or location of de oury	ATN		9e. COUNT	TY OF DE	
nesidence of decedent 100. STATE 100. COUNTY Delaware Suss		100	10c. CITY, TOWN OR LOCATION  1 Millsboro							10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER R.d. 3 Box 258	BA			101	19966			10g. CITIZ	EN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 15 3/26/43 –	YES 2 NO	2 NO If yes, specificates 1 YES 2		ng most of working					- American Indian, White, etc.
15. DECEDENT'S EI (Specify only highest gre Elementary/Secondary (0-12) 5			ent's usual of work done for use retired.	during mo			trucking		JSTRY	RY
17. FATHER'S NAME (First, Middle, Last) Harry parker Sr.	•		-		18. MOTHER'S NA Vernie			Surname)		
190. INFORMANT'S NAME (Type/Print) Dale Parker Jr.		19b. MA R • I	). 3 Bo	S (Street of	nd Number or Rural	Route Numb	er, City or Town	n, Stete, Zip ( )e1awa	Code)	19966
20e, METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	other place)	b. PLACE OF DISPOSITION (Name of cemetery, cremetory or					cation – c		on, State elaware
21. SIGNATURE OF FUNERAL SERVICE	Water		22	Wats	on Funera			nc. 9966		
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	ь. <u>Adenocar</u> <sub>DUE</sub> то (об	R AS A CONSEQUENT R AS A CONSEQUENT R AS A CONSEQUENT	CE OF): Urinar CE OF):	ry Bl	.adder					
PART II. Other significent conditi	ona contributing to da	eth but not reaul	ting in the u	ınderiyin	g cause given in	Part I.	24s. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28.0	LACE OF DEATH (C/		-1			
EXAMINER?	HOSPITAL:	Differentiant a XI n	OTHE	R:						
27. MANNER OF DEATH	28e. DATE DF IN	JURY 28	b. TIME DF	28c. IN.	JURY AT			NJURY OCC	URED	
1 X Natural 5 Pending Investigation			INJURY M	1 🗆	PRK? YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not I 4 Homicide datermined	building, etc	NJURY — At home, ( c. (Specify)	emm, screet, fa	ctory, offic			ATION (Street or Town, Stete)		or Humai R	route Number,
CONSUM ONLY	YSICIAN: To the best of m									) end manner ee ata
29b. SIGNATURE AND TITLE OF CERTIF	TER			-	29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
July 50	Duelsel		ty M.E	Ē.	DO3599				2-27	
ohn T. Bulkele	y, M.D., 10	8 Mine B	Juff F	Road ,	Salisbu	iry, l	MD 218	101		
31. DATE FILED (Month Ony 3 1992	32. REGISTRAR	s signature and	02							

TO THE HOS TO THE FOR THE BE filed with MPORTAIN



$\sim$	
0	
47	
T.	
CA	
Ξ.	
CA	
<b>MARYLAND 21215-00</b>	
=	
Z	
d	
-	
>	
CC	•
A	
4	
2	
т.	
BALTIMORE, I	
-	
0	4
$\simeq$	
2	
-	١
-	
_	1
d	d
2	
ш	
	4
	Ú
	1
	Ę
	¢
	this fit have been all the
-	4

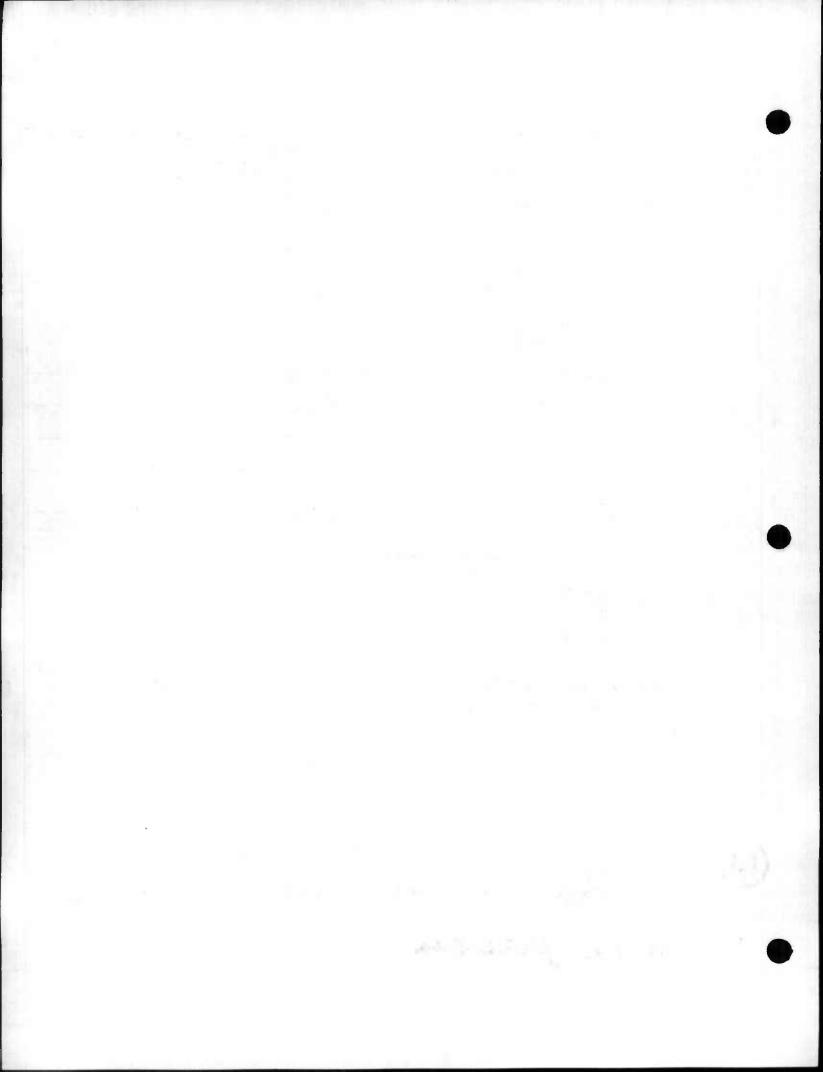
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

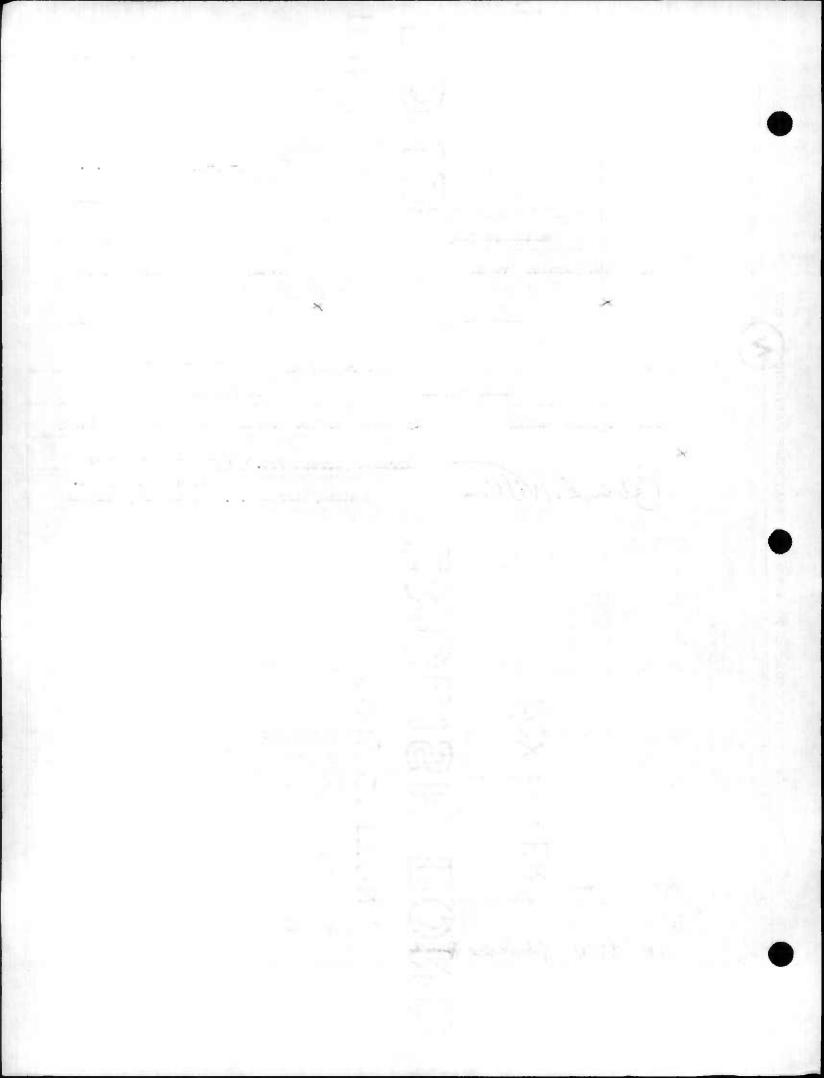
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Mic MILDRE	MOR	2. DATE OF DEATH DAY YEA		YEAR	3. TIME OF CEATH						
	4. SOCIAL SECURITY NUMBER 220-14-6456		5. SEX 6. AGE (In yrs. last birt) 1 M 2 F 78 Y			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Morth, Day, Year) 5/19/1913		8. BIRTHPL Country)		
TOR	90. FACILITY NAME (If not institu	tion, give street	et end number)				OR LOCATION OF D	DEATH	3/1313	9c. COU	NTY OF O	MD
Œ	10e. STATE 10	b. COUNTY			10c. CITY, TO	OWN OR LOCA	ATION					10d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER				BAI		E CTTY  OF ZIP CODE			10g. CITI	ZEN OF W	TY YES 2 NO
UNE	1917 NORTH M			IT EVER IN U.S. AR	MEO	12 WAS DE	21217 CENDENT OF HISPA	NIC OBIG	Main m 14 M		JSA	
ВУ	1 Never Married 2 Mer 3 Wildowed 4 Divorced	nted of	FORCES? 1	YES 2 X	10	If yes, s	pecify Cuban, Mexic S 2 X NO Spec	an, Puerti	o Rican, etc.)	is or No.	Specif	- American Indian, White, etc. VEGRO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR	15. DECEDE (Specify only hig Elementary/Secondary (0-12)		TION mpleted) College (1-4 or 5	(G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUS				
	17. FATHER'S NAME (First, Middle		TON		HOMEMAKER  18. MOTHER'S NA			AME (First, Middle, Maiden Surneme)				
BE	CHART: 19e. INFORMANT'S NAME (Type/I	191	MABET. JOHNSON  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)									
F	MARET, CUNT	ER				ORTH N	MONROE ST	MSISHS	r, BAL	IO, MI	0. 2]	L217
	X□ Buriel 2 □ Cremation : 4 □ Donetion 5 □ Other (Spe	cify)		cemetery, cre	matory or other I	place)		1	/4/92	P.G.		
	21. SIGNATURE OF FUNERAL SE	RVICE LICEN	Lus	20	NATTONAL CEMETERY 1/4/92 P.G. COUNTY, MD  22. NAME AND ADDRESS OF FACILITY  JOSEPH L. RUSS FUNERAL HOME  2222 W. NORTH AVE, BALTO, MD. 21216							
TIFICATION	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		OUE TO	(OR AS A CONSEC	OUENCE OF):							
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in the procumonia, COPD.  Deculates in the factories.								n Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 □ MO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check and page)											1 YES 2 NO
HYSIC	1 YES 2 NO			ER/Outpatient 3	DOA 4	HER: Nursing Hon	ne 5 🗆 Residence					
	1 Natural 5 Pend	ing tigation	28e. DATE OF (Month, De	ay, Ye <i>ar)</i>	26b. TIME OF INJURY	M 1 🗆	IURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED				
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)							28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPL	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner ee stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner ee stated.											end manner ee stated.
TO:BE	29b. SIGNATURE AND TITLE OF CERTIFIER  ALL COMPLETED CAUSE OF DEATH  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH				un		29c. LICENSE NUI			29d. DATE	SIGNEO (	Month, Day, Year)
4		ISOM WHO C			127) (Type, Print	7)					1	
	JAN 3 1992	· fu	32. REGISTRA	R'S SIGNATURE	E,							
					1.0							DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

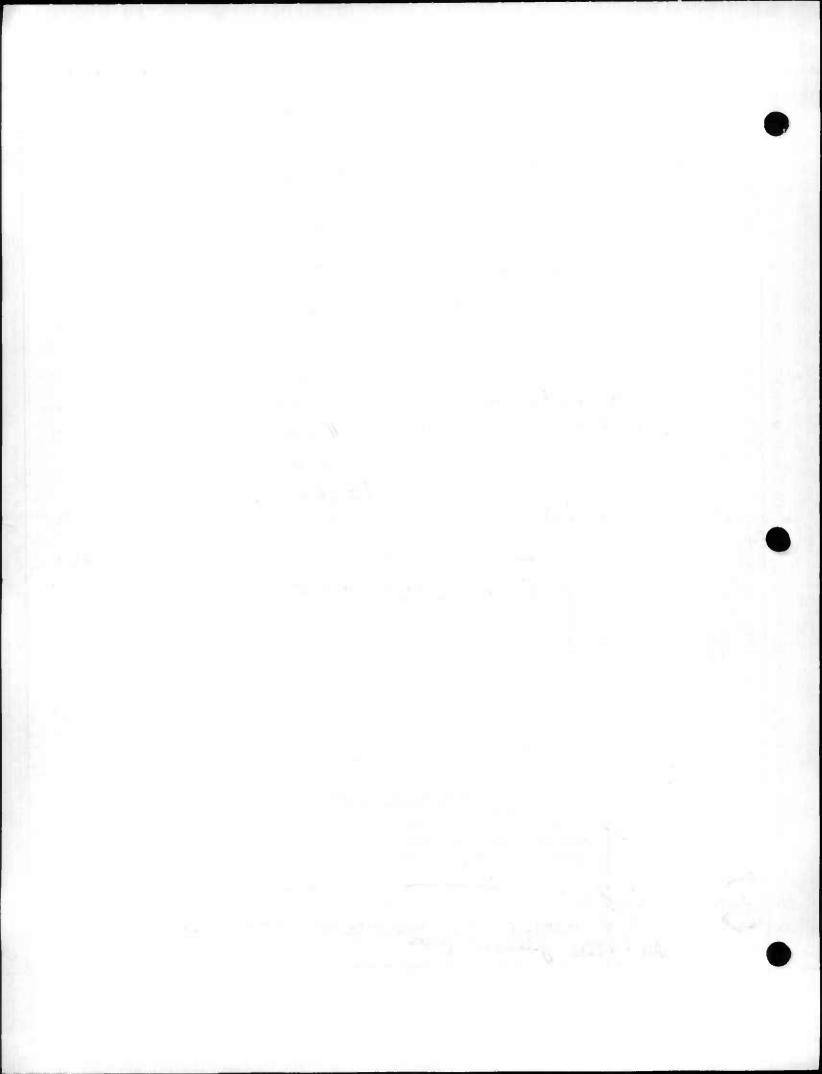


	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Li WILLIAM E.  4. SOCIAL SECURITY NUMBER	Pennix	n yrs. iast birthday) F	UNDER 1 YEAR  IF UNDER 24 HR	2. DATE OF MONTH	DAY 9Y	SIRTHPLACE (State or Foreign				
	90. FACILITY NAME (If not incitation, g	1 M 2 □ F	64 YRS. MO	NTHS DAYS HOURS MIN	Month, L	29-27 9c. COUNTY	N • C •				
DIRECTOR	Loch Raven VA RESIDENCE OF DECEDENT 10a. STATE 10b. COL	r		BALTIMORE Baltimore C.  v, TOWN OR LOCATION 10d. INS.							
FUNERAL D	MD 100. STREET AND NUMBER 23 South Be	ernice Avenue	Bal	timore 101. ZIP CODE	1 ¼ YES 2 □ NO N OF WHAT COUNTRY? ed States						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 Tyes IF YES, GIVE WAR OR DA WORLD WAR	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma 1 Tes 2 NO Sp	RACE — American Indien, Black, White, etc. Specify:						
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION prade completed)  College (1-4 or 5+)		done during most of working dired.)	5	nd of Business/Indus	TRY				
BE CO	17. FATHER'S NAME (First, Middle, Last)	Azzie Pe		18. MOTHER'S NAME (First, Middle, Meiden Surneme)  Ida People							
2	19a. INFORMANT'S NAME (Type/Print) Marie Virginia Pennix  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  23 South Bernice Avenue Baltimore, MD 21229										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Chatman/Harris F. H. Baltimore, Maryland  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such see cardiac or respiratory streat, Approximate										
NOI	shock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
TION	Sequentielly list conditions, if any, leeding to immediate	T &	CONSEQUENCE OF):	no							
ERTIFICATION	Sequentielly list conditions,	bDUE TO (OR AS A	CONSEQUENCE OF):	na							
I: MEDICAL CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS A d	CONSEQUENCE OF):  CONSEQUENCE OF):			Na. WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?				
MEDICAL	Sequentially list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR AS A DUE TO (OR AS A d. DUE TO HORAS A d. DUE TO HORAS A DUE TO HOR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	he underlying cause giver 26. PLACE OF DEATH THER:	(Check only one)	PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?				
PHYSICIAN: MEDICAL	Sequentielly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAE EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  Natural 5 Pending	b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	26. PLACE OF DEATH THER: Nursing Home 5   Resides	(Check only one) nce 8  Other (	PERFORMED?	AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?  1 YES 2 NO				
ED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH	DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t  attent 3 DOA 4	28. PLACE OF DEATH THER: Nursing Home 5 Gesider F 28c. INJURY AT WORK? M 1 YES 2 NO	(Check only one)  100 8 Other (  28d. DE\$C	PERFORMED?  YES 2 NO  Specify)	MAILABLE PRIOR TO COMPLETION DF CAI OF DEATH?  1 YES 2 NO				
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAEXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investiget 2 Accident 1 Pending Investiget 3 Suicide 6 Could not determined  29a. CERTIFIER (Check only) 1 CERTIFYING P	DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in t  Consequence of the consequence o	26. PLACE OF DEATH THER: Nursing Home 5 Resider F 26c. INJURY AT WORK? M 1 YES 2 NO et, factory, office	(Check only one)  ace 8 Other (  28d. DESC  281. LOCAT City or	PERFORMED?  I YES 2 NO  Specify)  RIBE HOW INJURY OCCUI  TON (Street and Number or Town, State)	AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?  1  YES 2 NO  RED  Rural Route Number,				
BY PHYSICIAN: MEDICAL	Sequentielly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAEXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investiget 2 Accident 1 Pending Investiget 3 Suicide 6 Could not determined  29a. CERTIFIER (Check only) 1 CERTIFYING P	DUE TO (OR AS A  c. DUE TO (OR AS A  d. DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Later of resulting in the consequence of the consequen	26. PLACE OF DEATH THER: Nursing Home 5 Resider FY 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, offica	(Check only one)  100 8 Other (  28d. DESC  28f. LOCAT City or  due to the cause the time, date a	PERFORMED?  I YES 2 NO  Specify)  RIBE HOW INJURY OCCUI  TOWN, Street and Number or Town, State)  (a) and manner as stated, and place, and due to the o	1   YES 2   NO				



36414 91

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	) / DEPART	MENT OF H	EALTH AND I		HYGIENE REG. NO.	1	36414			
	1. DECEDENT'S NAME (First, Middle, Last)  Koron A: Robins	010	7			2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH 9:32 A M			
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (In yrs	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		ay, Year) -4-91	Country	PLACE (State or Foreign			
HOT	9a. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITAL  BALTIMORE CITY  PESIDENCE OF DECEMENT  9c. COUNTY OF DEATH BALTIMORE BALTIMORE											
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION		10d. INSIDE LIMITS' 1 X YES					
BY FUNERAL	7323 Castlemoor Road 21207								HAT COUNTRY?			
	1 Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 TYSS 2 IF YES, GIVE WAR OR DATES	ABMED	13. WAS DEC	cify Cuben, Maxical	n, Puarlo Rica	3IN7 (Specify Yea or No— 14. RACE — American Indian, Black, Whita, aic.  Specify: Black					
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY											
BE COM	17. FATHER'S NAME (First, Middle, Last)	0	IAME (First, Middle, Maiden Sumame)  "Ha Rohente									
TO B	Bonita Roberts	obinson	196. MAJLING A		7.7.0		City or Town, State, Zip	Code)	2/207			
	20s METHOD OF DISPOSITION 1 Dental 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from Stala cemetery.	CE AND DATE OF			1-2-92	Balte,	City or Tov				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Wash F. H West  4300 Wabath Ave.											
	IMMEDIATE CAUSE (Final	pplications that caused that tonly one cause on each I	ina.		da of dying, such	aa cardiac	or respiratory arr	est,	Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST											
	PART II. Other significant conditions of	ontributing to death but no	ot reaulting in	tha underlying	cause given in i	Part I. 24	a. WAS AN AUTOPSY	245	WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL							PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?			
SICIAL	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO											
BY PHY	27. MANNER OF DEATH  1 Meturel 5 Pending 2 Accident Investigation	BE HOW INJURY OCC	CURED									
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office 28f. LOCATION (Street and Number or Rural Route N City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  D30317							29d. DATE SIGNED (Month, Day, Year)				
	DAVID G. NICHOLS - JOHNS HOPKINS HOSPITAL - GMSC 710											
	JAN 3 1992	32. REGISTRAR'S SIGNATURE	lelle									

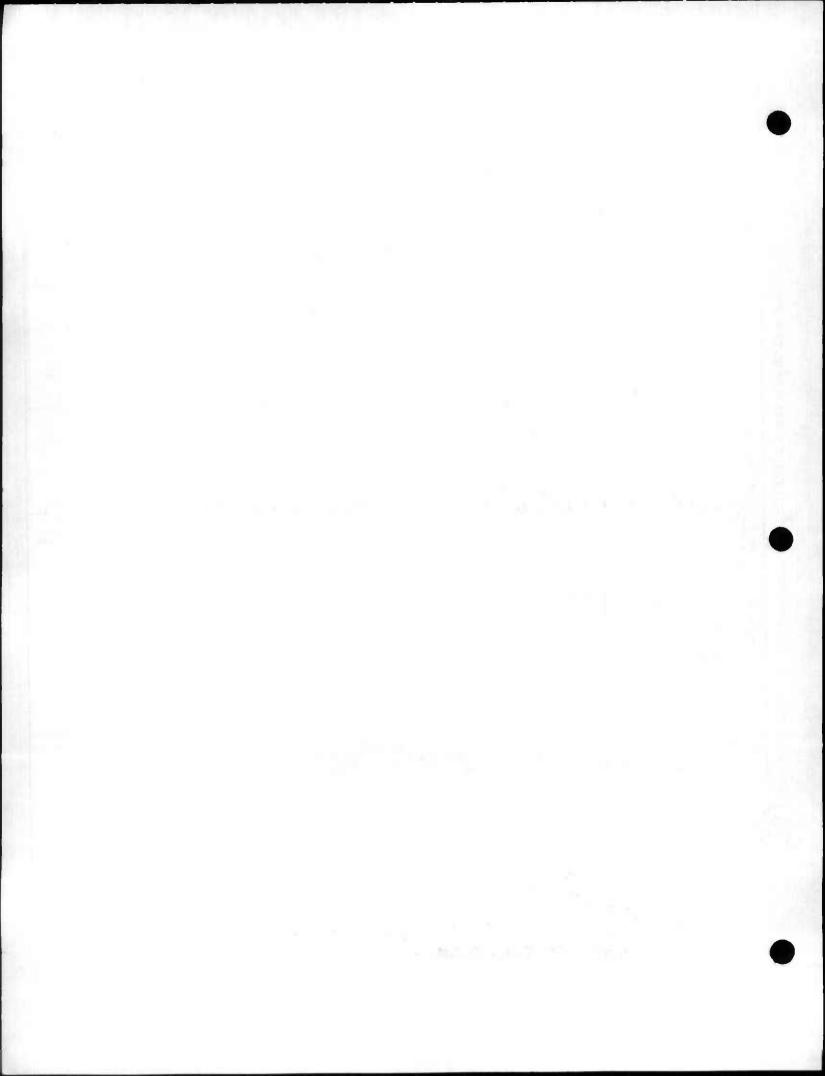


-	the second	
aff	*	
50	-	
hou	pa	
24	III	
THE TOTAL OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	ELION After this certificate has been signed by the attending physician and completely filled in by the	
rted	m00	
ехес	and	
2	lan	
cate	hysic	
ije je	5	
8	pg	
death	afte	
he	the	
16	5	
5	ped	
nre.	Sign	
requ	peen	
e ian	has	•
E	ate	
AN	Hic	-
20	Cert	
PHY	this	***
9	ler	
ā	毫	i
A	智	
	05	j

THE HIGH TAN AND HIG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending neverties.	THE PUNEBAL UNECTOR After this certificate has been signed by the attending physician and completely filled in by the threat director has a ser the kinistransh norms in a series of the series and the series of the kinistransh norms.	fled within 72 hours are east with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTAND II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT	TO THE PLINER	be filed within	IMPORTANT

91 36415 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	RTMENT OF H	TEALTH AND	) MENTA	AL HYGIEN		3	6415
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	E OF DEATH		EAR 3	. TIME OF DEATH
	IDA  4. SOCIAL SECURITY NUMBER	RIDDI				12	2 22	2 9:	1	07:35P w
	223-18-1170	1 🗆 M 2 💢 🕌	68 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	02/	E OF BIRTH ith, Day, Year) /14/192		BIRTHPL Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s  GREATER BALT  RESIDENCE OF DECEDENT	street and number) CIMORE MEDICAL	CENTER		OR LOCATION OF	DEATH		9c. COUNTY		TH IMORE
DIRECTOR	10a. STATE 10b. COUNTY	ALTIMORE		OCKEYSVI						Dd. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 400 SHERWOOD	ח או			1. ZIP CODE 2103	20		10g. CITIZEI		AT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	CENDENT OF HISP recify Cuban, Mexi 5 2 10 NO Spec	PANIC ORIGI	N? (Specify Yes Rican, atc.)	or No — 14	RACE - Black, V Specify	American Indian, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	e completed)	18a. DECEDENT'S (Give kind of v life, Do NOT us	USUAL OCCUPATIO work done during mos	ON ost of working	168	b. KIND OF BUS	I SINESS/INDUS	TRY	SIFICK
COMPLETED	Elamentary/Secondary (0-12)  17. FATHER'S, NAME (First, Middle, Last)	College (1-4 or 5+)	STOR	e Own	02					
BE CC	-JAMES	YOR OR	T-00 minutes		18. MOTHER'S N	se,	Eddi	NGS		
5	19a. INFORMANT'S NAME (Type/Print)	62	3/14	ARFO	RC RC	H Route Num	DO M	Stand Zip Co	2121	8
	20ay METHOD OF DISPOSITION 1  Burlel 2  Cremation 3  Remo	1 +10	PLACE AND DATE O	OF DISPOSITION (National Property of the Prope	LORIAL	19	3 30	CATION - CITY	or Town.	State
	21. BIDNATURE OF FUNERAL SERVICE LIC	LOOP		22. NAME AN	ND ADDRESS OF	FACILITY	1600	172	- 8	Roe St.
	IMMEDIATE CAUSE (Final	complications that caused to List only one cause on aec	the deeth. Do not line.	not enter the mod	de of dying, eu	uch ee cen	diec or respi	ratory arrest	,	Approximate Intervel Batween Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A C	UTE MI	<b>F</b> ):						This
VIION	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS A CO	ONSEQUENCE OF	F):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C. OUE TO (OR AS A CO	ONSEQUENCE OF	F):						
- 11		d								
DICAL	PART ii. Other significent condition	s contributing to death but	not resulting i	in the underlying	g ceuse given in	n Part i.	24a. WAS AN / PERFORM 1 TYES 2	MEO?	AW/	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE
N: MEDIC								N		TEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	L'ODDITAL.			ACE OF DEATH (C	Check only on	10)			
YSI	1 - YES 2 - NO	HOSPITAL: 1 Impatient 2 ER/Outpatie	ient 3 🗆 DOA	OTHER: 4  Nursing Home	e 5 🗆 Realdence	a 8 □ Othe	or (Specify)			
ву РН	27. MANNER OF DEATH  1 Nsturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IURY WOF	URY AT RK? 'ES 2 NO	28d. DES	SCRIBE HOW IN	JURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, s	street, factory, office	1	28t. LOC City	ATION (Street ar or Town, State)	nd Number or F	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge: R: On the bests of examination as	ige, death occurre	nd at the time, date	and place, and du	se to the cau	use(s) end meni end place, and	ner as stated.	luse(a) an	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO				29c. LICENSE NU					onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type,	Print)	Marca	e R	in the U	1731	110	
	31. DATE FILED (Month, Dey, Year) IAN 0 3 1002 4ul	32. REGISTRAR'S SIGNATU		10101 1	riog w	0	VIIV	11001	21	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLE

	1 - STATE REGISTRAR	Olivii C Oli I	CI	ERTIF	ICATE O	F DEA	TH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		MEAN	3. TIME OF DEATH
	TAIMI MARIE	RADER						December	27,	1997	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	•	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Countr	PLACE (State or Foreign
	214-03-6816 9a. FACILITY NAME (If not institution, give s	1   M 2   F	79	YRS.				3-31-191		Penn	sylvania
œ					9b. CITY, TOW		ON OF DE	EATN		UNTY OF D	
6	8100 Penwood Road	1			Dund	ilk				Balti	more
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY
		ctimore		Du	ındalk						LIMITS?
₹.	10e. STREET AND NUMBER				2	101. ZIP COD	E		10g. Cl	TIZEN OF W	HAT COUNTRY?
NE	8100 Penwood Road					2122	22		Un	ited	States
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED	13, WAS D	ECENDENT C	F HISPAN	HC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No-	14. RACE Black	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			ES 2 X NO	Specify			Specif	
<b>a</b>	15. DECEDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OCCUPA	TION		16b, KIND OF BU	ISIMESS/IN	IDIJETEV	wille
Ti.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	ive kind of a Do NOT us	work done during a se retired.)	nost of working	ng	los kino or bo	-0114E33/114	DOSINI	
MPL	12 yrs			Typis	t			Offi	CO		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NA	ME (First, Middle, Maider			
BE	Henry Kyllonen							lkonen			
2	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Stree	and Number	or Rural F	Route Number, City or Tov	vn. State, Zi	ip Code)	01.01.0
- 1	Joseph F. Dolinar	<u> </u>		3100	Penwood	ave.	Bo	ultimore,	Mary	Land	21219
	20a, METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE A cemetery, cre	MATERIAL MAT	OF DISPOSITION (	Name of				- City or Too	
	4 Donation 5 Other (Specify)	ENSEE	- Joak L	awn.	Cemeter	.U	12	2-31-91 Ba	ltimo	ire,	Maryland
ĺ	1///	1/ 7	U	1	Duc	la-Ruc	k Fu	ineral Hom	e. 0 h	Dund	alk Inc.
_	Mon	11/1/0	suj		792	2 Wis	O AU	onuo Ralt	imano	2 Md	. 21222
	23. PART i. Enter tha diaeases, or o shock, or heart failure.	complications the List only one cau	t caused the de se on asch lina	ath. Do r	not antar tha n	oda of dyl	ng, sucl	n aa cardiac or raap	Iratory ar	rest,	Approximats interval Between
ı	IMMEDIATE CAUSE (Final disease or condition	0	00 6	) 1	. 0						Onset and Death
-	reaulting in death)	aOM	OR AS A CONSEC	nde	ac De	all					
,		1/2	The Aud a	J'	02:00.	1					
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO	OR AS A CONSEC	UENCE OF	wurea	~					
CAT	csuse. Enter UNDERLYING CAUSE (Disesse or Injury	Porgs	tonden	A	SCVT	)					j
E	that initiated events	ob€ TO	ON AS A CONSEC	UENCE OF	7:						
ERI	resulting in dasth) LAST	d									
	PART II. Other significant condition	s contributing to	daath but not re	esultina i	n the underlyi	DO COURS O	three le l	Part I. 24s. WAS AN			
DICAL					ii iiia onoenyi	ng cause g	nven m	PERFOI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
요								1 YES 2	□ NO		OF DEATH?
2											1 TYES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DE	EATN (Che	ck palv opel			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:			8 Other (Specify)			
훉	27. MANNER OF DEATH	28a. OATE OF (Month, De	INJURY	28b. TIMI	E OF 28c. II	JURY AT	- Idence	28d. OESCRIBE NOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(month, De	iy, rearj	INJ		ORK? YES 2	NO				
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At hor	ne, ferm, s	treet, factory, off	ce		281. LOCATION (Street of City or Town, State)	and Number	r or Rural Ro	oute Number,
	4 Homicide detarmined							Ony or lown, diale,			
7	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, dea	th occurre	d at the time, da	e and place,	and due	to the cause(a) and mar	ner ea sta	ted.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beals of as	amination and/or in	rveatigatio	n, in my opinion,	death occur	ed at the t	lime, data and place, an	d due to fl	he cause(a)	and menner as stated.
BEO	296. SIGNATURE AND TITUE OF CERTIFIER		0			29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	Month, Day, Year)
o IL	4 Populle	I~ N	1			16-	60	167	<b>&gt;</b> /	12-2	0-91
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)					<b>→</b> )	0. "/
	John B Littleton	mo En	Stadiat	Me	d. Cen	1012	2n.	Pt. Pd.	Bai	to sm	D 21224
	JAN 0 3 1992	32. REDISTRAI	Davidson-V					1111			
1	UNII V U IUUI	- 1	1.4004		_						

BALTIMORE, MARYLAND 21215-0020

FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not have after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. NT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

WE SHALL SE ARMA

requires that the death certificate he executed within OB ATTENDING PHYSICIAN: The law MITTER HOSPITAL

	3 should		
	ertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
	transit permit		
	as the burial		
-	ached for use		ce.
-	should be de		otified at on
	irector, page 5		must be n
	the funeral d	loval.	cal examine
	tely filled in by	mattion, or rem	t, the medic
	an and comple	to burlal, crei	umatic even
	ending physicia	I Hygiene prior	or other traumatic
200	ned by the att	lith and Menta	any Injury,
200	e has been sig	with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	this certificat	with the Star	arked, or ite
	VERAL DIRECTOR: After	with 72 hours after death with the	TANT II Item 28 is marked,
The same of	FUNERAL DI	within 72 ha	STANTE II Ite

FOR STATE REGISTRAR

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

MPORTANT

TO THE F

10a. STATE

10a. STREET AND NUMBER

11. MARITAL STATUS

Years

resulting in death)

4 🔲 Homicide

91 364 7 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY ROSCOE BAYLOR ROWE December 29. 1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign DAYS 1 🔀 M 2 🗌 F 68 04/30/1923 Virginia 223 26 2620 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WHITE MARSH 5725 Station Road BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE WHITE MARSH 1 - YES 2 X NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5725 Station Road 21162 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 X Divorced White WWII 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 8 +) Cement Finisher Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame Dale Cecil Rowe Edith Mae Nunley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donnie Rowe 3815 North Point Road, Baltimore. MD 20s. METHOD OF DISPOSITION
1 IV Buriel 2 Cremation 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State Mem. Park Abinadon, Virginia 22. NAME AND ADDRESS OF FACILITY Puda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD Enter the diseases, or complications that caused the death. DD not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each light. **Approximata Onset and Death IMMEDIATE CAUSE (Finel** CARDIAC AREST DUE TO (OR AS A CONSEQUENCE OF): disease or condition 5 MIN CORONARYARTERY Sequantially list conditions DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING A Muro SCIENUSE'S

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. StokE Alchol to book AMSC

DUE TO (OR AS A CONSEQUENCE OF):

24s. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 | YES 2 | NO

29d. DATE SIGNED (Month, Day, Year)

12/30/9

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

1 🕎 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examin ition end/or investigation, in my opinion, death occured at tha time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

13309

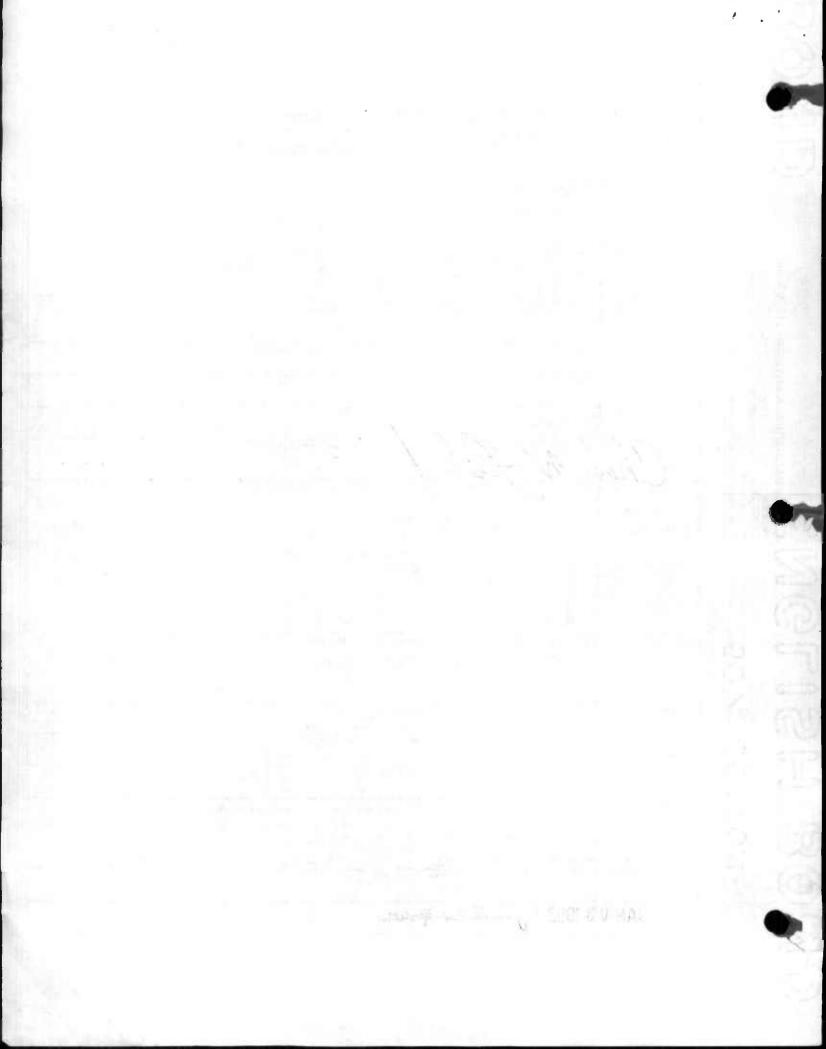
SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

lilan

S. NEE BLEMAN 31. DATE FILED JAN 00 3 1992

32. BEGISTRARYS SIGNATURE Pandelle

M



BALTIMORE, MARYLAND 21215-0020

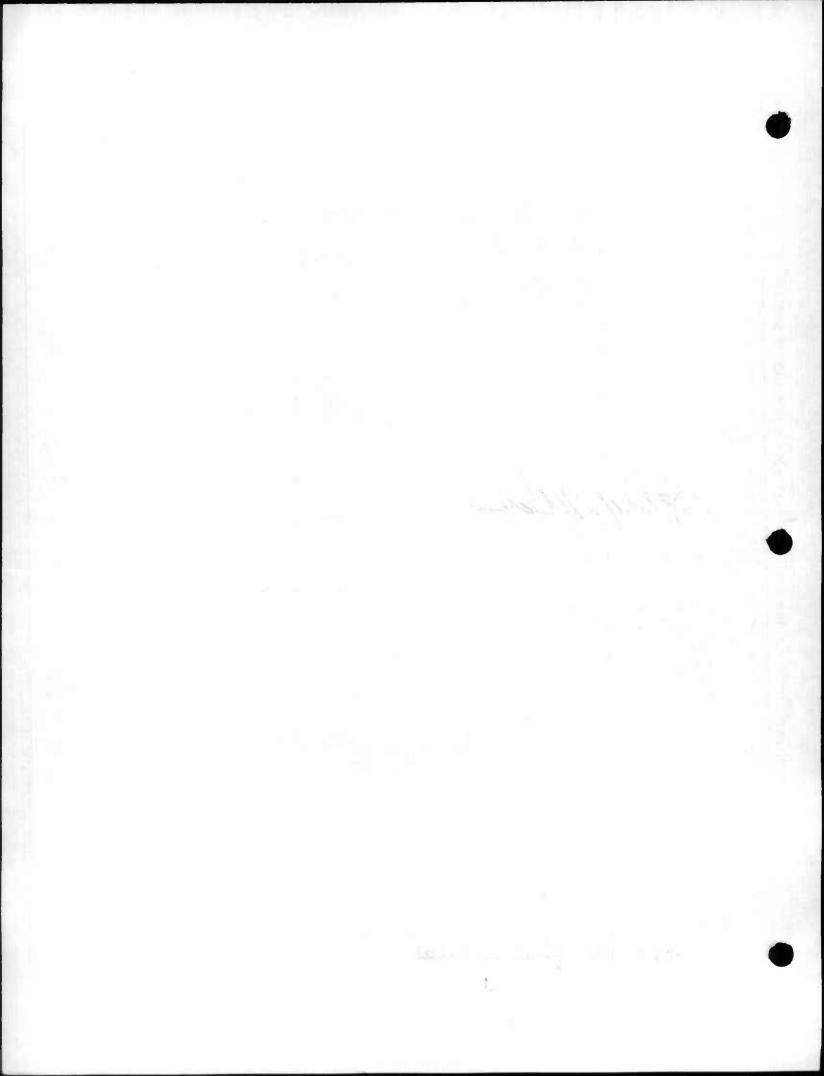
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HEALT	H AND MENT	AL HYGIENE REG. NO.	21	00410
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN EARL	RATHEL	RATHE	2. DA'	TE OF DEATH 12-	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-26-3092	1⊠M2□F 6	1 YRS.	F UNDER 1 YEAR IF UND ONTHS DAYS HOURS	DER 24 HRS. 7. DAT	E OF BIRTH onth, Day, Year)	B. BIR	THPLACE (State or Foreign
HO.	96. FACILITY NAME (If not institution, give PENINSULA GE RESIDENCE OF DECEDENT	NERAL HOSPITA	AL G	SALISBUI	TION OF DEATH		WICC	DEATH DMICO
DIMECTOR	10e. STATE 10b. COUNT	mico County	10c. CITY,	TOWN OR LOCATION Salisbury	у			10d. INSIDE CITY LIMITS? 1  YES 2 NO
LONERAL	Rt 10 Box 3244	Jersey Road		101. ZIP CO	21801	10g	CITIZEN OF	WHAT COUNTRY?
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, specify Cul	ban, Mexican, Puerto O Specify:	IIN? (Specify Yee or No o Rican, etc.)	Spe	CE — American Indian, ck, White, atc.
LEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEOENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION k done during most of work	14	66. KIND OF BUSINES		<u>White</u>
LCOMPL	17. FATNER'S NAME (First, Middle, Last)  John Earl Rathel				other's NAME (First	, Middle, Maiden Sumer Willing	me)	
10 05	190. INFORMANT'S NAME (Type/Print) Mary Rathel	Wife		ODRESS (Street and Numb	er or Rural Route Nu	mber, City or Town, Stat		, MD 21801
	20e. METHOD OF DISPOSITION 1		PLACE AND DATE OF I	DISPOSITION (Name of		TE 20c. LOCATIO		
	21. SUBMATURE OF JUNERAL SERVICE LI	//Ronald Wa	de, Dir 12/31/91	22. NAME AND ADDR		State An		
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Only Ona Cause on as	ich ijna.				y arrest,	Approximate Interval Betwee Onset and Dar
	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с(	CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:	y Ochemo	farehor	•		
	resulting in death) LAST	d						
	PART II. Other algnificant condition	le contributing to death be left clae me.	Rec. Par	ha undariying cause	given in Part I.	24e. WAS AN AUTOF PERFORMED? 1 YES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF	DEATH (Check only o	ine)		
	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpet 28e. OATE OF INJURY (Month, Day, Year)	26b. TIME O	Nursing Home 5 F  28c. INJURY AT WORK?  M 1 YES 2	28d. OE	er (Specify) SCRIBE NOW INJURY	OCCURED	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Specia	— Al home, ferm, atre-	et, factory, office	281. LO	CATION (Street and Nur or Town, State)	mber or Rural	Floute Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the beele of examination	edge, death occurred a	t the time, date and plec n my opinion, death occu	e, end due to the ca	use(e) end manner se e and place, end due	stated.	s) end manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	Bles	and	29c. LIC	CENSE NUMBER			(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	THATEM 27) (Type, Pri	nt)	- 1 - 1			7.11
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					



DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ED

COMPLET

2

as the burial-transit permit. Pages 1, 2, 3

BALTIMORE, MARYLAND 21215-0020

sician.	al-tran	
phys	buri	
guip	the	
aften	36	
0	0,0	
Spital	hed fi	
he ho	detac	once
by	2	at
tained	should	tiffled
De re	5	3 110
lay L	pag	t be
6 п	ctor.	SILE
Sage	dire	er
e law requires that the death certificate be executed within 2x xours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1.23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
fter	the toval	le:
Urs a	in by	edic
25.	lled n	E
in 2	ely fi	\$
with	crem	rent
реил	rial,	9 3
оже	and o	mati
pe	ician ior t	ne
Scate	phys ne pr	ler 1
certif	Sing ygier	to the
ath	ttenctal H	0
o de	has been signed by the attending physician and completely filled in by the fur Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ē
at th	and	N I
es th	gned	\$ an
quire	n Sig	10
IW re	pt. o	3 sh
60	has	N

ATTENDING PHYSICIAN: The law

r this certificate h

crtok: After t

0

marked,

.60

23

JIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. FECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH December 26 1991 ISIDORE REUBEN 1:10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year NOV . 8 8. BIRTHPLACE (State or Foreign 1 X M 2 | F 116 01 7993 78 1913 New York 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5-J Ridge Road Prince George's Greenbelt 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Greenbelt XX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 20770 10g. CITIZEN OF WHAT COUNTRY? 5-J Ridge Road United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No--If yea, specify Cuban, Maxican, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto R

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Glass kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Collega (1-4 or 5+) Clerk US Government - AirForce years 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Rubin Rose Leitner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mollie S. Reuben 5-J Ridge Road, Greenbelt, Maryland 20a. METHOD OF DISPOSITION

1 N Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE Mount Lebanon Cemetery 12/27/91 Adelphi, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME Gonald C 232 CARROLL STREET, N.W., WASHINGTON, D.C. 23. PART I. Enter the diseases, or complications that caused the dath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each lim. Approximata **IMMEDIATE CAUSE (Final** metastates Onset and Death diseasa or condition\_\_\_ reaulting in death) COVS DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 3 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 26a. PLACE OF thJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. minetion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

7500 arean way CAP Grea

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE INCLUDE

Gissler

appropriate Association appropria Maria Stransmin Chinada C. Maria and Company of the meteriale ellergrecements

	HOSPIT	PUNER	within 7	TANT
2	THE HOSPITAL OR ATTENDING PHYSICIAN: Th	PATH FUNERAL DIRECTOR: After this certificate	he find within 72 hours after death with the State	IMPOHTANT: If Item 28 is marked, or Item
DIVISION OF VITA	TTEND	TOR: A	after d	28 is
Z	ING P	ther t	eath	mar
OF	HYSIC	his ce	with 13	ked,
>	JAN: T	rtificate	e State	or ite

	MILW	45-02	COHN	H
$\vartheta$ ,	ON P	EARLIE	01	-
STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEAT	ND MENTAL	HYGIENE REG NO	2458	3

	1. DECEDENT'S NAME	(First, Middle, Lagt)	Dearlie	14.		OF DEA		2. DATE OF DEATH		YEAR 3. TIME OF DE
	4. SOCIAL SECURITY	NUMBER		MQ SE (In yrs. lest bit	rthday) IF UNDER	ettan	R 24 HRS.	12	28	91 938
	218-44	-2448	1 M 2 F	11-	YRS. MONTHS	DAYS HOURS	MIN.	7. DATE OF BIRTH (Morth, Day, Year)		8. BIRTHPLACE (State or Country)
	9a. FACILITY NAME (#	not institution, give	atreet and number)		9b, CITY	TOWN OR LOCAT	ION OF DE	8-7- ATH	9c. COUN	ITY OF DEATH
OR	Universi	ty Ho	spital		Ba	140				
RECTOR	RESIDENCE OF	10b. COUNT	TY	1	Oc. CITY, TOWN C	OR LOCATION				10d. INSIDE CIT
ā	Mo				Ba H	7)				LIMITS?
ERAL	10e. STREET AND NUI					10f. ZIP COO	Œ	**	10g. CITIZ	ZEN OF WHAT COUNTRY?
NE	11. MARITAL STATUS	Denn	nore			2	121	7		U.S.A
BY FUN	1 Never Married 3 Wildowed 4		12. WAS DECEDENT EVER FORCES? t YE IF YES, GIVE WAR OR	ES 2 NO		WAS DECENDENT I yes, specify Cub I PYES 2 NO	an, Maxicar	C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No-	14. RACE — American Inc. Black, White, atc. Specify: Black
03	15	DECEDENT'S EDU	JCATION	tse. DECED	DENT'S USUAL OC	CCUPATION		16b. KIND OF E	SUSINESS/INO	
LET	Elementary/Second	lly only highest grade lary (0-12)	College (1-4 or 5+)	(Give I	kind of work done of NOT use retired.)	during most of work	ing			551R1
COMP			142							
BE CO	Pearly	John	nsun			1 1 1	HER'S NAM	NE (First, Middle, Meid Wet	11	CUM
0	19a. INFORMANT'S NA	0/1/4		19b. M	AILING AOORESS	(Street and Number	r or Rural R	oute Number, City or 1		Code)
	200. METHOD OF DISP			300	324 6	envor	e K	ne 15	pa Ho,	Md 2/2/
	1 DCBuriel 2 Cree 4 Donetion 5 D	metion 3 Rem	noval from State	emetery, cremate	DATE OF DISPOS	Men L	21.12	1-3-97 A	LOCATION — C	City or Town, State
	21. SIGNATURE OF FUI		CENSEE		22.1	NAME AND ADDRE	SS OF FAC	ILITY	H)MF	NJ, 724
	- Ale	1.0	10700000)		4	buch	F. H	West	£	
	iMMEDIATE CAUSE	(Finel	compilcations that caus List only one ceuse on	each line.	. Do not enter	the mode of dy	Ing, such	es cardiec or res	Daba- pliratory arre	est, Approximintervel in Onset an
rification	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list on if any, leading to incause. Enter UNDE CAUSE (Disease or that initiated events.	onditions, namediate RLYING	a. MHA C7 DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	MMC S A CONSEQUE S A CONSEQUE S A CONSEQUE C F	Do not enter  AO (a)  NCE OF):  NCE OF):	the mode of dy	Ing, such	es cardiec or res	Daba-	Intervel 1
ERTIF	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list on if any, leading to incause. Enter UNDE CAUSE (Disease or	onditions, namediate RLYING	a. MtA 57 DUE TO (OR AS PNEUM DUE TO (OR AS PNEUM AT  DUE TO (OR AS	MMC S A CONSEQUE S A CONSEQUE S A CONSEQUE C F	Do not enter  AO (a)  NCE OF):  NCE OF):	the mode of dy	Ing, such	es cardiec or res	Daba-	Intervel 1
MEDICAL CERTIF	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmed in the cause. Enter UNDE CAUSE (Disease or that initiated event resulting in deeth)	enditions, namediate RLYING Injury	a. MtA 57 DUE TO (OR AS PNEUM DUE TO (OR AS PNEUM AT  DUE TO (OR AS	A CONSEQUEI	Do not enter  AO (- NCE OF): NCE OF): NCE OF):	the mode of dy	Ing, such	es cardiec or res	IN AUTOPSY DRMED?	Intervel 1
MEDICAL CERTIF	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmed in the cause. Enter UNDE CAUSE (Disease or that initiated event resulting in deeth)  PART II. Other sign	onditions, namediate RLYING injury in	a. M LTA C 7  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUEI	Do not enter  AO (- NCE OF): NCE OF): NCE OF):	the mode of dy	Ing, such	es cardiec or res	IN AUTOPSY DRMED?	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?
SICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirm, leading to incause. Enter UNDE CAUSE (Disease or that initiated eventuresulting in deeth)  PART II. Other sign	enditions, mediate RLYING injury s LAST	a. M LTA G 7  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUEI	Do not enter  AO (A)  NOTHER	the mode of dy	Ing, such	es cardiec or res	IN AUTOPSY DRMED?	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTIF	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmed in the cause. Enter UNDE CAUSE (Disease or that initiated event resulting in deeth)  PART II. Other sign  25. WAS CASE REFERE EXAMINER?  1  YES 2 NO.  27. MANNER OF DEATH	enditions, mediate RLYING injury s LAST	a. M LTA G 7  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d	S A CONSEQUEI  S A CONSEQUEI  B A CONSEQUEI  B A CONSEQUEI  C C C C C C C C C C C C C C C C C C C	Do not enter  AO (A)  NCE OF):  NCE OF):  HITING In the unce	the mode of dy	Ing, such	es cardiec or res	AN AUTOPSY ORMED? 2 DAMP	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?
BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmed in the cause. Enter UNDE CAUSE (Disease or that initiated eventuresulting in death)  PART II. Other sign  25. WAS CASE REFERE EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  Natural 5	enditions, mmediate RLYING injury s LAST inflicant condition	a. M LTA C7 DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUER  B A CONSEQUER  B A CONSEQUER  B A CONSEQUER  B A CONSEQUER  C C C C C C C C C C C C C C C C C C C	Do not enter  AD (a)  NCE OF):  AD (a)  NCE OF):  OOA OTHER  4   Nursi  ND TIME OF  INJURY  M	the mode of dy  TO CA  deriying cause  26. PLACE OF D  Ing Home 5   Ri 28c. INJU AT WORK?  1   YES 2	Ing, such	es cardiec or res	AN AUTOPSY ORMED? 2 DAME 2 INJURY OCCU	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 2
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmed in the cause. Enter UNDE CAUSE (Disease or that initiated eventuresulting in death)  PART II. Other sign  25. WAS CASE REFERE EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  Natural 5	inditions, mediate RLYING injury inju	a. M LTA CT DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUER  A CONSEQUER  B A CONS	Do not enter  AD (a)  NCE OF):  AD (a)  NCE OF):  OOA OTHER  4   Nursi  ND TIME OF  INJURY  M	the mode of dy  TO CA  deriying cause  26. PLACE OF D  Ing Home 5 R  28c. INJURY AT  WORK?  1 YES 2	Ing, such	es cardiec or res	AN AUTOPSY ORMED?  2	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirm of any, leading to incause. Enter UNDE CAUSE (Disease or that initiated eventuresulting in deeth)  PART II. Other sign  25. WAS CASE REFERE EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  1 Netural 5 2 Accident 6 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)	criticant condition  ED TO MEDICAL  CERTIFYING PHYSI	B. DUE TO (OR AS	S A CONSEQUER  B A CO	Do not enter  AD (ANCE OF):  NCE OF):  NCE OF):  Itling in the und  OTHER AD A INUS  TIME OF INJURY M  Itarm, street, factor	the mode of dy  TO CA  deriving cause:  26. PLACE OF D  Ing Home 5 R  28c. INJURY AT  WORK?  1 YES 2  Try, office	Ing, such	es cardiec or res	IN AUTOPSY ORMED? 2	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 TO JUNE Number,
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirmed in the cause. Enter UNDE CAUSE (Disease or that initiated eventuresulting in deeth)  PART II. Other sign  25. WAS CASE REFERE EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Netural	conditions, namediate RLYING injury statement conditions and the result of the result	a. M LTA C T DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS DUE TO (O	S A CONSEQUER  B A CO	Do not enter  AD (ANCE OF):  NCE OF):  NCE OF):  Itling in the und  OTHER AD A INUS  TIME OF INJURY M  Itarm, street, factor	the mode of dy  the mode of dy  26. PLACE OF 0  ing Home 5   Ri  28c. INJURY AT  WORK?  1   YES 2    vry, offica  me, data and place pinion, death occur	Ing, such	es cardiec or res  art I. 24a. WAS A PERF-  t VES  Who only one)  Other (Specify)  26d. DESCRIBE HOW  City or Town, State  the cause(e) and m me, date and place, the	IN AUTOPSY ORMED? 2 Days I INJURY OCCU t and Number of e) anner se states	Intervel of Onset and Onse
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list confirm of any, leading to incause. Enter UNDE CAUSE (Disease or that initiated eventuresulting in deeth)  PART II. Other sign  25. WAS CASE REFERE EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  1 Netural 5 2 Accident 6 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)	conditions, namediate RLYING injury statement conditions and the result of the result	a. M LTA C T DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS DUE TO (O	S A CONSEQUER  B A CO	Do not enter  AD (ANCE OF):  NCE OF):  NCE OF):  Itling in the und  OTHER AD A INUS  TIME OF INJURY M  Itarm, street, factor	the mode of dy  the mode of dy  26. PLACE OF 0  ing Home 5   Ri  28c. INJURY AT  WORK?  1   YES 2    vry, offica  me, data and place pinion, death occur	Ing, such	es cardiec or res  art I. 24a. WAS A PERF-  t VES  Who only one)  Other (Specify)  26d. DESCRIBE HOW  City or Town, State  the cause(e) and m me, date and place, the	IN AUTOPSY ORMED? 2 Days I INJURY OCCU t and Number of e) anner se states	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 TO JUNE Number,

HT :

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
The the NOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital or attending physician.	Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found at the State Dent. of Health and Mental Hoolene order to burial. cremation, or removal.	il director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		CATE OF	DEATH	REG. N	NO.	
I. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		YEAR 3. TIME OF DEAT
Patrick R. Sc	chofield /					27 9	9/ 8:39
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or For
None	1 M 2 🗆 F	YRS.	MONTHS DAYS	HOURS MIN.	12-27	- 91	Marylan
e. FACILITY NAME (If not Institution, give	street and nurrium;		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	TY OF GEATH
St. Joseph's Ho	pspital	- / I	Baltimor	re			
10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
Md. Balt	timore						LIMITS?
10e. STREET AND NUMBER			10	1, ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
3618 Benson Ave	a .			21227			USA
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S.ARMED	13. WAS DEC		NIC ORIGIN? (Specify	Yes or No-	14. RACE — American India
Never Married 2 Married  Midowed 4 Divorced	FORCES? 1 TYES	S 2 NO	If yes, sp		an, Puarto Rican, etc.)		Black, White, atc. Specify: White
15. DECEDENT'S EDU	JCATION	16a. DECEOENT'S U	ISUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDU	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		ork done during mo		3,23,41		SA 50
Committee yr Securitaery (U-12)	Consta (i.e ot 5+)	Chi	114				
17. FATHER'S NAME (First, Middle, Last)		- Uiti		18. MOTHER'S NA	AME (First, Middle, Maid	den Sumame)	
	T. Schofie	1.6			ren Lee R		
19a. INFORMANT'S NAME (Type/Print)	- T. Domorte		ADDRESS (Street		Route Number, City or		Code)
Robert G. Rausch					Balto.		
METHOD OF DISPOSITION		20b. PLACE AND DATE					1229 Sty or Town, Stata
. Of a second	noval from Stata	of cemetary, crematory of	or other place)		1/4/92	Balto.	•
1 Denetion 5 Other Colors		Touchan The	make Many				
1 Surial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		Loudon Pa	irk Ceme			Dat W.	, Plu-
1 Meurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Loudon Pa	22. NAME A	NO ADDRESS OF FA			
23. PART I. Enter the diseases, or shock, or heart fallure.	ICENSEE L Kon	Loudon Pa	22. NAME A Gary 5695	L. Kaufi Main St.	an Funer	al Home	21227
21. SIGNATURE OF FUNERAL SERVICE LI	-complicatione thet cause on List only one cause on OUE TO (OR AS	Loudon Pa	22. NAME A GATY 5695 of enter the mo	No ADDRESS OF FA L. Kaufi Main St. ode of dying, aud	an Funer	al Home	21227 pet, Approximatinterval Be
23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications that cause. List only one cause on  a.  OUE TO (OR AS  DUE/TO (OR AS	Loudon Pa	22. NAME A GATY 5695 of enter the mo	L. Kaufi Main St.	an Funer	al Home	21227 pet, Approximatinterval Be
23. PART I. Enter the diseases, or ahock, or heert fallure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	complications that cause on List only one cause on OUE TO (OR AS DUE TO (OR AS d.	I Loudon Pa	22. NAME A Gary 5695 ot enter the mo	L. Kaufi Main St. Dode of dying, aud	Man Funera	al Home ge, Md. appiretory arre	21227 Det, Approximatinterval Boonset and
23. PART I. Enter the diseases, on shock, or heart failure.  13. PART I. Enter the diseases, or shock, or heart failure.  14. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that cause on List only one cause on OUE TO (OR AS DUE TO (OR AS d.	I Loudon Pa	22. NAME A Gary 5695 ot enter the mo	L. Kaufi Main St. Dode of dying, aud	Part I. 24a. WAS BER	al Home	21227 pet, Approximatinterval Be
23. PART I. Enter the diseases, or shock, or heart failure.  13. PART I. Enter the diseases, or shock, or heart failure.  14. Image: Im	complications that cause on List only one cause on OUE TO (OR AS DUE TO (OR AS d. DUE TO (O	I LOUGON PA  Lich the deeth. Do not each line.  A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Do but not resulting in	22. NAME A GATY 5695 ot enter the mo	L. Kaufi Main St. Dode of dying, aud	Part I. 24a. WAS DER	al Home ge Md. apiretory arre	21227 Det, Approximatinterval Bases on Section 1
23. PART I. Enter the diseases, on shock, or heart failure.  13. PART II. Enter the diseases, or shock, or heart failure.  14. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that cause on List only one cause on OUE TO (OR AS DUE TO (OR AS d.	I Loudon Pa	22. NAME A Gary 5695 ot enter the mo	NO ADDRESS OF FI  L. Kaufi  Main St.  Dede of dying, auch  by  g ceuse given in	Part I. 24a. WAS DER	al Home ge Md. apiretory arre	21227 Det, Approximatinterval Bases on Section 1
23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions.	complications that cause on List only one cause on OUE TO (OR AS DUE TO (OR AS d. DUE TO (O	I DUCION PA  Lich the deeth. Do not each line.  A CONSEQUENCE OF)  A CONSEQUENCE OF)  B A CONSEQUENCE OF)  B Dut not resulting in	22. NAME A GATY 5695 ot enter the mo	Main St.  Main St.  Dode of dying, aud  By  By  By  By  By  By  By  By  By  B	ACILITY  Ban Funer  Elkrid  ch se cardiec or re  fai  hrsdor  Part I. 24a. WAS  VER  VER  Note the control one)	AN AUTOPSY FORMED?	21227  Pet, Approximatinterval Be Onset and Interval Be Onset and
23. PART I. Enter the diseases, or shock, or heart failure.  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	complications that cause on List only one cause on OUE TO (OR AS DUE TO (OR AS d. DUE TO (O	I DUCION PA  Lich the deeth. Do not each line.  A CONSEQUENCE OF)  A CONSEQUENCE OF)  B A CONSEQUENCE OF)  B Dut not resulting in	22. NAME A Gary 5695 ot enter the mo	NO ADDRESS OF FI  L. Kaufi  Main St.  Dede of dying, auc  Bry  Received in the control of the co	ACILITY  Ban Funer  Elkrid  ch se cardiec or re  fai  Part I. 24a. WAS  SER  VER  VER  Note only one)  8  Other (Specify)	AN AUTOPSY FORMED?	21227  Pet, Approximatinterval Be Onset and Interval Be Onset and
23. PART I. Enter the diseases, or shock, or heart fallure.  23. PART I. Enter the diseases, or shock, or heart fallure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	I DUCION PE  I DUCION PE  I DUCION PE  S A CONSEQUENCE OF)  S A CONSEQUENCE OF)  Dut not resulting in  Utpatient 3 DOA  NY  28b. Time INJU	22. NAME A GATY 5695 ot enter the mo	NO ADDRESS OF FI  L. Kaufi  Main St.  Ode of dying, aud  by  LACE OF DEATH (C.  THE B   Residence  JURY AT  ORK?  YES 2   NO	Part I. 24a. WAS SER VELLED IN THE PART I. 24a. WAS	AN AUTOPSY FORMED?  So No No No No No No No No No No No No No	21227  Pet, Approximatinterval Be Onset and Interval Be Onset and
23. PART I. Enter the diseases, on shock, or heart failure.  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be datarmined.	complications that cause on  a. OUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d	I DUCION PA  Legithe deeth. Do not each line.  A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)  A DUCING INJUSTINATION OF THE I	22. NAME A Gary 5695 ot enter the mo	NO ADDRESS OF FALL IN A CONTRO	Part I. 24a. WAS SER VER LOCATION (Str. City or Town, S	AN AUTOPSY FORMED?  See and Number of tatle)	21227  Pet, Approximatinterval Boonset and Ons
23. PART I. Enter the disesses, or shock, or heert failure.  iMMEDIATE CAUSE (Finel disesses or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation and Suicide 6 Could not be detarmined  29a. CERTIFIER Check only 1 CERTIFYING PHYS	CENSEE  -complicatione thet cause. List only one cause on  a. OUE TO (OR AS  b. DUE TO (OR AS  d. DUE	I DUCION PE  Interpretation of the property of the deeth. Do not each line.  I A CONSEQUENCE OF:  A CONSEQUE	22. NAME A GATY 5695 ot enter the mo  S	Main St.  Main St.  Dode of dying, auch  Dry  By  By  By  By  By  By  By  By  By	Part I. 24a. WAS SER VEIL OT TOWN, STOCK OF TOWN, SER LOCATION (Str. City or Town, See to the cause(s) and	AN AUTOPSY FORMED?  S 2 NO  OW INJURY OCCUPANT TOTAL T	21227  Pet, Approximatinterval Be Onset and On
23. PART I. Enter the disesses, or shock, or heert failure.  iMMEDIATE CAUSE (Finel disesses or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation and Suicide 6 Could not be detarmined  29a. CERTIFIER Check only 1 CERTIFYING PHYS	CENSEE  -complications that caus. List only one cause on  a. OUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE T	I DUCION PE  Interpretation of the property of the deeth. Do not each line.  I A CONSEQUENCE OF:  A CONSEQUE	22. NAME A GATY 5695 ot enter the mo  S	Main St.  Main St.  Dode of dying, auch  Dry  By  By  By  By  By  By  By  By  By	Part I. 24a. WAS BER VETE IN City or Town, Sea to the cause(s) and e time, data and place	AN AUTOPSY FORMED?  So NO NO NO NO NO NO NO NO NO NO NO NO NO	21227  Pet, Approximatinterval Be Onset and On
23. PART I. Enter the diseases, on shock, or heart failure.  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitleted events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   Investigation   Suicide   Could not be detarmined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER)	CENSEE  -complications that caus. List only one cause on  a. OUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE T	I DUCION PE  Interpretation of the property of the deeth. Do not each line.  I A CONSEQUENCE OF:  A CONSEQUE	22. NAME A GATY 5695 ot enter the mo  S	NO ADDRESS OF FI  L. Kaufi  Main St.  ode of dying, aud  by  LACE OF DEATH (C)  me 8   Residence  JURY AT  ORIC?  YES 2   NO  ca  a and place, and du  death occurred at the	Part I. 24a. WAS BER VETE IN City or Town, Sea to the cause(s) and e time, data and place	AN AUTOPSY FORMED?  So NO NO NO NO NO NO NO NO NO NO NO NO NO	21227  Det, Approximatinterval Bases on Section 1
23. PART I. Enter the diseases, on shock, or heart failure.  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitleted events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   Investigation   Suicide   Could not be detarmined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER)	CONSEE  Confipilications that cause on a	I DUCION PE  I DUCION PE  I DUCION PE  I DUCION PE  I A CONSEQUENCE OF)  I DUCINC	22. NAME A GATY 5695 ot enter the mo	NO ADDRESS OF FI  L. Kaufi  Main St.  ode of dying, aud  by  LACE OF DEATH (C)  me 8   Residence  JURY AT  ORIC?  YES 2   NO  ca  a and place, and du  death occurred at the	Part I. 24a. WAS BER VETE IN City or Town, Sea to the cause(s) and e time, data and place	AN AUTOPSY FORMED?  So NO NO NO NO NO NO NO NO NO NO NO NO NO	21227  Det, Approximatinterval Bases on Section 1

. 572 LUCALUL UTCC one I. Markett Parture ... 

rs after death. Page 6 may be retained by the hospital or attending physician.

I by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should refinoral. TO FORTHOLO RATENDING PHYSICIAN: The law requires that the death certificate be executed within a ris after death. Page 6 may be retained by the thosp to the physician and completely to the funeral director, page 5 should be detached to the death of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INTERPRETABLE IN THE TEST IS IN THE TEST SHOWS ANY INJURY, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

ON OF VITAL RECORDS, P.O. BOX 13146,

DIVISI	OR ATTEN	DIRECTOR	hours after	
1	MUSEUM S	PRINTER	LE WA	1
1	A. C.	H OIL	1	

Ł		2
	3	
h	1	

1. DECEDENT'S NAME (First	st, Middle, Last)					-11			2. DATE OF	F DEATH	,		3. TIME OF DEATH
	nair de	hi oreales				- th			MONTH 12	23	'	YEAR 91	6.1.2
4. SOCIAL SECURITY NUM		5. SEX	1 405 (la um la	and to be desired as a	I or comper	D 4 WEAR	ar impre		7. DATE OF	) (		-	6:45
		1 M 2 F	6. AGE (In yrs. le		IF UNDER	DAYS	HOURS	MIN.	(Month, I	Day, Year)		Country	
219-12-69			67	THS.					-	2/24			ryland
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION  5820 Old Hunt Club Rd.  Elkridge						ON OF DE	ATH		9c. COUNT		ATH		
RESIDENCE OF DE		ub Ra.			FILE	cria	ge				Howa	ırd	
10a. STATE	10b. COUNTY	r		10c. CIT	ry, town	OR LOCA	TION						10d. INSIDE CITY
Md.	Howa	ırd		Ell	cride	26							LIMITS?
10e. STREET AND NUMBER							f. ZIP COD	E			10a. CITIZE		HAT COUNTRY?
5820 ola	Funt C	lub Rd.					212	227				USA	
11. MARITAL STATUS	110010	12. WAS DECEDER	NT EVER IN U.S. A	BMED	13	WAS DEC		•	IIC ORIGIN?	(Specify Vee			- American Indian,
1 Never Married 2	Married	FORCES?	YES 2			If yes, so	ecify Cube	an, Maxica	n, Puarto Ric	an, etc.)		Black,	White, etc.
3 Widowed 4 Div		WWII	WAR OR DATES			1   YES	2 M NO	Specify	/:			Specif	white
	CEDENT'S EDU	CATION	18a. D	ECEDENT'S					18b. K	IND OF BUS	INESS/INDUS	STRY	
(Specify of Elementary/Secondary	nly highest grade	College (1-4 or 5	16	Give kind of fe. Do NOT u	work done ise retired.)	during mo	ost of workli	ing					
12	(0-12)	50.10ge (1.3 61 5	"	Fo	rema	ın			1 1	avis-	Hemph	ill	
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	ME (First, Mic				
John F. S	Sablows	ki					Jer	nv .	ablow	rska			
19a, INFORMANT'S NAME			1	9b. MAILIN	G ADDRES	S (Street					n, State, Zip C	code)	
Julia F. Sa	blowsk	i		5820	014	Hun	t Clu	ib Ro	. Tel	kride	e, Md		21227
200 METHOD OF DISPOSE	TION		20b. PLAC	E OF DISPO					.,		CATION - CI		
1 Burial 2 Cremat 4 Donation 5 Oth	ion 3 🗌 Ram	oval from Stata		don I	Park	Ceme	atem	7		Re	lto.	Ma	
21. SIGNATURE OF FUNET	4	CENSES/7		LOII I			ND ADDRE		CILITY	100	2001	1.100	•
· //	E - Anno Maine	11	1		G	ary	L. E	aufi	ian Fu	meral	Home		
//	ares	0-10	ulma	com		1600	Main	04-			-	353	21227
	haert fallure.	a. DUE TO		death. Do	not anta ARI						dge		Approximata interval Betwee Onset and Dea
ahock, or iMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, laeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	haert fallum.	a. DUE TO	HRAI AC	death. DD ne. EOUENCE (	OF):								Approximata intervai Between
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, leading to imm cause. Entar UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	itione, ledista Ying jury ST	b. DUE TO  d	HZATACONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	BEOUENCE C	OF):	r the mo	ode of dy	ring, suc	Part I.	nc or reapl	AUTOPSY	at,	Approximata intervai Between
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, laeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignific	itione, ledista Ying jury ST	b. DUE TO  DUE TO  DUE TO	HZATACONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	BEOUENCE C	OF):	r the mo	ode of dy	ring, suc	Part I.	ac or reapi	AUTOPSY	at,	Approximate interval Betwee Onset and Dea
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, leading to immeause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications are consistent of the conditions of the condition	itions, ediata ying jury sst	b. DUE TO	HZGIAC O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	BEOUENCE C	OF):	r the mo	ode of dy	ying, suc	Part I.	24s. WAS AN PERFOR	AUTOPSY	at,	Approximata Interval Betwee Onset and Dea  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, isading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignific	itions, ediata ying jury sst	b. DUE TO  d. DUE TO  HOSPITAL:	HZGIAC O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE (	OTHE	r the mo	ng cause	glvan in	Part i. :	24a. WAS AN PERFOR	AUTOPSY	at,	Approximata Interval Betwee Onset and Dea  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, leading to Imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications of the condition of the con	itions, ediata ying jury sst	b. DUE TO  d. HOSPITAL: 1   Inpetient 2 28e. DATE O	D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	Seath. DD ne. EOUENCE C EOUENCE C Treaulting	OF):  OF):  OTHE 4 Nu	26. FR:	elace of i	glvan in	Part i. :	ac or reapi	AUTOPSY	24b.	Approximata Interval Betwee Onset and Dea  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, leading to Imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications of the condition of the con	heart fallure.  inal  ittione, lediata YING Jury ST  Cant condition  CONTROL  TO MEDICAL	b. DUE TO  d. HOSPITAL: 1   Inpetient 2 28e. DATE O	D (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	Seath. DD ne. EOUENCE C EOUENCE C Treaulting	OTHE 4 Nu	r the mo	ng couse	givan in	Part i. :	ac or reapi	AUTOPSY MED7 A NO	24b.	Approximata Interval Betwee Onset and Dea  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ahock, or iMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications are conditionally leading in the condition of the condition o	heert fallure.  inai  ittione, tediata Ying jury ast condition  Per Le	b. DUE TO  DUE	D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	Seath. DD ne.	OF):  OF):  OF):  OF):  ME OF  SURRY M	26. FR: maing Hot	PLACE OF I	givan in	Part i. 2 eck only one; 8 Other 286. LOCA	24s. WAS AN PERFOR	AUTOPSY MED?  AUTOPSY MANO  NJURY OCCL  and Number of	24b.	Approximata interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
ahock, or iMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, laeding to Imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifications of the condition of the con	heert fallure.  Inai  Hitione, lediata Ying jury  ST  Cant condition  Pending investigation  Could not be datarmined	DUE TO  DUE TO	D (OR AS A CONS D (OR AS A CON	BEOUENCE CEO	OTHE 4 Nume of JURY M	26. FER: maing Hotory, offictory, offictory, offictory, date of the main and the ma	PLACE OF I	givan in  DEATH (C/	Part i. :  Beck only one  City of City	24a. WAS AN PERFOR 1 VES 2 (Specify) (Specify) (FION (Street Rown, Stelle)	AUTOPSY MED? AUTOPSY MED? AND NO	24b.	Approximata interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
ahock, or iMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, laeding to Imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifications of the condition of the con	heert filture.  inal  ittione, lediata YiNG jury ST  Cant condition  Could not be datarmined  RTIFYING PHYS  EDICAL EXAMINI	b. DUE TO  c. DUE TO  d. DUE TO	D (OR AS A CONS D (OR AS A CON	BEOUENCE CEO	OTHE 4 Nume of JURY M	26. FER: maing Hotory, offictory, offictory, offictory, date of the main and the ma	PLACE OF I	givan in  DEATH (C/	Part I. :  eck only one;  8 Other  28d. DESC  28f. LOCA'  in time, date a	24a. WAS AN PERFOR 1 VES 2 (Specify) (Specify) (FION (Street Rown, Stelle)	AUTOPSY MED? AUTOPSY MED? AND NO	24b.  24b.  Ad.  cause(a	Approximata interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)  Sequentially list cond if any, laeding to Imm cause. Entar UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnification of the condition of the cond	TO MEDICAL  Pending Investigation  Could not be datarmined  RTIFYING PHYS  EDICAL EXAMINI  LE OF CERTIFIE  OF PERSON WH	DUE TO  DUE TO	D (OR AS A CONS D (OR AS A CON	Beath. DD  BEOUENCE C  EOUENCE C  EOUENCE C  EOUENCE C  EOUENCE C  T resulting  3 DOA  28b. Ti  h  death occur  or investigate  TEM 27) (757	OFF:  OFF:	26. FER: maing Hotory, offictory, offictory, offictory, date of the main and the ma	PLACE OF I	givan in  DEATH (C)  Residence  NO	Part I. :  eck only one;  8 Other  28d. DESC  28f. LOCA'  in time, date a	24a. WAS AN PERFOR 1 VES 2 (Specify) (Specify) (FION (Street Rown, Stelle)	AUTOPSY MED?  NJURY OCCU	24b.  24b.  Aurel F  d.  cause(a	Approximata interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
ahock, or immediate and immediate and immediate condition resulting in deeth)  Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifications are supported by the condition of th	TO MEDICAL  Pending Investigation  Could not be datarmined  RTIFYING PHYS  EDICAL EXAMINI  LE OF CERTIFIE  OF PERSON WH	DUE TO  DUE TO	D (OR AS A CONS D (OR AS A CON	Beath. DD  BEOUENCE C  BEOUENC	OFF:  OFF:	26. FER: maing Hotory, offictory, offictory, offictory, date of the main and the ma	PLACE OF I	givan in  DEATH (C)  Residence  NO	Part I. :  eck only one;  8 Other  28d. DESC  28f. LOCA'  in time, date a	24a. WAS AN PERFOR 1 VES 2 (Specify) (Specify) (FION (Street Rown, Stelle)	AUTOPSY MED?  NJURY OCCU	24b.  24b.  Aurel F  d.  cause(a	WERE AUTOPSY FINDING ANALLABLE PRINCE TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO

. A. CHAIR THAT THE TEST of the carry and the 1 Library County يرجب المنظ ويدار بالمنزل والمن المتحدثوري والما يداخلوا . Sakulial . alip. Total Control gog gam grace, blice s, so cand

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 !

36423

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. I	VO.	00470
	1. DECEOENT'S NAME (First, Middle, Last)	Swoleto	EL (MAE) S	SINGLET	NC	2. DATE OF OEATH	DAY	YEAR 3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 213-34-6035		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 4-7-35		BIRTHPLACE (State or Foreign Country)     N . C .
TOR	9a. FACILITY NAME (If not institution, give a Union Memorial RESIDENCE OF DECEDENT	,			more Cit	EATH	9c. COUN	TY OF DEATH
DIRECTOR	10e, STATE 10b, COUNTY	Y		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 Y YES 2 NO
FUNERAL	1706 CHILTON ST.				1. ZIP CODE 21218			EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 X NO	If yes, sp	CENDENT OF HISPA Hecity Cuben, Mexic 2 NO Specia	NIC ORIGIN? (Specify en, Puerto Ricen, etc.) fy:	Yee or No —	14. RACE — American Indian, Black, White, etc. Specify: BL ACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12) 8th	CATION completed) College (1-4 or 5+)	16a. DECEOENT'S U (Give kind of wo life. Do NOT use DOMES	rk done during mo retired.)	ON ost of working	16b, KIND OF	BUSINESS/INOU	
BE COM	17. FATHER'S NAME (First, Middle, Last) EDWARD PITCHFORD			120		AME (First, Middle, Maid AN REYNOL[		
TOB	19a. INFORMANT'S NAME (Type/Print) GEORGE SINGLETON		196. MAILING A	DDRESS (Street &	ST./BALT	FIMORE, MI	own, State, Zip (	Code)
	20s, METHOD OF DISPOSITION 1 (X Burlel 2 Cremetton 3 Rem. 4 Donatton 5 Other (Specify)	oval from State	ING MEMUR	TAL PAR	K	RAN		OWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	Men S		WM.C.M		1./1101 E.		
	23. PART I. Enter the diseases, or check, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Only one ceuse on	A CONSEQUENCE OF):					Interval Batween
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated avents resulting in death) LAST	b. SLOSIS DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):				0	
¥	PART II. Other significent condition	s contributing to deeth	but not resulting in	the underlying	g ceuse given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YNO	HOSPITAL:		OTHER:	ACE OF OEATH (Ch			
ВУ РНУ	27. MANNER OF DEATH  17 Surfurel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOY	V INJURY OCCU	RED
	3 Sulcide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, ferm, streetly)	eet, factory, olfic		28t, LOCATION (Stree City or Town, Sta	st end Number or te)	r Rural Route Number,
COMPLETE		CIAN: To the best of my known. R: On the best of examination						i, ceuse(e) end menner ee stated.
IO BE C	290. SIGNATURE AND STILE OF CONTURES	Scall	MD		29c. LICENSE NUI	MBER	29d. DATE !	SIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	Prkus.	DAV, 1		LL			
	JAN U 3 1992	32. REGISTRAR'S SIG	ATURE AMARIE					

Ethi M Sweleton

70 mm 1 1,00 1- 21

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FluNETAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. OFFIGURE II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICATE	OF DEA	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATI	E OF DEATH		_	3. TIME OF DEA	ATH
	ALBERT	THEODOR	E	SMAT	L SR		MONT 2	TH D/	_	YEAR		
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birtl			R 24 HRS.			8 1	991	4:40	P .M
	010 20 6205	1√√√ M 2 □ F		MONTHS D	YS HOURS		(Mon	th, Day, Year)		Counti	IPLACE (State or I	Foreign
	212-30-8305	1,01	57 Y	RS.			2-	-18-193	34	MA	RYLAND	
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TO	WN OR LOCA	TION OF DE	EATH		9c. COU	NTY OF D	EATH	
P P	6900 REVER DRI	VE ROAD			EDGE	<b>IFRF</b>			12 A	TTT	MODE	
5	RESIDENCE OF DECEDENT				20021	16/16			DE	TITT.	MORE	
DIRECTOR	10e. STATE 10b. COUNT	Y	104	CITY, TOWN OR L	OCATION						10d. INSIDE CIT	Υ
	MARYLAND BA	LTIMORE			EDGE	IERE					LIMITS?	KNO
A	10e. STREET AND NUMBER				10f. ZIP COI				10a, CIT	IZEN OF Y	VHAT COUNTRY?	-
8	6900 RIVER DRIVE	ROAD				21	219	1				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VED IN II S ADMED	to Mac	DESCRIPTION						S.A.	
	1 Never Merried XX Married	FORCES?	YES 2 NO	н уе	s, specify Cub	an, Mexica	n, Puerto	N? (Specify Yea Ricen, atc.)	or No-	14. RACE Black	- American Ind t, White, atc.	lan,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆	YES 2 XIX	Specify	y:			Speci		
ا ۵	15. DECEDENT'S EDU	CATION	to- proper	1							WITT	
COMPLETED	(Specify only highest grade	completed)	(Give kir	NT'S USUAL OCCU nd of work done durin IOT use retired.)	g most of work	ing	168	b. KIND OF BUS	SINESS/IN	DUSTRY		
٦	Elementary/Secondary (0-12) 11 YEARS	College (1-4 or 5+)										
Z		N/A		BRAKEMAN							CKRIVER	
8	17. FATHER'S NAME (First, Middle, Last)				18. MO	THER'S NA	ME (First,	Middle, Maiden	Surname)		RAILROA	D
BE	IRVIN B. SMALL				SA	RAH	BRIC	KER				
10	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRESS (St	eet and Numbe	or or Rural F	Route Num	ber, City or Town	n, State, Zip	Code)		
F	RUTH J. SMALL		61	5 PARKWY	RTH AL	FNUF	RA	ITTMOR	F M	ARVI	AND 21	218
	200 METHOD OF DISPOSITION			ATE OF DISPOSITIO		Civac	DAT			City or To		210
	1 X Buriel 2 Cremetion 3 Rem 4 Donation 3 Other (Specify)	oval from State		MEMORIA		21_1	001	DEI			RYLAND	- 1
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	DEL AIR	MILIVIOR IA	E AND ADDR	JI-I	771	DLL	AIK	, IVIA	KYLANU	
	~	10		DUD	A-RUCK	FUÑ	ERAL	HOME	OF D	UNDA	LK INC.	
	DC901 1	200	dhe	792	2 WISE	AVE	NUE	DUND	AIK	MD	21222	- 1
	23. PART I. Enter the diseases, or a	complications that c	aused the death.	Do not enter the	mode of dy	ing, auct	h as care	diac or respir	ratory an	reat.	Approxim	ate
	shock, or heart failure.  IMMEDIATE CAUSE (Final	Liat only one cause	on each line.								Interval B	etween
	Allers as a second state	Chacini	2412	21 ( ) 4 ( )							Onset an	d Death
Н	resulting in death)	DUE TO (OF	DIP(13 VI	200 100	MILLI	He	34720	SAD?				
		202 10 (01	AS A CONSEQUEN	UE OF):								ŀ
ő	Sequentially list conditions,	D	AS A CONSEQUEN	25.00								
₽ II	If any, leading to immediate cause. Enter UNDERLYING	402 10 (01	AS A CONSEQUENT	JE OF):								- 1
유	CAUSE (Disease or Injury	C. OHE TO (OF	AS A CONSEQUEN									
Ē	that initiated eventa resulting in death) LAST	00E 10 (0F	AS A CONSEQUENT	JE OF):								-
CERTIFICATION		d										
7	PART II. Other algnificant condition	a contributing to de	ath but not result	ing in the under	ving cause	alven in i	Part I	24s, WAS AN	LITOBEV	1	MEDIC ALITONALI	
DICAL		_			yg cadao	given iii	ant i.	PERFORI	WED?	240.	WERE AUTOPSY F AVAILABLE PRIOR	TO
							- 1	1 YES 2	□ NO	- 1	OF DEATH?	CAUSE
Σ											1 YES 2	NO
PHYSICIAN: ME												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF	EATH (Che	ck only on	70)				
Š	1 X YES 2 NO	HOSPITAL: 1   Inputient 2   EF	NOutpatient 3 DO	OTHER:  OA 4   Nursing	tome 5 K R	ealdence	8 🗆 Othe	r (Specify)				
٤١	27. MANNER OF OEATH	28e. OATE OF INJ		TIME OF 28c	INJURY AT			CRIBE HOW IN	JURY OCC	CURED		
×	1 Natural 5 Pending	(Month, Day, )	(bar)	INJURY M 1	WORK?  YES 2	□ NO				Jones		
B	2 Culate	28e. PLACE OF IN	IJURY — Al home, la			3	281 1.00	ATION (Ot				
	4 Homicide B Could not be	building, etc.	(Specify)	,,,			City	ATION (Street ar or Town, State)	na Number	or Hurai Hi	oute Number,	
<u> </u>	29a. CERTIFIER											
린	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death oc	curred at the time,	date and place	, and due l	lo the cau	rse(a) and manr	ter en atat	ed,		
COMPLETED	2 X MEDICAL EXAMINE	R: On the basis of exami	ination end/or investi	gation, in my opinio	n, death occu	red at the t	time, date	end place, and	due to the	e cause(a)	and manner as a	tated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					ENSE NUM		1			(Month, Day, Year)	
BE	Way of the	1/2111						1				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES	E DEATH ATEM OF	Toma Drivet's	10.C	. M . E	5 .		12	-29-	1991	
	MANUADA	6 1/2 0 a	h A .									
	31. DATE FILER (MenthOppo)/burio	J. Homan	- WW) 91	1 PENN	STRE	ET F	BALT	IMORE	MA	RYLA	ND 212	101
	31. DATE FILEA NOTO 3 TO 1992	32 REGISTRAR'S	SIGNATURE									

Z = 43 = 1

The second of th

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

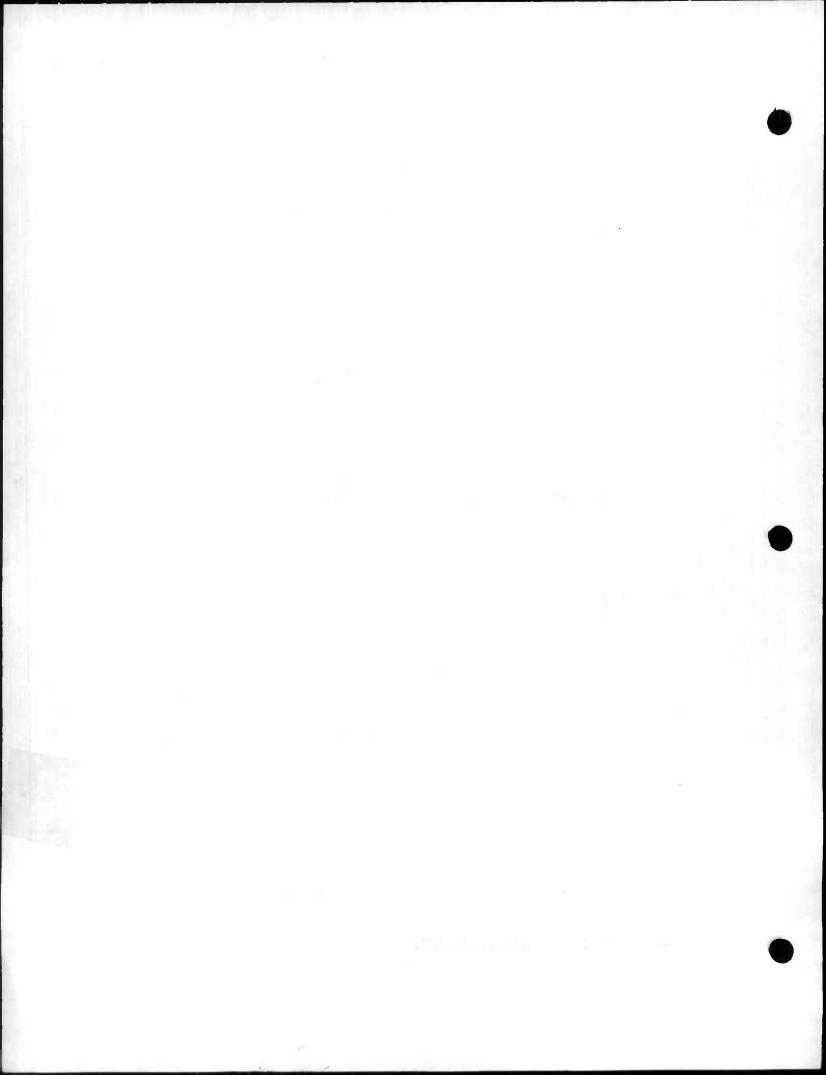
TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the buriar transfer name 1.2 a man of 2.3 and
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12-29-91 JAMES CARROL SMITH 10:00PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 12/12/21 212 16 9020 1 M 2 F 70 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6701 N CHARLES STREET BALTIMOREMD 21204 BALTIMORE CO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE TIMONIUM 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2311 CHETWOOD CIRCLE #103 21093 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY 1 YES 2 NO Specify Specify: White 3 Widowed 4 Divorced WW II no COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specity only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 7 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Smith Hilda Meekins Hickey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2311 Chetwood Circle, Timonium, MD 21093 Izetta Smith Wife 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1/2/92 1-2-92 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD Ronald Wade, Dir 655 W.Baltimore Street Baltimore MD 201 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximats** ahock, Dr haart failure. List Dnly one cause Dn sech lins. interval Between IMMEDIATE CAUSE (Finsi Meta STATIL Onset and Dasth disesse Dr condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) D neuminia CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER 1 YES 2 NO 1 √ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED Natural INJURY 5 Pending investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES BE LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1950 owa 30 0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
11N 3 1992

DHMH-16 Rev 1/89



o.

FOR

6

1

L

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

L.

9e. FACILITY NAME (If not institution, give street end number)

THE JOHNS HOPKINS HOSPITAL

SCOTT

1 - M 2 X F

5. SFX

**JESSIE** 

4. SOCIAL SECURITY NUMBER

29 191

215-82-3787

Pages 1, 2, 3 should DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Freeland permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 19501 Spooks Hill Rd use as the burial-transit 21053 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2.
IF YES, GIVE WAR OR DATES 1 Never Merried 2 X Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Sammuel J. McGraw notified at Jean Lilla BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William W. Scott 19501 Spooks Hill Rd., Freeland, MD 21053 be 20s. METHOD OF DISPOSITION 1 II Buriel 2 A Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of must Caskets Inc. Cremation Serv. 1991, York, PA examiner 24. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, 24 Second St., New Freedom, medical the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. 6 IMMEDIATE CAUSE (Finel the disease or condition Myocardia event. resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) an and com to burial, c traumatic DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other that initieted evente DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST 5 DR ATTENDING PHYSICIAN: The law requires that the death injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL Health and N 24a. WAS AN AUTOPSY thas been signed by the Dept. of Health and m 23 shows any in PERFORMED? Arten YES 2 NO euphera ascu erebral Arter Disea PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? After this certificate hadeath with the State Diametred, or Item item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 ND 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCUREO 20c. INJURY AT WORK? Natural 2 Accident 5 Pending м BY 1 YES 2 NO After 1 3 Suicide 26e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) .50 ETED D RECTOR: A 8 Could not be 4 Homicide 28 Hours Item t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as ateted. COMPL (Check only one) MPORTANT: If 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner ee stated. BE 29c. LICENSE NUMBER 223 2 PLETED CAUSE OF OEATH (ITEM 27) (Type, Print) D JOHNS HOPKINS HOSPITAL, BALTIMORE, MD 31. DATE FILEO (Mgnth, Day, Year)

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

BALTIMORE CITY

- whavedoon-Randell

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

VBS

79

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH DECEMBER 29, 1994 9:30 a.m. M 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Aug. 27, 1912 Arkansas 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. t4. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INOUSTRY DATE 31 20c. LOCATION — City or Town, State Inc. Pa 17349 Approximate Interval Between Onaet and Deeth >1040 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 TYES 2 NO 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 29/9

SETT DIVA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last)				OAIL	<u> </u>	DEM		## ## PARTIES	OF DEATH	NY.	YEAR	3. TIME OF GEATH
	URA COR							12-	30-1	991		6:15p M
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. I		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	(Monti	OF BIRTH h, Day, Year)	0 - 0	Country)	
221-30-7508	1 🗆 M 2 🖳 F	99	YRS.						-30-1			th Caroli
9a. FACILITY NAME (If not institution, give s		0				OR LOCATI					NTY OF DE	
Bon Secours E	xtended	Care	rac.	-	EI.	lico	tt	Cit	ty	Но	ward	County
10a. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OF	LOCAT	TION						10d. INSIDE CITY LIMITS?
Maryland Ho	ward Co	unty		C	olu	umbi	a					YES 2 NO
10e. STREET AND NUMBER					10	. ZIP COD				10g. CIT	IZEN OF WI	AT COUNTRY?
5029 Hesperus	Drive					21	044					USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 TO	NO	16	yes, sp		n, Mexica	an, Puerto	Y? (Specify Yea Ricen, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc. White
15. DECEDENT'S EDU (Specify only highest grade		16a, E	DECEDENT'S	USUAL OC	CUPATI	ON		168	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of w fe. Do NOT us				Ŋ					
12			Ho	omem	ake	er			Own I	Tome		
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	AME (First,	Middle, Malden	Surname)		
Walter		Ko				<u></u>			4-			
19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			04 0 1 1 1
James L. Seas	e jr.						K R		olum			21044
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation DOther (Specific Control Cont	ombme	of cemeta	acela	or other pla	ece) Iv.eI	n. P		1/3/	4		hurs	t, DE
21. SIGNATURE OF FUNERAL SERVICE LI	2-AO	/ WO	0.535	22. N		ND ADDRE		2				Home 21043
disease or condition resulting in death)		O (OR AS A CONS		F):								MONT
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	oue to	OR AS A CONS	EOUENCE OF	F):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE OF	F):								
PART il. Other eignificent conditio	ne contributing to	death but no	regulting i	in the un	dochrie	C COURS	alven in	Dort 1	24a. WAS AF	AUTOROV	245	WERE AUTOPSY FINDINGS
DIABETES ME	LITUS,	ANE		, AF	HTS		5,		PERFO	RMED?		MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			_		26. P	LACE OF I	DEATH (C)	heck only o	ne)			
EXAMINER?	HOSPITAL:	□ EB/Outpatient	3 🗆 DOA	OTHER	t:	ne 5 🗆 R						
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE O		28b. TIM	-	28c. IN	JURY AT ORK? YES 2 [		T	SCRIBE HOW	INJURY O	CCUREO	
2 Accident 3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At I, atc. (Specify)	home, farm, s	street, facto	ory, offi	ca			CATION (Street or Town, State		er or Rurel R	oute Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN												and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIC	ettons, n	٥				D	ENSE NU	296		•	12-	(Month, Day, Year) 31-91
	sons, w	(I)	OUR	Print) D	no	ron	S F	247	mes Co	CN 2	M.	- (
JAN 3 1992	Julia Dan	HOLON-TON	delle									

DNEUMONIA

HENOM !

DIABETES MELLITUS, ANEMIA, ARTHRITIS, VERTICO DIABETIC NEUROPATHY, CARSIOMEGALY

W-38-21

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1992

32 Part Print Attended

once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR ATTENDING PHYSICIAN: The law

DIRECTOR: An hours after deal item 28 is n

31. DATE FILEO (Month, On)

1	Pin		6
	Sho		E
	S		10
	901		9
	Da		=
	tor.		200
	irec		5
	P		9
	ler.		E
	4		EXS
	를	20	-
i	3	E	100
	Ξ	2	96
	led	0,	=
	y fil	Hior	th
	etel	E	Ħ,
	npi	5	Ve
	8	व	60
	Due	ğ	ati
	5	2	5
	Sici	njo.	12
	高	le p	6
	9	Jie.	듬
	ğ	F	5
	atte	Ital	-
	16	Mer	5
	y th	P	E
	Q P	a	3
	gne	HE HE	69
	Si	Ŧ	*
	ee	0	S
	it. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
	9	te	E
	Fical	Sta	=
	erti	the	9
	SC	Ith	p.
	5	W	Ě
	ther	eath	E
	4	10	2

91 36428 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN BILLY JOE TARRANT 2 2 MONTH 12 1991 BILLY TARRANTNERO 1:58 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 XXF 248-58-1868 N.C. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 851 GEORGE STREET #4M BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore, City 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 851 George Street Apt-4M 21201 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—It yee, specify Cuban, Mexican, Puerlo Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 1 TES 2 NO X Specify: 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Unemployed 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Wellon <del>Tarrantnero</del> WELLEN TARRANT Luvata Magrum LUEVATER MANGRUM BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rosa Tarrantnero 717 Druid Pk. Lk. Dr./ BAltimore, Md. 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Greenmount Cemetery Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wm.C. March F/H 1101 E. North Avenue 23. PART i. Enter the disasses, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Oneet and Death disease or condition ( ovdi ovascular a. Atherosclerate reculting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediata cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS Se. Disorder AVAILABLE PRIOR TO COMPLETION DF CAUSE YES 2 NO Alcoholism 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: YES 2 NO 4 ☐ Nursing Home 5 X Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 1 Natural 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, term, street, tectory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Phute areo O.C.M.E. 12/22/1991 2

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21201

111 PENN STREET

17- 1-11

 $2\pi i + i = 7 \quad \text{or} \quad i = m \quad \text{or} \quad c \in \mathbb{R}$ 

a result

8 8 9

	~
	DOLLES
	24
60,	within
( 687	executed
6	9
O. B(	erlificate
0.	C
Ś	deat
Q	the
OR	that
RECO	requires
LAL	The law
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a
VISION	ATTENDING
7	OR
	OSPITAL

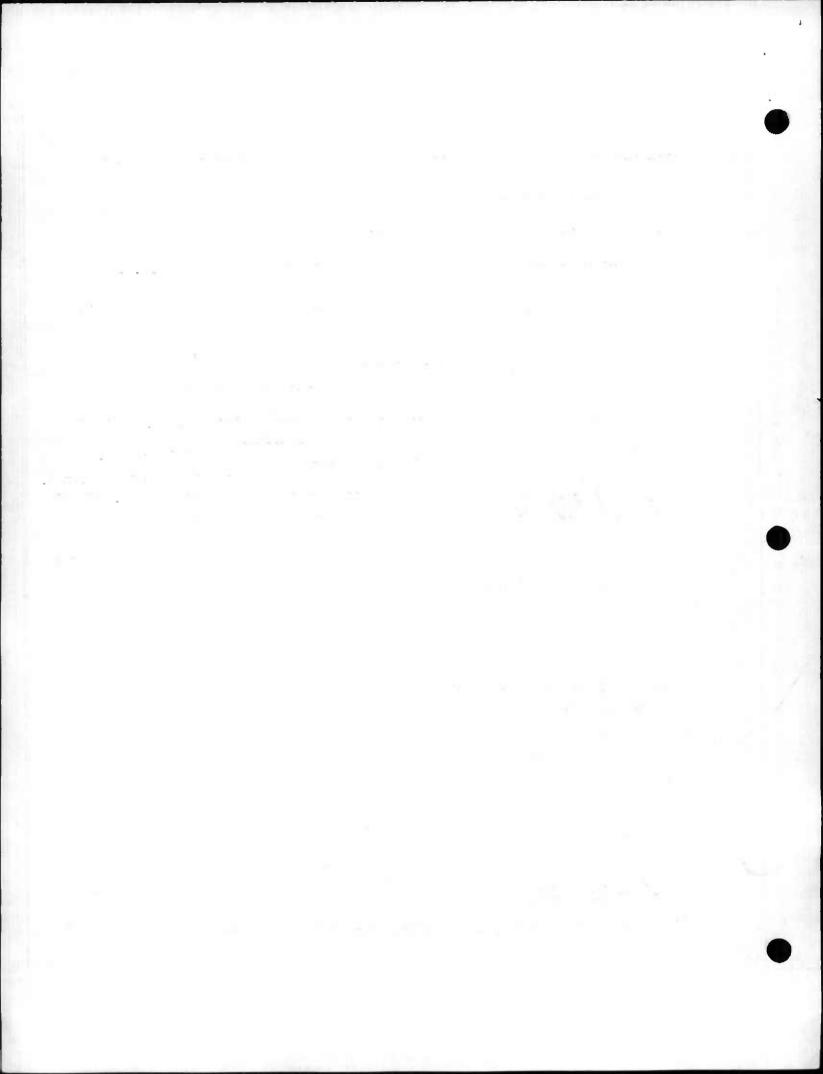
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTMENT CERTIFICATE	OF HEALTH AND OF DEATH		YGIENE EG. NO.		
		IIIIAM MIM	I) THOM		2. DATE OF D MONTH	DAY	YEAR 3. 1	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-07-1201  9e. FACILITY NAME (If pot institution, give		06 YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF		b 1885	8. BIRTHPLAC Country)	CE (State or Foreign
ECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COU	pital	Bo 10c, CITY, TOWN OR	alto				
AL DIR	MD 106. STREET AND NUMBER			(MORE		Ing. CITIZ		INSIDE CITY LIMITS? YES 2 NO
FUNER,	833 W.	Pratt St		20		1	1 . S.	7
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	1 [	res, specify Cuban, Mexic  YES 2 ANO Spec	en, Puerto Ricen,	atc.)	Black, Wh	Ita, atc.  SLACK
APLETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	DUCATION 18a.  College (1-4 or 5 +)	DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	UPATION ing most of working	16b. KIND	OF BUSINESS/INDU		
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	11 mas		E112	AME (First, Middle,	20 mas		
5	19a. INFORMANT'S NAME (Type/Print)  Out the control of Disposition (*)	mas	833	W. Pro	att )	T Bal	to Me	1 2/0 6
	1 Buriet 2 Cremetion 3 Re 4 Donatton S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	mover from State cemetery,	CE AND DATE OF DISPOSITE CREMATORY OF the place	ON (Name of	4 123/9V	20c. LOCATION - C	ity or Town, S	ile, M
	Xlant A	Wal		Marc	7300	H. Was	ash	Aug.
	23. PART 1. Enter the disease, D shock, of heert fellum immEDIATE CAUSE (Finel disease or condition resulting in deeth)	cot biny bite cause bit eech i	pneumo				st,	Approximate Intervel Betwee Onset and Dea
RTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CON-	SEQUENCE OF):					
CERTI	thet initieted events resulting in death) LAST	d	SECUENCE OF):					
MEDICAL	PART II. Other significant condition	ons contributing to death but no	ot resulting in the unde	riying csuse given ir		WAS AN AUTOPSY PERFORMED? YES 2 NO	COM! OF D	E AUTOPSY FINDING ABLE PRIOR TO PLETION OF CAUSE EATH?
SICIAN: I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)		"	YES 2 NO
HYSIC	1 WES 2 NO	HOSPITAL:  1   Inpatient 2   ER/Outpatient  28a. DATE OF INJURY		Home 5 Residence				
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	e. INJURY AT WORK?	28d. DEŞCRIBE	HOW INJURY OCCU	RED	
ETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factory	, office	28f. LOCATION City or Town	(Street and Number or n, State)	Rural Route I	lumber,
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the beat of my knowledge, IER: On the beals of examination end/	death occurred at the time or investigation, in my opin	, data and place, and due lon, death occured at the	to the cause(a) a	and manner as stated	l. cause(a) and	manner as stated,
B	296. SIGNATURE AND TITLE OF CERTIFI	780, MD.		29c. LICENSE NU	MBER 70	29d. DATE S	SIGNED (Mont	h, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON W			44.60.00	7 1	PAL	1 - 1	
	E. Tso, MD 31. DATE JAN MOUT. 37. 1992		YLAND EN	urgenry	Dept	BALT	MOR	E,

to the second of A core as missessions without 

-	- 5
	1
	4
	13
	5
_5	4
0	-3
9	2
~	τ
-	5
w	- 5
9	à
	3
$\times$	13
0	2
$\mathbf{\circ}$	-
00	4
-	5
	¥
	٦
	9
0	-
-	- 5
	3
10	Ť
0,	
	4
-	
ш.	č
0	- 4
()	õ
-	13
ш	7
000	ğ
-	- 1
	3
_	-
d	9
	5
	P
-	÷
>	- 2
	7
L	3
~	-8
0	5
	ō
7	01
=	2
	ã
-	-
10	L
V/	F
-	12
-	ATTENDING DUVCHAM. The law securior that the death configure he asserted within 24 forms
=	2
	-
114	3
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E
. 3	Service no

	1. DECEDENT'S NAME (First, Middle, Last) Thomas Dulan		OF DEATH  2. DATE OI MONTH /2			DATE OF			YEAR 3	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 217-01-5447	5. SEX 1 2 M 2 F	6. AGE (In	73 vrs.	IF UNDER 1		IF UNDER 24	HRS. 7	DATE OF			8. BIRTHPLACE (State or Foreign Country) Maryland	
20	Union Memorial Hospital					CITY, TOWN OR LOCATION OF DEATH  2. Litimore City					TH		
DIRECTOR		10b. COUNTY 10c. CITY,					rown on Location timore						0d. INSIDE CITY LIMITS? YES 2   NO
LONEUM	100. STREET AND NUMBER 4527 Furley Ave	enue				101. ZIP CODE 109. CITIZEN OF WHAT CO U.S.A.							
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  WWZ					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuben, Mexicen, Puerto Ricen, atc.)  1 — YES 2 NO Specify:  Specify: White, etc.							
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	+)		work done du se retired.)	done during most of working tired.)						s	
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Dulaney Todd			Car Sal	<u>esman</u>				(First, Midd	le, Meiden S Vorth	Surname)		
	19s. INFORMANT'S NAME (Type/Print) Wayne Todd			19b. MAJLING 4339	Nicho	Street end	Number or Aven	Rural Rou UE	te Number, Balti	City or Town.	State, Zip	Code)	1206
	20e. METHOD OF DISPOSITION  1							e, M	n, State De				
	21. SIGNATURE OF FUNERAL SERVER LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, In									ome, Inc			
_		11				10 B					more,	MD.	
	21 PAST I. Enter the diseased of shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Clat Only Dria Car	use un eac	the deeth. Dp r	not entar th	10 B					more,	MD.	21206 Approximate Interval Bets
	iMMEDIATE CAUSE (Final disease or condition	s. Sepson Due to Due to C.	OR AS A COM AS A COM	cn line.	F):	10 B					more,	MD.	21206 Approximate Interval Bets
	IMMEDIATE CAUSE (Final disasse or condition resulting in desth)  Sequentielty list conditions, if eny, lesding to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b. PANY DUE TO C. DUE TO d.	O (OR AS A C	CONSEQUENCE OF	not entar th	1.0 Be moda	of dying	j, such a	rt i. 24	Dr Fespir	more, etdry arre	24b. WMA	2 1 2 0 6  Approximate interval Betwonset and D  4
	IMMEDIATE CAUSE (Final disasse or condition resulting in desth)  Sequentielly list conditions, if eny, lesding to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significant condition Audit Carelons	b. Pue to b. Due to c. Due to d  HOSPITAL:	OR AS A CO (OR AS A CO) desth but	CONSEQUENCE OF	OTHER:	10 Be moda	of dyling	en in Pa	rt i. 24	Dr respir	more, etdry arre	24b. WMA	21206  Approximate interval Betwonset and D  GRADIENT STATEMENT ST
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significant condition Auril Carelona Canage (Disease or Injury)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	B. September 10 Due to Due to Due to d. Due to the contributing to the contributing to the contribution to	(OR AS A COO OR AS	CONSEQUENCE OF	OTHER:	10 Be moda e moda erlying c  26. PLACI g Home : C. INJUNE	of dying	en in Pa	rt i. 24	Dr respir	witopsy	24b. WAA	21206  Approximate interval Betwonset and D  Grant State of the state
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, lesding to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significant condition for the cause condition for the cause condition for the cause can be caused to the cause c	b. DUE TO b. DUE TO c. DUE TO d HOSPITAL: 12 Inpatient 2 [ 28e. DATE OF (Month, D) 28e. PLACE OF	OR AS A CO	CONSEQUENCE OF CONSEQ	OTHER:	10 Be moda  e moda  e moda  e moda  certying c  g Home s  certification work:  1 □ YES	E OF DEA	en in Pa	only one)  Other (Sp. 38d. DESCRI	Dr respir	MOYE, etbry arre	24b. WMD a	Approximate interval Betwonset and Darket an
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielty list conditions, if eny, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant condition with the condition of the condition of the cause of the cause of the condition of the cause of the	B. DUE TO b. DUE TO c. DUE TO d HOSPITAL: 12 Inpatient 2 28e. DATE OF (Month, C) 28e. PLACE Of building,	OR AS A CO (OR AS A CO)))))))))))))))))))))))))))))))))))	CONSEQUENCE OF CONSEQ	OTHER: 4   Nursing E OF	26. PLACE g Home (1) C. INJURY WORK! U Office	E OF DEA	en in Pa	only one) Other (Sp. Bd. DESCRI	Dr respire  WAS AN A PERFORM  YES 2 [ Vecily)  BE HOW IN.  N (Street an win, Stele)	wropsy AED?  NO	24b. What American Am	Approximate interval Bette Onset and Determined Bette Determined Bette D

IAN 0 3 1992



BALTIMORE, MARYLAND 21215-0020

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 r

6 6 9 W

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_1	FOR STATE REGISTRAR	STATE OF M			TMENT				MENTAL	HYGIEN REG. NO		1	004	0 1
	1. DECEDENT'S NAME (First, Middle, Last) COURTNEY	DAM	LON	TUR	NIPSE	EED			2. DATE (	OF DEATH	AY	991	3. TIME OF D	P.
	4. SOCIAL SECURITY NUMBER 219-78-2763 9a. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs. les 25	t birthday) YRS.		DAYS	IF UNDER HOURS	MIN.	7. DATE ( (Month, 10/1	F BIRTH Day, Year)			IPLACE (State on IV)	
5	2433 REISTERT	OWN ROAD	)		BAL	TIN	ORE	CI	TY_					
DIRECTOR	MD . 10b. COUNTY			10c. CITY, TOWN OR LOCATION BALTIMORE CITY									10d. INSIDE C LIMITS? 1 X YES 2	
FUNERAL	100. STREET AND NUMBER 2400 MONTICELLE ROAD			101. ZIP CODE 21216									S.A.	
ā	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  SEDT									ORIGIN? (Specify Yes or No			— American li k, Whita, atc. lly: NEGRO	idlen,
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(G life.	be kind of v Do NOT us	USUAL OCC work done du se retired.)	CUPATION TO THE PROPERTY OF TH	ON st of working	g	16b, KIND OF BUSIN			DUSTRY		
	17. FATHER'S NAME (First, Middle, Last)									ddle, Maiden				··-
\$	HENRY TURNIPSET	ED	1 199	MAN BUC	ADDRESS /	Ebound &				SBORO		ing. Tally		
2	BARBARA REMER				MONTT				BALTO	. MD.	212			
	20a. METHOD OF DISPOSITION 1 P Burdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. MANE AND ADDRESS OF DICLITY  22. MANE AND ADDRESS OF DICLITY											20		
	23. SMIT I. Enter the diseases, or ahock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Mult	ceused the de e on each line	m	sho		de of dyli			ec or resp	iratory ar	reet,		mete Betweer nd Deati
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	с	OR AS A CONSEC											
	PART II. Other significant condition	ns contributing to d	leath but not r	esuiting i	n the unde	erlying	ceuse g	iven in		24a. WAS AN PERFOR	IMEO?	24b.	WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  1 Inpellant 2 ER/Outpettent 3 DOA  A Norsing Name 5 Residence 6 X Other (Specify) 2 4 3 3 Reistertown													
	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation 3 Suicida 6 Could not be	288. DATE OF INJURY (Month, Day, Year)  12 - 24 - 1991 3:35 PM. 1 VI					NJURY AT  28d. DESCRIBE NOW INJURY OCCURED  WORK?  YES ZYN NO SUBJECT SHOT							
	4 Homicide detarmined	4 Homicide detarmined IN CARRY OUT 2433 REISTERT							RTOV		D			
	(Check only one)  1 CERTIFYING PNYSI	CIAN: To the beat of n	ny knowledga, de: mination and/or i	rth occurre	d at the time	e, date nion, de	and placa, eath occure	and due d at the	to the caus time, data a	e(a) and mar	iner aa sta d dua to ti	led. ne cause(a	) and manner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER 29d. DATE SIGNEO				(Month, Day, Yea			
	O NAME AND ADDRESS OF BERSON WH	NX~					0.C.	М. І	Ξ.		1	2-25	-1991	

2120

DHMH-16 Rev 1/89

STREET BALTIMORE MARYLAND

F-77 Y-

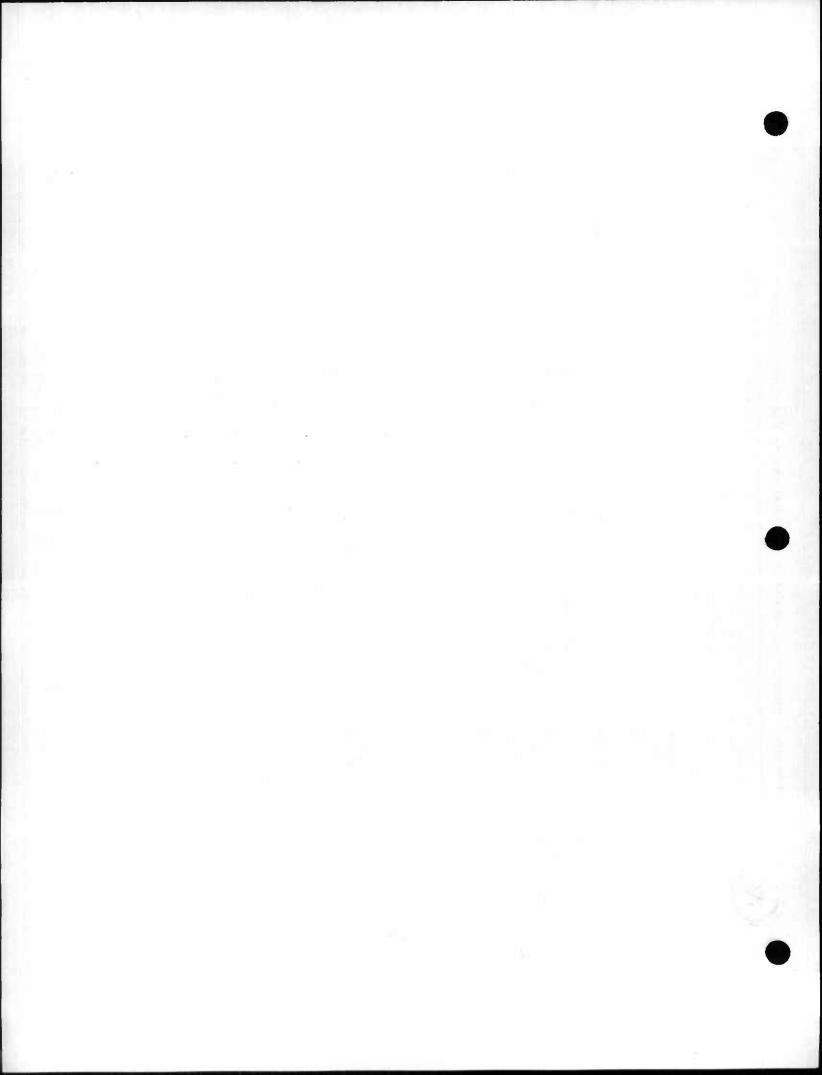
Treat to the same series

714 1172

of Aleftent grane and o

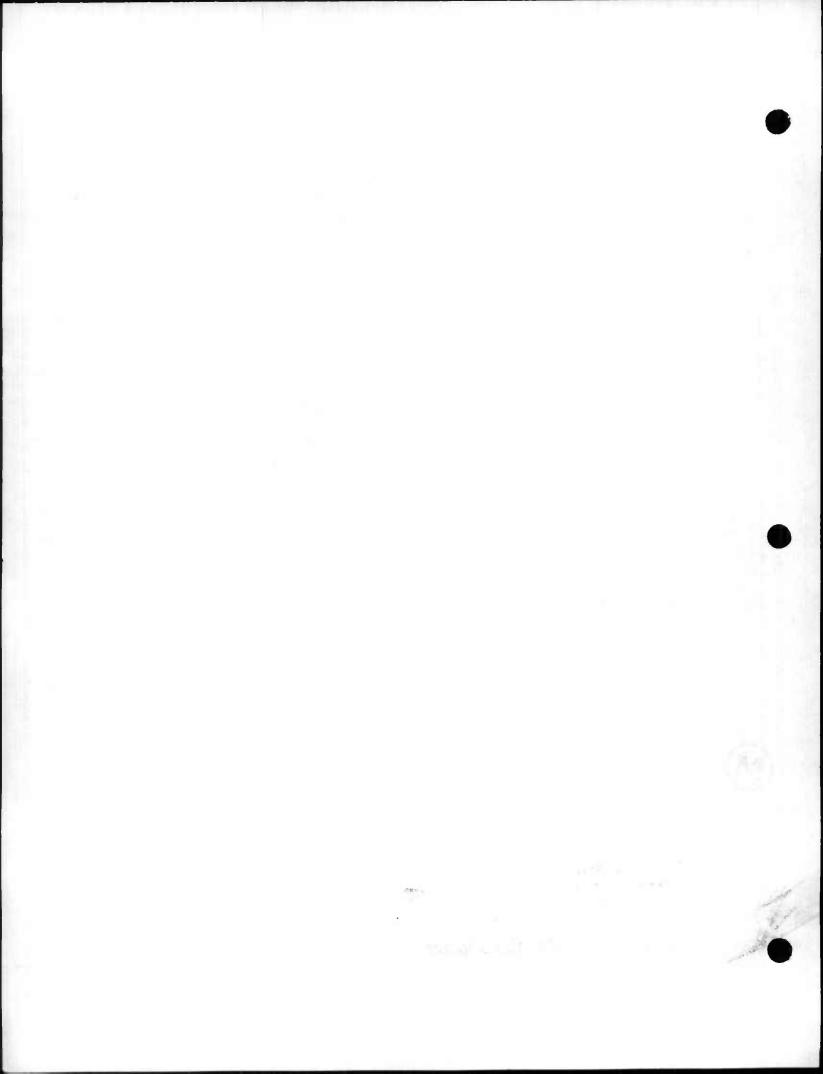
hosp	che	9
the	deta	5
3	8	at a
ned	onic	Je d
reta	5 Sh	20
be	906	96
may	or, po	IST
9 9	rectic	Ē
Pag	a G	ne
eath.	nue	am.
er d	the	6
s aft	5	dica
MOUNT	d in	E E
24	file	pe i
thin	etely	, a
W D	du	646
cute	d cc	tic
900	n an	I I
e pe	Sicia	T E
fical	Phy s	je je
cert	ding	100
ath	then	, 0
le d	the star	in
at th	2	y in
s th	ned	an an
quire	Sig	OWS
V rec	beer	sh
e lav	has	23
Ë	ate	tem
CIAN	ortific he o	0
NS.	is ce	ed.
9	ir th	ark
DIN	看着	# #
TEN	質	28
H A	E :	E
2 1	30	=
SPITE	EE A	ë
£	23	E
THE MISSIAN OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the host	THE FINEM CHETTIN Anit this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the companies of second and the companies of second to the companies of sec	FORTANT II Item 21 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
120	Sec.	

REGISTRAR	OINIE OI IIIA	C	UEPAI	RTMENT OF	HEALTH A	AND ME H	NTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH		3. TIME OF DEAT	
Jannie B.	Wils	son					12-30-9	2 ]	YEAR	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH		BIRTHPLACE (State or For	
212-20-3112 9e. FACILITY NAME (If not institution, give	1 🗆 M 2 🂢 F	67	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 6/15/24	1	S.C.	
				9b. CITY, TOWN	OR LOCATION	OF DEATH		9c. COUNT	TY OF DEATH	
RESIDENCE OF DECEDENT										
108. STATE	10e. STATE 10b. COUNTY							10d. INSIDE CITY LIMITS?		
Md.				Baltim	ore,	Cit	У	1X YES 2		
100. STREET AND NUMBER  1124 Whatc	10e. STREET AND NUMBER				f. ZIP CODE			EN OF WHAT COUNTRY?		
1124 Whatc	oat Stre	eet			212	17		J.S.A		
11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			13. WAS DE	HISPANIC C	RIGIN? (Specify Yes	14. RACE — American Indian			
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	NO If yes, specify Cuban, Mexican 1 ☐ YES 2 ☑ NO Specify:				uarto Rican, etc.)	Black, While, atc. Specify:		
					77			Black		
15. DECEOENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) Grammer School 17. FATHER'S NAME (First, Middle, Last)	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUPATI	ON ost of working		16b. KIND OF BUS	SINESS/INOU		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT u	work done during ma se retired.)	ost or working					
Grammer School		Do	mest	ic						
17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME (	First, Middle, Malden	Sumame)		
Alexander McMe	ekin				R	ose	Wilson			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS (Street			Number, City or Town	-	Codel	
Sadie Wesle	W						ore, Md.			
28a/ METHOD OF DISPOSITION				OF DISPOSITION (N		altill	OATE 20c. LO	21213	Ity or Town, Stata	
A Donation 5 Other (Specify)	noval from Stata	cemeracycle	regiony or o	Memorial	Pk.	Garde	ns Ral	timor	Md	
4 Donation 5 Other (Specify) Baltimore, Md.										
21. SIGNATURE OF FUNERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Wm.C. March F/H 1101 E. North Ave.										
ehock, or heert feliure. Let only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
PART II. Other significent condition	esuiting i	in the underlyin	g ceuse giv	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NO						
25. WAS CASE REFERRED TO MEDICAL	25 WAS CASE DESCRIPTO TO MEDICAL									
EXAMINER?	EXAMINER? HOSPITAL: OTHER:									
t ∰ YES 2 □ NO	1 Inpatient 2 ER		□ OOA	4 - Nursing Hom	e 5 D Rusio	lence S 🗆	Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation					28c. INJURY AT WORK?  1 YES 2 NO				RED	
3 Suicida S Could not be determined 28e. PLACE OF INJURY — At hor building, atc. (Specify)				treel, lactory, offic	281.	28I. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
4 Homicide determined	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
4 Homicide determined  29a. CERTIFIER (Check only	CIAN: To the best of my	knowledge, de nation and/or i	ath occurre	n, in my opinion, d	eath occured	at the time,	data and place, and	dua to the	cause(a) and manner as sta	
4 Homicide determined  29a. CERTIFIER (Check only	R: On the beals of axami	knowledge, de nation and/or i	nveatigation	n, in my opinion, d	eath occured	at the time,	data and place, and	due to the	cause(a) and manner as sta	
4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the beals of exami	nation and/or i	investigatio	n, in my opinion, d	eath occured	at the time,	data and place, and	due to the	cause(s) and manner as sta	
4 Homicide detarmined  29a. CERTIFIER 1 CERTIFYING PHYSION 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  AMAGE  4 Homicide detarmined	R: On the beals of exami	nation and/or i	investigatio	n, in my opinion, d	eath occured	at the time,	data and place, and	due to the	cause(s) and manner as sta	
29a. CERTIFIER (Check only one) 2 MEOICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	R: On the beals of exami	nation and/or i	investigatio	n, in my opinion, d	eath occured	at the time,	data and place, and	due to the	cause(s) and manner as sta	



BALTIMORE, MARYLAND 21215-0020	THISTON The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  The law requires that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should style Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING HISTORY The law requires that the death certificate be executed within 24 TO THE FUNERAL DIRECTOR: After the file of the seen signed by the attending physician and completely file be filed within 72 hours after death what is the Dept. of Health and Mental Myglene prior to burial, cremation	IMPORTANT: If item 28 is marked or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / DI CER				EALTH DEAT		MENTAI	HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)	Lillie			wl	nitt	ingt	on	2. DATE	of DEATH bembet	<sup>w</sup> 31,	3. TIME OF DEATH 1:45pt	
	4. SOCIAL SECURITY NUMBER 217-20-8630	5. SEX	6. AGE (In yrs. lest bir		IF UNDER	1 YEAR DAYS	F UNDER	24 HRS. MIN.	7. DATE (Month	of BIRTH	6	BIRTHPLACE (State or Foreign COUNTY) CHARLOTTE, NO	
NO.	90. FACILITY NAME (If not institution, give a Maryland Genera		al				n LOCATION TO		ATH	17 172	9c. COUNTY OF DEATH		
5	RESIDENCE OF DECEDENT										L		
L DIRECTOR	MARYLAND	Υ	10	BALTIMORE CITY					Ϋ́	10d. INSIDE CIT LIMITS? 1 X YES 2			
FUNERAL	100. STREET AND NUMBER 4209 FERNHILL			10f.	ZIP CODE	L215			10g. CITIZE	USA			
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	D	13. \	MAS DECE				? (Specify Yes	or No.— 1	4. RACE American Indian,	
BY	1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	IF YES, GIVE V	YES 2 X10		1	yes, spe	cify Cuba 2 X NO	n, Mexicer	n, Puerto R	lican, etc.)		Specify: BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		DENT'S U kind of wo NOT use	ork done o	CUPATIO	N It of workin	g	16b.	KIND OF BUS	SINESS/INDU	STRY	
	17. FATHER'S NAME (First, Middle, Last)									liddle, Meiden			
BE	FLEMING WHALE  19a. INFORMANT'S NAME (Type/Print)	Y	1							INSON			
10	WELTON WHITTIN						LL A			er, City or Town	RE, I	MD 21215	
	28s, METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE AND cemetery, cremeter GARRI					ET.	CEM.			MILLS, MD	
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE  22. NAME AND ADDRESS OF FACILITY  LEROY O. DYETT & SON FUNERAL HOME  4600 LIBERTY HEIGHTS AVENUE 21207  23. PART I. Enter the displaces, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate												
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Approximate Interval Between Onset and Daath  Acute Myocardial Infartion  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Severe antherosclerosis												
MEDICAL	PART II. Other algoliticant condition	a contributing to	daath but not rasul	iting in	the und	derlying	cause g	ivan in F		24s. WAS AN PERFORE	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 X YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DE	ATH (Chec	ck only one	)			
YSIG	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 🗈	DOA 4	OTHER Nursi		5 🗆 Rea	idence 8	8 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da		b. TIME	OF :	28c. INJUI WOR	RY AT			RIBE HOW IN	JURY OCCU	REO	
6	3 Suicide 8 Could not be determined	28s. PLACE Of building,	FINJURY — At home, 1 etc. (Specify)	farm, atro	eet, facto	ry, offica			28f. LOCA City or	TION (Street as Town, State)	nd Number or	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSIC PHY	CIAN: To the best of ax	my knowledge, death o	occurred	at the tin	ne, data a	nd place,	end due t	to the caus	e(a) and man	ner se stated.	ause(a) and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	) ,			29c. LICEN					IGNED (Month, Day, Year) 12/31/91			
5	30. NAME AND ADDRESS OF PERSON WHO Hassan Farha	completeo caus		(Type, Pi		ryla			ral H	ospit	a1		
	31. DATE FILED (Month, Bey, Year)		A RENGLES							-1			



	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HEA	LTH AND I	MENTAL HYGIE		91	3543	31		
	1. OECEDENT'S NAME (First, Middle, Last)  BERKIE	1	w;1	der		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	+		
	4. SOCIAL SECURITY NUMBER 251 - 24 - 2086  9a. FACILITY NAME (If not institution, give s	1 ∰ M 2 □ F	66 YRS.	ONTHS DAYS HO	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-19-	25	S. BIRTHPI	LACE (State or Foreign			
ECTOR		oital		Balt:	imore		9c. COUNT	Y OF DEA	TH .			
E E	MD.	Υ		Baltimo:	re Cit	у			Od. INSIDE CITY LIMITS?	,		
FUNERAL	112 Winters La		IN II C ADMED		1228		U	.S.A				
B	3 Widowed 4 Divorced	FORCES? 1 TYPES 2 NO  If yes, specify Cuban, Mexican, Puerto Rican, etc.)  13. Wes DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. R. B. B. B. C. B. B. B. B. B. B. B. B. B. B. B. B. B.										
once.	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	ilfe. Do NOT use re	done during most of		Stee	l Wor		Black			
11 m		ıdly Wilden	r	18.	MOTHER'S NAM	ie Brown	Surname)					
10	19a. INFORMANT'S NAME (Type/Frint) Sadie Wilder		196. MAILING AD	Vinters	umber or Rural R Lane	Catonsv	ille,	MD.	21228			
medical examiner must be	20e. METHOO OF DISPOSITION  1 to Buriel 2 Cremation 3 Remain  4 Donation 5 Other (Specify)  21. SIGNALIES OF FUNERAL SERVICE LICE	oval from Stata Cer	b.PLACE AND DATE OF D metery, cremetory or other Arbutus N	lem. Par	k12-2	7-91 B	elto.		, State			
al examir	22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  E.L. Phillips F/H21-27 N. Monroe St.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PARI I. Enter the diseases, or cahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	aCOR	A CONSEQUENCE OF:	14 -	f dying, such	as cardiac or reap	iratory arrea	ıt,	Approximata interval Batwonset and Da			
ry, or other traumatic event, the	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
vs any inju	PART II. Other significant conditions  AS bec 4855	e contributing to death b		ha underlying cau	ise givan in P	Part I. 24a. WAS AN PERFO	RMED?	CC	ERE AUTOPSY FINDIN ARLABLE PRIOR TO DMPLETION OF CAUS F DEATH?			
ed, or Item 23 show	25. WAS CASE REFERRED TO MEDICAL	Corn Alamin	n onenze					1	YES 2 NO			
or Herr	EXAMINER?	HOSPITAL:		THER:  Nursing Home 5	DF DEATH (Chec					_		
marked, o	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJURY	AT .	28d. DESCRIBE HOW	NJURY OCCUP	REO				
28 IS	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	— A1 home, farm, stree	t, factory, office		281. LOCATION (Street City or Town, State)	and Number or	Rural Rout	e Number,			
흘러	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my know	ledge, death occurred at n and/or investigation, in	t the time, data and p	elaca, and due to	o the cause(s) and ma	nner as stated.	ause(s) ar	nd mannar as stated			
意 出	SIGNATURE AND TITLE OF CERTIFIER	Acuves Hu	SOITHL.		LICENSE NUMB			IGNED (M	onth, Day, Year)			
₹ 0	DETWIT AND ADDRESS OF PERSON WHO		we Horse		ATON	AV . BAG			1225			
	JAN U 3 1992	32. REGISTRAR'S SIGN	ATURE			, , , ,						

BALTIMORE, MARYLAND 21215-0020

BALLIMORE, MARYLAND 21215-0020	IE MOSTRIAL OR ATTERNMENT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E PAREAL DIFFERENCE AND SECOND BY the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the burish received for the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the burish received for the attending physician and completely filled in by the funeral second for the pareal second	Membring to the state Dept. of Health and Membring Hogiene prior to burial, cremation, or removal.	NHTANT. If ten 28 Il marked, or iten 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE N	日孫日	be filled w	IMPORT	

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE C		ENTAL HYGIENE REG. NO.	71 00900
	1. DECEDENT'S NAME (First, Middle, Last)  Joseph Elbert Wicks		2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  F UNDER 1 YE  WONTHS DAY	AR IF UNDER 24 HRS.	DATE OF BIRTH (Marth, Day Year)	e. BIRTHPLACE (State or Foreign Country)
		VN OR LOCATION OF DEAT	0 10 1111	DUNTY OF DEATH
6	RESIDENCE OF DECEDENT	more, MD		
DIRECTOR	10e. STATE 10b. COUNTY 10c. (CTY, TOWN OR LO	CATION		10d. INSIDE CITY LIMITS? 1 YES 2 \( \subseteq \) NO
FUNERAL	100. STREET AND NUMBER CAYON AVE.	21229	10g. C	HTIZEN OF WHAT COUNTRY?
BY	1 Hever Married 2 Married Points 1 TES 2 Married 11 year	DECENDENT OF HISPANIC , specify Cuban, Maxican, YES 2 19 HO Specify:	ORIGIN? (Specify Yea or No- Puerto Ricen, atc.)	14. RACE — American Indian, Black, White, atc. Specify
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUP (Give kind of work done during	ATION most of working	16b. KIHO OF BUSINESS/II	HOUSTRY
COMPLETED	Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)	Ice		
BE CO	17. FATHER'S HAME (First, Middle, Last)  Wicks	18. MOTHER'S HAME	(First, Middle, Majden Sumame,	NP-
10 B	19a. INFORMANT'S HAME (Type/Print)  19b. MAILING ADDRESS (SPIN)	et and Number or Rural Rou	te Number, City or Town, State, 2	Zip Code) 9/9/7
	20s METHOD OF DISPOSITION 1	(Name of	OATE 20c AOCATION -	- City or Town, Stata
	The state of the s	AND ADDRESS OF FACIL		rsin.
	AS. PART I. Enter the diseases, pr complication that caused the deeth. Do not enter the abook or heart failure. List only one cause departs.	mode of dying, such a	SERVICE	MONKOC SV
	IMMEDIATE CAUSE (Final			Interval Batween
2	DUE TO (OR AS A CONSEQUENCE OF):		ARDIOVASCUL DISEASE	
RTIFICATION	Sequentially list conditione, if any, leading to immediata cause. Enter UNDERLYING			
RTIF	CAUSE (Disease or injury that initiated events resulting in deeth) LAST			
L CE	PART II. Other eignificent conditions contributing to death but not resulting in the underly	ring cause given in Pa	rt i. 24s. WAS AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS
DICA			PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MED			_	1 TES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28	PLACE OF DEATH (Check	only one)	
YSIC	1X YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing H	ome 5X Rasidence 8	Other (Specify)	
ву РН	1 Haturel 5 Pending (Month, Day, Year) INJURY	HJURY AT WORK?  YES 2 NO	d. DESCRIBE HOW INJURY O	CCUREO
	3 Suicide 8 Could not be detarmined 28a. PLACE OF IHJURY — At home, farm, street, factory, or building, atc. (Specify)	ffica 26	H. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, done)  2 MEDICAL EXAMINER: On the best of examination and/or investigation to my calculate.	sta and place, and due to	the cause(a) and manner as at	ated.
E CO	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinior	29c. LICENSE NUMBE		
TO BE	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUS. OF DEATH (TEM 27) (Type, Print)	O.C.M.E		12-13-91
	MARD F. GOLLE, JR., MM. 111	Penn Str	eet, Balti	more, MD 21201
	31. DATE FILED (Month, Day, Year) 8 32 BEGISTRAR'S CONATURE			

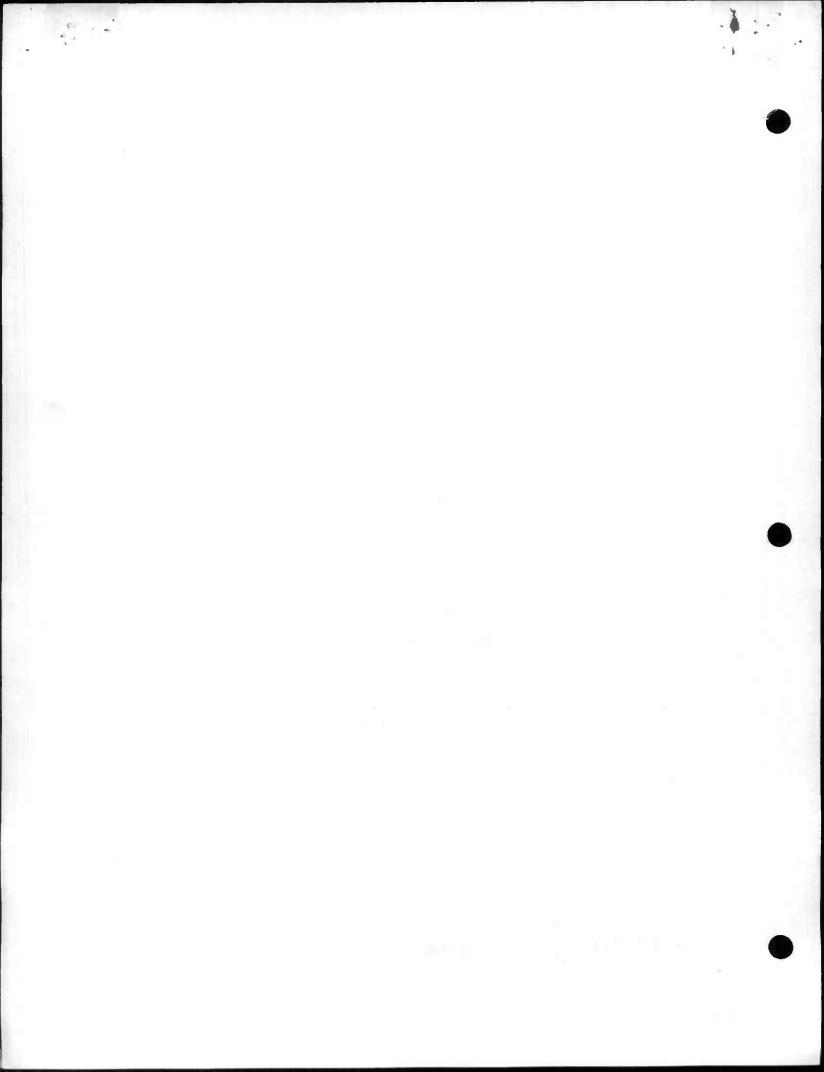
FIFT TO SEE FIRST PROPERTY OF THE SEE

CONTRACTOR OF A SECURITION OF

	7
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ACCOUNTS OF ATTENDING DUVERLIAN. The law requires that the death periffered by accounted within 94 females
6	9
B	200
0	Partifica
S, P	death
	4
0	46.44
REC	ronilroc
	Case.
TA	Tho
5	N.
OF	HVCIPI
Z	2
Ō	NIC
S	TEN
>	A AT
<u> </u>	90
	ANCHITAL

	1. DECEDENT'S NAME (First, Middle, Legt)  MELVIN	I. Wh	TITE			2. DATE OF DEATH MONTH	DAY, 9	EAR 8.50			
	4. SOCIAL SECURITY NUMBER 577-09-3369	8. BIRTHPLACE (State or Fo Country) 1907 Virginia									
DIRECTOR	90. FACILITY NAME (If not institution, give sti	ND Has	PITAL	9b. CITY, TOWN	LINTO	EATH	9c. COUNTY				
L DIRE	100. STATE 100. COUNTY  Maryland Princ  100. STREET AND NUMBER	e George's		Washing				10d. INSIDE CITY LIMITS? 1 YES 2 X N			
FUNERAL	12021 Livingston R				20744		d States				
B₹	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	It yes, s	CENOENT OF HISPAN Decify Cuben, Mexica S 2 X NO Specify	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	18 or No— 14.	RACE — American Indian Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b. KIND OF BU	JSINESS/INDUS				
	17. FATHER'S NAME (First, Middle, Last)		Retired		16. MOTHER'S NA	Pr: ME (First, Middle, Malder	ivate Surname)				
TO BE	Wilson White 19a. INFORMANT'S NAME (Type/Print)				and Number or Rural F	a (Unknow) Poute Number, City or Tox	wn, State, Zip Co				
ľ	Peter McGalliari  20e. METHOD OF DISPOSITION  1  Burlel 2 Cremation 3 Remo  4 Donation 5 Other (Specify)	val from State 20b.	PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c. LO	OCATION — City				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 685  22. NAME AND ADDRESS OF FACILITY  STEWART FUNERAL HOME, Inc.  4001 Benning Road, N. E. Wash. DC.										
	23. PART I. Enter the diseases, pr complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Fine)										
	IMMEDIATE CAUSE (Fine) disease or condition	CARDIOPUI	LMONARY	not enter tha mo	ode of dylng, sucl	h ae cerdiec or reep	E., Was	Approximat Interval Bet Onset and I			
FICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CARDIOPUI  DUE TO (OR AS A  DUE TO (OR AS A	LMONARY CONSEQUENCE O ING EXT CONSEQUENCE O	ARRES F): PENSIVE F):	T  RIGHT	hae cerdiec or reep	piratory arreat	Approximatinterval Bet Onset and MINUT			
CERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST	CARDIOPUI  DUE TO (OR AS A  UNRESOLV:  DUE TO (OR AS A  Septicem:  BUE TO (OR AS A  Multiinf:	LMONARY CONSEQUENCE O ING EXT CONSEQUENCE OF IA WITH CONSEQUENCE OF	ARRES FIENSIVE FIENSIVE TENSIVE TO YEAST	T  RIGHT	h ae cerdiec or reep	piratory arreat	Approximate Interval Bet Onset and I MINUT			
AL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant conditions Severe advanced disease, hx. of	CARDIOPUL  DUE TO (OR AS A  UNRESOLV  DUE TO (OR AS A  Septicem  DUE TO (OR AS A  A  Multiinfo  contributing to death but atherosc  recurrent	LMONARY CONSEQUENCE OF ING EXT CONSEQUENCE OF IA WITH CONSEQUENCE OF ARCTION In not resulting LETOTIC CONGE CONGE CONGE CONGE	ARRES P: PENSIVE 1 yeast 1 demen in the underlying C coron estive	T RIGHT tia g ceuee given in ary heah	PORT I. 248. WAS AN PERFO!	I AUTOPSY	Approximatinterval Bet Onset and I MINUT  MONTH  days.  years			
MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant conditions SeVere advanced disease, hx. of failure, hyperize was case recently in Medical Landing Cause Recently in Medical Landing	CARDIOPU  DUE TO (OR AS A  UNRESOLV: DUE TO (OR AS A  Septicem: DUE TO (OR AS A  Multiinfo  contributing to death but atherosc: recurrent tension. Hy  tus, insulting	LMONARY CONSEQUENCE OF ING EXT CONSEQUENCE OF IA With CONSEQUENCE OF Arction It not resulting lerotic t conge X. of Conge in require	ARRES F: PENSIVE F: 1 yeast 1 demen 1 coron 2 stive 2 colon coiring 1 others	T RIGHT  tia g couce given in ary heart ancer,r	PREUMON ]  Pert I. 24a. WAS AN PERFOI 1 VES 2  CESCTED CK only one)	I AUTOPSY	MONTH  days.  24b. WERE AUTOPSY FING ANALABLE PRIOR TO COMPLETION DE CAL OF DEATH?			
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant conditions SeVere advanced disease, hx. of failure, hyperize was case recently in Medical Landing Cause Recently in Medical Landing	CARDIOPUL  DUE TO (OR AS A  UNRESOLV  DUE TO (OR AS A  Septicem  BUE TO (OR AS A  AULtiinfo  contributing to death but atherosc  recurrent  tension. Ho  tus, insult  HOSPITAL:   Winpellent 2   ERVOutpu  286. DATE OF INJURY (Month, Day, Veer)	LMONARY CONSEQUENCE OF THE CONSEQUENCE OF CONSEQUEN	ARRES FI: PENSIVE TENSIVE TENSIVE TO COTON TO CO	T  RIGHT  tia  g ceuee given in lary heart ancer, r  ACE OF DEATH (Che	PREUMON ]  Pert I. 24a. WAS AN PERFOI 1 VES 2  CESCTED CK only one)	I AUTOPSY RIMED?	Approximate interval Better Onset and I Onset and I MINUT MONTH APPROXIMATE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION DE CALLOS DEATH?			
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant conditions Severe advanced disease, hx. of failure, hyperial Law Calendary 1 yes 2 No.  27. MANNER OF DEATH  1 Netural 5 Pending	CARDIOPUL  DUE TO (OR AS A  UNRESOLV  DUE TO (OR AS A  Septicem  BUE TO (OR AS A  Multiinf  contributing to death but atherosc  recurrent  tension. Ho  tus, insulation  Hospitale: 2 = ER/Outper    28e, Date Of Injury	LMONARY CONSEQUENCE OF THE CONSE	ARRES FI: PENSIVE TENSIVE TENSIVE TO DESTRUCT TO THE Underlying COTON TO THE UNDER TO THE TO	T  RIGHT  tia  g ceuee given in lary heart ancer, r  ACE OF DEATH (Che	PNEUMON]  Pert I. 24a. WAS AN PERFO!  1 VES 2  esected  ack only one)  6 Other (Specify)	I AUTOPSY RMED?  I NO  INJURY OCCURE	Approximatinterval Bet Onset and I Onset and I MINUT MONTH CAUSES.  24b. WERE AUTOPSY FINE AWAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?  1 YES 2 NO			
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant conditions SeVere advance disease, hx. of failure, hyperize EXAMINER?  1 yes 2 no  25. WAS CASE REPERTED TO MEDICAL EXAMINER?  1 yes 2 no  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be datarmined  29a. CERTIFER Check only	CARDIOPUL  DUE TO (OR AS A  UNRESOLV  DUE TO (OR AS A  Septicem  DUE TO (OR AS A  Septicem  DUE TO (OR AS A  Multiinf  contributing to death but atherosc  Fecurrent  tension. Have  tus, insulation  this inpetient 2 = ER/Outper  28e. Date Of INJURY  (Month, Day, Year)  28e. PLACE OF INJURY	LMONARY CONSEQUENCE OF THE CONSE	ARRES F): PENSIVE TENSIVE TO DESTRUCT TO D	T  RIGHT  tia g ceuee given in ary hear heart ancer,r  ACE OF DEATH (Che	PNEUMON DESCRIBE HOW IN Town, State to the cause(s) and main to respect to the cause(s) and main	I AUTOPSY RMED?  2 NO  INJURY OCCURE	Approximatinterval Bet Onset and I MINUT MONTH APPS.  VEESS  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CALL OF DEATH?  1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant conditions SeVere advance disease, hx. of failure, hyperize EXAMINER?  1 yes 2 no  25. WAS CASE REPERTED TO MEDICAL EXAMINER?  1 yes 2 no  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be datarmined  29a. CERTIFER Check only	CARDIOPUIDUE TO (OR AS A UNRESOLV.)  DUE TO (OR AS A UNRESOLV.)  DUE TO (OR AS A Septicem: DUE TO (OR AS A SEPTICEM: DUE T	LMONARY CONSEQUENCE OF THE CONSE	ARRES F: CENSIVE P: 1 yeast 1 demen In the underlying COTON	T  RIGHT  tia g ceuee given in ary hear heart ancer,r  ACE OF DEATH (Che	PNEUMON  Pert I. 24a. WAS AN PERFOI  1 VES:  CS C C C C  Cock only one)  8 Other (Specify)  28d. DESCRIBE HOW in Town, Street City or Town, Street to the cause(s) and mainlime, data and place, and BER	I AUTOPSY RMED?  I NO  INJURY OCCURE  and Number or R  Indiduction the call	Approximate interval Bett Onset and I MINUT MONTH MONTH AMALABLE PRIOR TO COMPLETION OF DEATH?  1 YES 2 NO  Nurel Route Number, Vesar)			





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

	1. DECEDENT'S NAME (First	t Adirectio ( and)										
		wedge	5					MC	TE OF DEATH		YEAR P	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs	MO	UNDER 1 YEAR	7	7. DA	TE OF BIRTH 28/1929		e BIDTI	IDI ACE (Chata as Family
	Se. FACILITY NAME (If not in	netitution give s	DOMESTIC OF THE PARTY OF THE PA	02	YRS.	OUTY TOU			28/1929	_		yland
	Union Mem	norial			96		nor Location of timore Ci		ore			
	RESIDENCE OF DEC	10b. COUNT			toe CITY T	OWN OR LO						
DINECTOR	Maryland		e George	's			gside					10d. INSIDE CITY LIMITS? 1 TYES 2 K NO
2	100. STREET AND NUMBER						10f. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
LONEDAL		uitla	nd Road	1			2074	6		Uni	ted	States
	11. MARITAL STATUS  1 Never Merried 2   3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO	If yee,	ECENDENT OF HISP. specify Cuben, Mexic ES 2 X NO Spec	can, Puar	GIN? (Specify Yes to Ricen, etc.)	or No-	Speci	E — Americen Indien, k, White, etc. //y: .ack
	15. DEC (Specify only	EOENT'S EOU	CATION completed)	18e.	DECEOENT'S USI	JAL OCCUPA	TION most of working		166. KIND OF BUS	SINESS/IND		ack
	10th Grad		College (1-4 or 5	+)	life. Do NOT use re	tired.)						
	17. FATNER'S NAME (First, M				None		10 MOTUED'S N	AME (C)	st, Middle, Malden	0		
			Wedge				io. mother a r		mma Ma	,	1	
	19e. INFORMANT'S NAME (7	Type/Print)			18b. MAILING AD	DRESS (Stree	t end Number or Rura				_	
	Melvin We				6224	Sui	tland R	d.,	Morni	ngsi	de,	MD .
	20e. METNOD OF DISPOSITI	ION on 3 - Rem	oval from State		CEAND DATE OF D		Name of Cemeter	0	ATE 20c LOC	ation -	City or To	rwn, Stata
23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease pondition a. Outer to (OR AS A CONSEQUENCE OF):											4	
	IMMEDIATE CAUSE (Fin	out iminie.	Pne	LUMACA	ria.	enter the n	nods of dying, su	ch as c	srdiec or respli	ratory arr	est,	interval Bety
No live	IMMEDIATE CAUSE (Fin	ione, diate	OUE TO	(OR AS A CON	ria.	enter the n	nods of dying, su	ch as c	ardiec or respli	ratory arr	est,	interval Bets
MEDICAL OF	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition if any, leading to immerceuse. Enter UNDERLY! CAUSE (Disease or Injut that initiated events	ione, diete ING	OUE TO DUE TO	(OR AS A CON	SEQUENCE OF): SEQUENCE OF):		204	:01		AUTOPSY MED?		Approximate interval Betwood on set and D
AN: MEDICAL CE	IMMEDIATE CAUSE (Findisesse Condition resulting in death)  Sequentielly liet condition from the couse. Enter UNDERLY! CAUSE (Disease or Injut that initieted events resulting in death) LAS  PART II. Other significe	ione, diete ing irry	OUE TO DUE TO	(OR AS A CON	SEQUENCE OF): SEQUENCE OF):	ne underlyl	ing cause given in	n Part I.	24a. WAS AN / PERFORI 1  YES 2	AUTOPSY MED?		Interval Bets Onset and E Onset and E  WERE AUTOPSY FIND ANAILABLE PRIOR OF CAU OF DEATN?
SICIAIN. MEDICAL CE	IMMEDIATE CAUSE (Findisese or condition resulting in death)  Sequentielly list condition from the couse. Enter UNDERLY! CAUSE (Disease or Injut that Initieted events resulting in death) LAS  PART II. Other significe	ione, diete ing irry	OUE TO DUE TO	(OR AS A CON	ISEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Of resulting in the	ne underlyl	ing cause given in	Part I.	24a. WAS AN / PERFORI 1  YES 2	AUTOPSY MED?		interval Bety Onset and D  WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATN?
	IMMEDIATE CAUSE (Findisesser condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or Injuthat initieted events resulting in death) LAS  PART II. Other significe Part III. Other significe Part III. Other signification in the condition of t	ione, diete ing iry T ont condition  O MEDICAL	OUE TO  DUE TO  DUE TO  C.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CON (OR AS A CON death but no	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Transliting in ti  Transliting in ti  Transliting in ti	26.	Ing cause given in	Part I.	24a. WAS AN / PERFORI 1  YES 2	AUTOPSY MED?	24b.	Interval Bets Onset and E Onset and E  WERE AUTOPSY FIND ANALABLE PRIOR OF CAU OF DEATN?
	IMMEDIATE CAUSE (Findisesse prondition resulting in death)  Sequentielly liet condition resulting in death)  Sequentielly liet condition resulting in death)  CAUSE (Disease or Injury that Initiated events resulting in death) LAS  PART II. Other significe  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO NO  27. MANNER OF DEATN  1 Netural 5 1	ione, diete ing irry	OUE TO DUE TO DUE TO Complete To the contributing to the contribut	(OR AS A CON  (OR AS A CON  (OR AS A CON  DER/Outpatient  INJURY  Ny, Year)	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the sequence of t	26. FHER: Nursing No. 280. II	PLACE OF DEATH (Come 5   Residence VORK?  YES 2   NO	heck only	24s. WAS AN / PERFORI 1 YES 2 one) wher (Specify) SESCRIBE NOW IN	AUTOPSY MED?  NO  NO	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU
	IMMEDIATE CAUSE (Findisesse Condition resulting in death)  Sequentielly liet condition resulting in death)  Sequentielly liet condition resulting in death)  Sequentielly liet condition resulting in death to lie condition that initiated events resulting in death) LAS  PART II. Other signification resulting in death) LAS  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural S 1  2 Accident S 3  Suicide S 1	ione, diate ING Irry T Condition	OUE TO DU	(OR AS A CON  (OR AS A CON  (OR AS A CON  DER/Outpatient  INJURY  Ny, Year)	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Transliting in ti  Transliting in ti  Transliting in ti	26. FHER: Nursing No. 280. II	PLACE OF DEATH (Come 5   Residence VORK?  YES 2   NO	heck only	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?  NO  NO	24b.	WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATIN?  1 YES 2 NO
OMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Findisesse condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or Injuthat initieted events resulting in death) LAS'  PART II. Other significe PART II. Other significe PART II. Other signification in the condition of the	ione, diete ing iry  T  ont condition  D MEDICAL  Pending investigation  Could not be determined	OUE TO DU	(OR AS A CON (OR AS A CON (OR AS A CON death but no leasth but no ER/Outpetient INJURY by, Year)  F INJURY — At etc. (Specify)	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the sequence of t	26.    HER:   Nursing No.   28c. II	PLACE OF DEATH (Come 5   Residence NJURY AT YES 2   NO	Part I.	24a. WAS AN / PERFORI 1 YES 2  one)  ther (Specify)  DESCRIBE NOW IN  DOCATION (Street a)  fly or Town, Stete)	AUTOPSY MED?  NO  NO  NUMBER  NUMBER  NUMB	24b.	Interval Bety Onset and ID  WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Findisesse condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or Injuthat initieted events resulting in death) LAS'  PART II. Other significe PART II. Other significe PART II. Other signification in the condition of the	ione, diate ing investigation  Could not be determined  IFYING PNYSIC  CAL EXAMINE	OUE TO OUE TO DU	(OR AS A CON (OR AS A CON (OR AS A CON death but no leasth but no ER/Outpetient INJURY by, Year)  F INJURY — At etc. (Specify)	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  Ot resulting in the sequence of t	26.    HER:   Nursing No.   28c. II	PLACE OF DEATH (Come 5   Residence NJURY AT YES 2   NO	Part I.	24a. WAS AN / PERFORI 1 YES 2  one)  ther (Specify)  DESCRIBE NOW IN  DOCATION (Street a)  fly or Town, Stete)	AUTOPSY MED?  NO  NO  NO  NO  No  No  No  No  No  No	24b.  URED  or Rural R	WERE AUTOPSY FIND AMAILABLE PRIOR OC COMPLETION OF CAU

OW

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMN-16 Rev 1/89

21228.

1) 12

ero fra

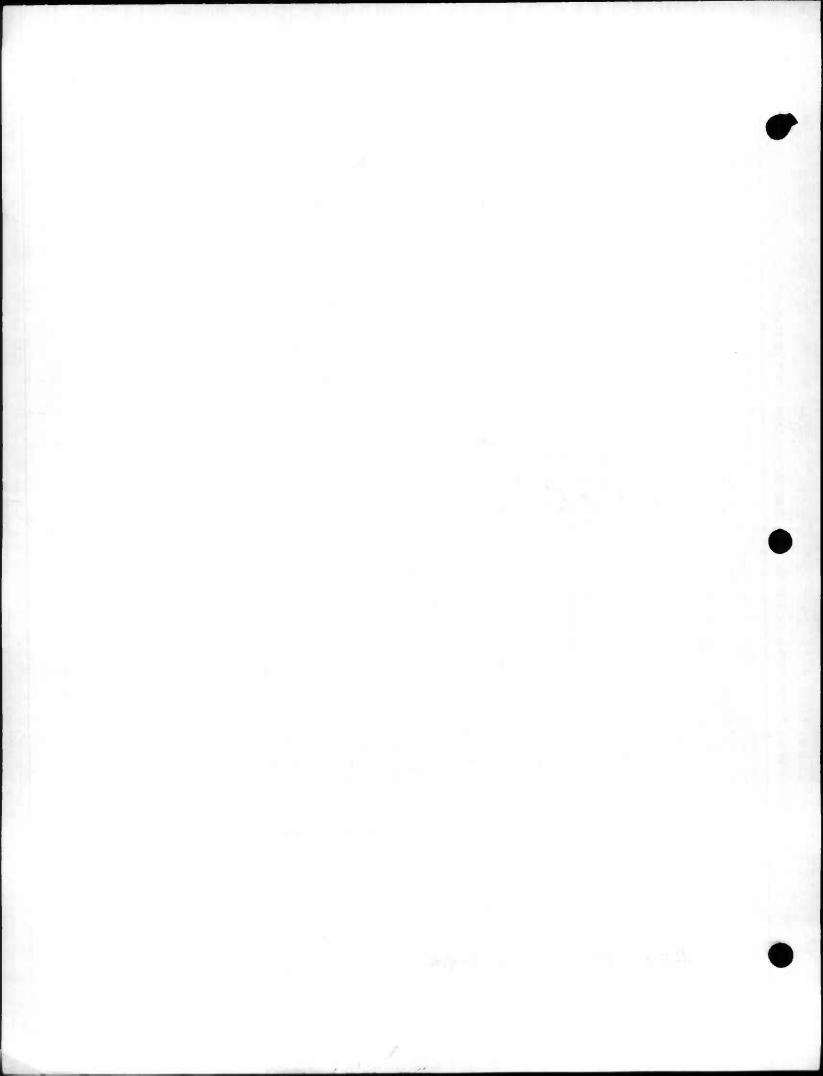
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR CERTIFICATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) MADELINE WIESNER WIESNER	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH						
	82 THS.	7. DATE OF BIRTN (Month, Day, Year) 8-8-1909	a. BIRTHPLACE (State or Foreign Country) Maryland						
TOR	96. FACILITY NAME (If not institution, give street and number)  Baltimore County General Hospital  Randallston		UNTY OF DEATH  Ltimore County						
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Maryland Balto County								
FUNERAL	Old Court Hursing Center  5412 Old Court Road		1   YES 2   NO TIZEN OF WHAT COUNTRY?  JSA						
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES NO	SPANIC ORIGIN? (Specify Yee or No- exicen, Puerlo Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)	16b. KINO OF BUSINESS/IN Women's							
SON	42 PAYMENIA MANE (C.) AND A C.	S NAME (First, Middle, Meiden Surneme)	Toching						
BE (	Mac Neal								
10	196. INFOHMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or I								
	CO. METUDO OF DISPOSITION	venue, Balto,MD	21229						
	1 Duriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)		- City or Town, State						
	21. SIGNATURE OF FINERAL SERVICE LICENSEE ROnald Wade, Sir 22. NAME AND ADDRESS OF 12/31/91 766 W. Balt	STATE ANdrews St., Balto	ATOMY BOARD						
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Advanced Crenal Jeek Arte  DUE TO (OR AS A CONSEQUENCE OF):		Approximata interval Batwean Onset and Daath						
CATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events  resulting in death) LAST  d								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give	1 In Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL 24. PLACE OF DEATH		/ `						
PHYSICIAN:	EXAMINER?  HOSPITAL:  OTHER:								
H	1 PES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reside 27. MANNER OF DEATN 289. DATE OF INJURY 28b. TIME OF 28c. INJURY AT								
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation Investigation	28d. DEŞCRIBE NOW INJURY OC	CORED						
ETE	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	281. LOCATION (Street and Number City or Town, State)	r or Rural Roule Number,						
COMPLETED	29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end one)	due to the cause(e) end menner ee ata	ited. he cause(s) end manner ee stated.						
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  See le Ormo House Physican D36		E SIGNEO (Month, Day, Year)						
		sotol, Randullston	m.mo 21/33						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								

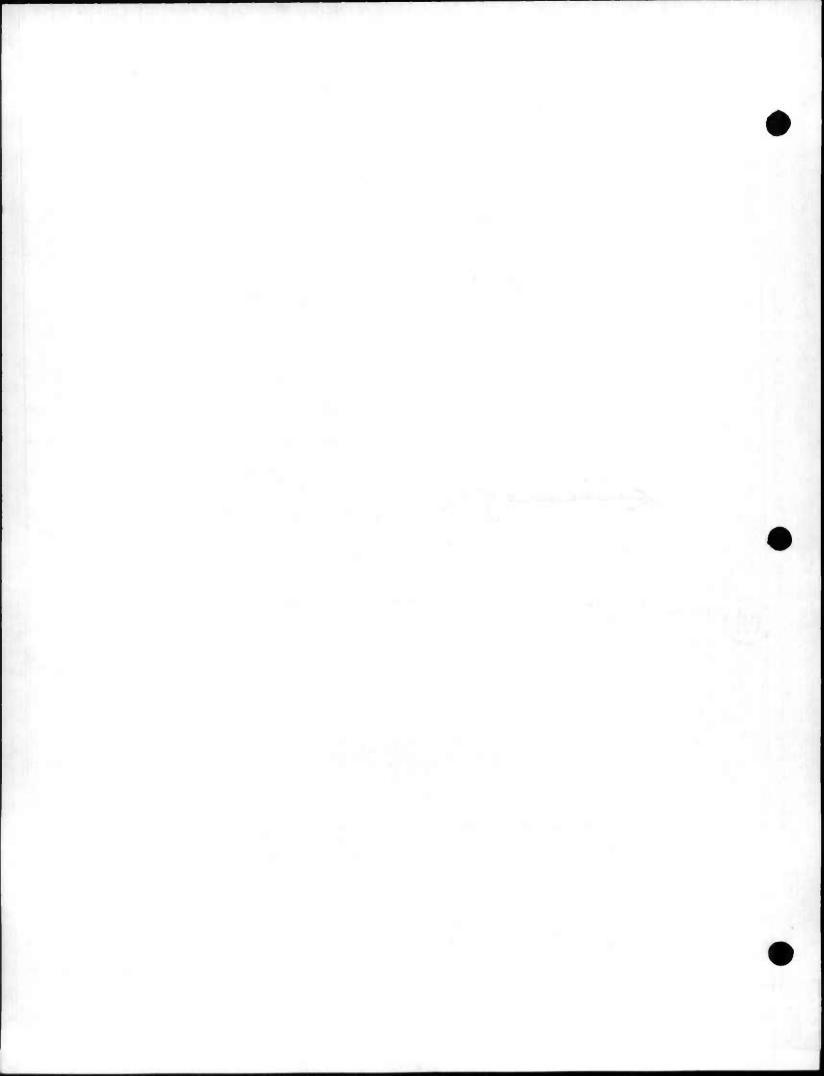
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



recuted within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

In burial, completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should build, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention be filed within 72 hours after death with the State Dept. of Health and Mental Iron IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or

	1. DECEDENT'S NAME (First, Middle, Let	R. WALSH	CI	ENTIF	ICATE	OF DI	EATH	1.	REG. NO	-	01 1		
	Charles	R.	Wals	4				2.	MONTH D	AY >	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR IF	UNDER 24 H	RS. 7.	DATE OF BIRTH	-	BIRTHPL	ACE (State or Foreign	
	219-18-9810	1 💢 M 2 🗆 F	66	YRS.	MONTHS	DAYS HO	URS M	N. (	5/09/25		MARY	LAND	
	9a. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY,	TOWN OR LO	CATION (			9c. COUNT			
E E	UNIVERSITY HOSP	ITAL			BAT	TIMOR	E						
DIRECTOR	RESIDENCE OF DECEDENT				2111	32 111010		_					
12	10a. STATE 10b. COUL			10c. CIT		R LOCATION					10	d. INSIDE CITY	
		E ARUNDEL			GLEN	BURN	ΙE				1	LIMITS?	
₹	10e. STREET AND NUMBER					101. ZIP	CODE			10g. CITIZE	N OF WHA	T COUNTRY?	
Ü	105 GOVERNOR C	OURT APT	. D			2	1061			U.S.	. A .		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. V	WAS DECENDE	NT OF H	SPANIC (	RIGIN? (Specify Yes	or No- 1	I. RACE —	American Indian, hita, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 XXDivorced	IF YES, GIVE WA	R OR DATES			VES 2			uarto Rican, etc.)		_		
		I WW II									vHITE		
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	Ide completed)	(G	ive kind of a	USUAL OC	CUPATION luring most of a	vorking		16b. KIND OF BUS	SINESS/INDUS	STRY		
7	Flamentary/Secondary (0-12)	College (1-4 or 5+)		MOTT		SALES			GOODWAY	CDADI	ITCC		
×	17. FATHER'S NAME (First, Middle, Last)		1 Ito	.1011	ONAL						11.02		
	CHARLES ROLAND	LIAT CIT				18.			First, Middle, Malden	Sumame)			
BE		WALSH		_					AY WALSH				
5	190. INFORMANT'S NAME (Type/Print) PATRICIA SANZO	NE (DALICHT	FP) 196	MAILING	ADDRESS FDFT	'ER RO	mber or R	ural Route	Number, City or Town	n, State, Zip C			
							AD	OIKE	SVILLE,	עויי בו	1784		
4.0	20s. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Re	moval from Stata	20b. PLACE A							CATION - CI			
1.5	4 Donation 5 Other (Specify)	1015-1-1011	METRO	CRE					2/92 CAT	ONSVII	LE,	MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11			DON M							
	Lussell	any	Ze		16	KUI M	& K	JOSE	LL C WIT: AVE CAT	ZKE FU	INERA	L HOME	
CERTIFICATION	disease or condition reculting in death)  But To (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):												
8		d											
MEDICAL	- Smoken Alcoholi		eath but not re	ath but not reaulting in the underlying cause given in Part					I. 24s. WAS AN / PERFORI	MED?	COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE (	F DEATH	(Check o	nly one)	_			
PHYSICIAN:	1 YES NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		Realder	ce  6	Other (Specify)				
E	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY	28b. TIM	OF :	8c. INJURY A			DESCRIBE HOW IN	JURY OCCUP	RED		
ВУ	Natural 5 Pending 2 Accident Investigation		rear)	INJ	M	WORK?	2   NO						
	3 Suicide 8 Could not be	28s, PLACE OF t	INJURY — At hon	ne, ferm, s	treet, factor	y, offica		281.	LOCATION (Street as	nd Number or	Rural Route	Number	
	4 Homicide determined	bullang, at	о. <sub>Т</sub> арвску)						City or Town, State)				
밀	4 Homicide detarmined												
PLETED	29a. CERTIFIER	SICIAN: To the heat of m	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  One)  2 MEDICAL EXAMINED: On the best of any stated and place, and due to the cause(a) and manner as stated.										
MPLETED	(Check only	SICIAN: To the best of m	y knowleags, ass minstion and/or in	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.									
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	NER: On the basis of axen	mination and/or in	ivestigatio/	n, lin my opi				data and place, and	due to the c	ause(a) and	I menner as stated.	
BE COMPLETED	(Check only	NER: On the basis of axen	mination and/or in	vestigatio/	n, In my opi		ccured at		data and place, and			d menner as stated. nth, Day, Year)	
8	(Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	ER	mination and/or in	vestigatio/					data and place, and				
ш	(Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	ER Sold MD THO COMPLETED CAUSE	mination and/or in	vestigatio/					data and place, and				
BE	(Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	ER Sold MD THO COMPLETED CAUSE	OF DEATH (ITEM	vestigatio/					deta and place, and				

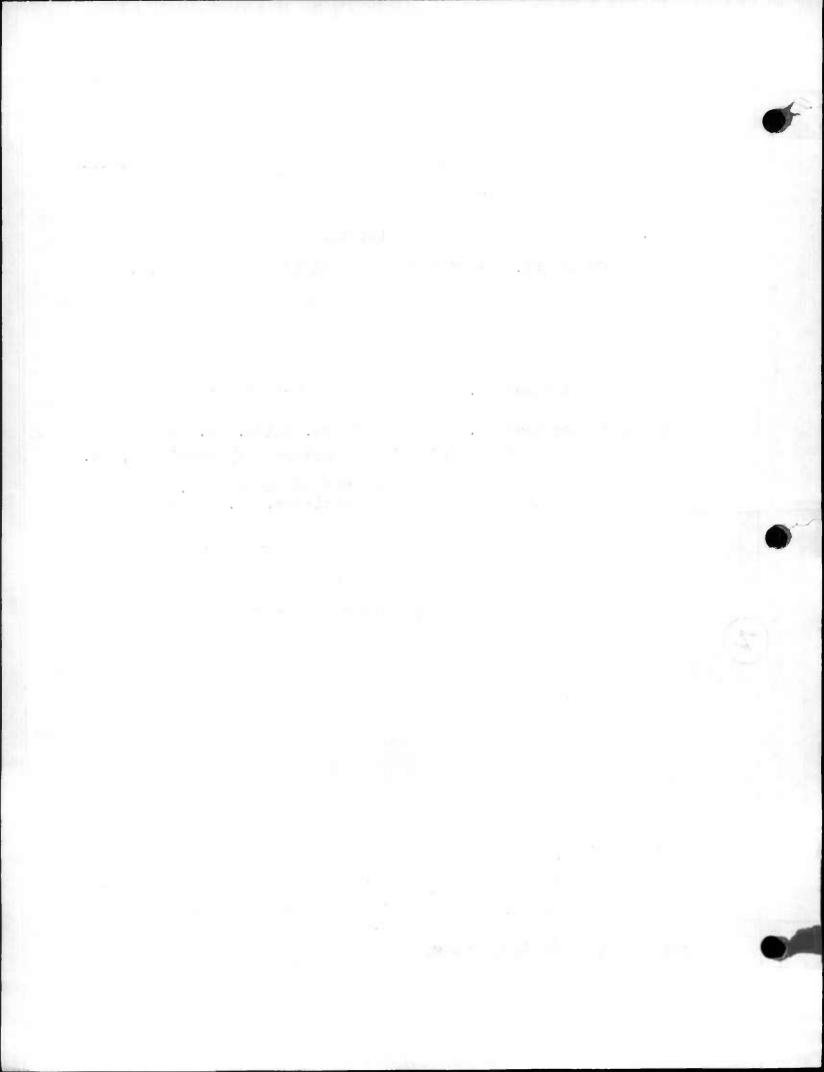


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTRONONG PHYSICIAN: The law requires that the Actif control of the control of the control of the house after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the amount permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and with a some sign to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
---	--	---	---

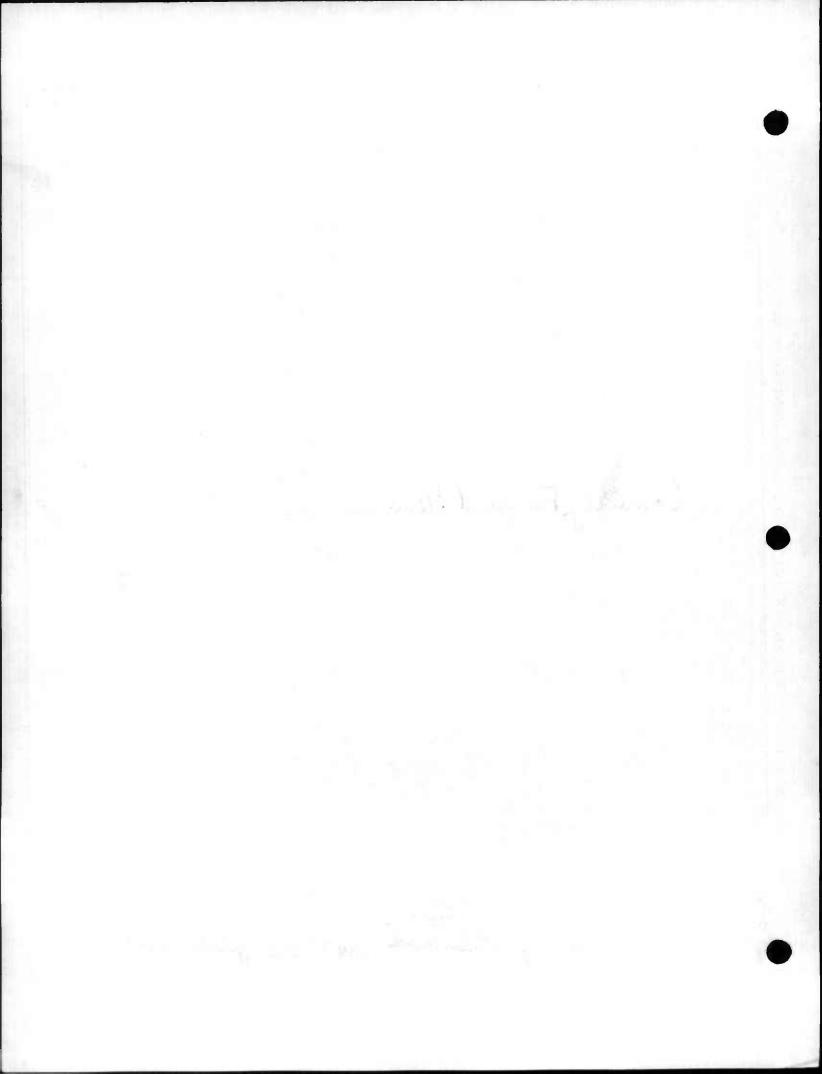
	FOR 1 - STATE REGISTRAR		MARYLAND /	DEPAR	TMENT ICATE	OF HE	ALTH DEAT	AND I	MENTA	L HYGIEN		3	6440
	1. DECEDENT'S NAME (First, Middle, Lest) Alexan	der		Woo	odhou	ıs				of DEATH ember	×31,	1551	3. TIME OF DEATH 10:40am M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest 48	t birthday) YRS.	IF UNDER 1	-	IF UNDER HOURS	24 HRS. MIN.		OF BIRTH h, Day, Year)	43	8. BIRTH	PLACE (State or Foreign
OR	90. FACILITY NAME (II not institution, give of Maryland Genera	street and number) 1 Hospita	al		эь. сіту. В	TOWN OF	MO Te	ON OF DE	ATH LY		1	NTY OF DE	EATH
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT  M. d.	Y			y, town or ltim		ON .	-:					10d. INSIDE CITY LIMITS? 14 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3406 Wabash	Ave. B	altimor	re			121			-	10g. CIT		/HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	IT EVER IN U.S. ARI YES 2 K N WAR OR DATES	WED O	if.	AS DECEI yes, spec	Ify Cuber	n, Mexicer	n, Puerto	t? (Specify Ye Ricen, etc.)	s or No—	14. RACE Black Specif	- American Indian, White atc. by: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION o completed) College {1-4 or 5 -	(GA	CEDENT'S ve kind of v Do NOT us	USUAL OC work done do se retired.)	CUPATION uring most	of working	g	16b	. KIND OF BU	ISINESS/IND	DUSTRY	
ш	17. FATHER'S NAME (First, Middle, Last) Alexander Woo	dhous S	r.						ME (First, I	Middle, Maider	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print)  Alexander Wood									ber, City or Tow	vn, State, Zip	Code)	
	20e. METHOD OF DISPOSITION 4 Burlel 2 Cremation 3 Rem 4 Donalion 5 Other (Specify)		DIWI'	NDDATE	OF DISPOSIT	TION (Nam	e of		1/3	E 20c. L0	timo		
	21. SIGNATURE OF FUNERAL SERVICE LIK	m. Wa	Lune	rig	# 2 B	alt	Edi	mond re.	dsor Md	Ave	23		
	23. PART i. Enter the disesses, or complications that ceused the desth. Do not enter the mode of dying, such as cardiec or respiratory srrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) disesses or condition resulting in deeth)  Heart failure, respiratory failure due to												
z			(OR AS A CONSEC CYSTIC C		,	neumo	nia						
CATIO	Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING		OR AS A CONSEO uman imm			cienc	cy v	irus	) in	fecte	d		
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in desth) LAST		(OR AS A CONSEO						,				
MEDICAL	PART II. Other significent condition	Hypert	dsath but not ra ension	suiting i	in the und	derlying	csuse g	iven in I	Pert i.	24a. WAS AMPERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						E OF DE	ATH (Che	ock only on	10)			
IXSI	1 VES 2 X NO		ER/Outpatient 3		OTHER:	ng Home		idence (	6 🗆 Othe	r (Specify)			
ВУ РН	1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	ay, Year)		M		TY AT C? S 2	NO	26d. DES	CRIBE HOW	INJURY OC	CURED	
ETED	3 Suicide S Could not be determined	26e. PLACE O building,	of INJURY — Al hon etc. (Specify)	no, farm, s	dreet, fector	ry, office			28f. LOC. City	ATION (Street or Town, State	end Number )	or Rural Ro	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	ICIAN: To the best of ex	my knowledge, dea xamination end/or in	th occurre	nd at the tim	ne, date ei inlon, des	nd place, th occurs	end due t	to the cau	end place, er	nner es stat	ed. se ceuse(e)	end manner es atated.
B	296. SIGNATURE AND TITLE OF CERTIFIES		~ M		Kocs	1		NSE NUM			29d. DATE SIGNED (Month, Day, Year)  12/31/91		
121	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM					- 11	, u			14/3	1/21

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Grint)
Tamas Kocsis, M.D. c/o Maryland General Hospital

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondall



	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF	HEALTH AND DEATH	MENT	AL HYGIE		91	3641
	1. DECEDENT'S NAME (First, Middle, Last	Robert		WALDR	OP	MON	ember	30, 1	y <b>5</b> 991	TIME OF DEATH 8:30 A
	4. SOCIAL SECURITY NUMBER 237-34-0835	1 🖟 M 2 🗆 F		UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Moi	e of BIRTH oth, Day, Year) 1018,		Country)	ACE (State or Foreign hCaroli
CTOR	98. FACILITY NAME (# not institution, give Franklin Squ RESIDENCE OF DECEDENT				ORLOCATION OF			9c. COUNT Balti	MOTE	тн
DIRECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN  Md.			OWN OR LOC					10	Dd. INSIDE CITY
	10e. STREET AND NUMBER				Of. ZIP CODE			10g. CITIZ	EN OF WHA	☐ YES 2 🔀 NO
BY FUNERAL	7847 East I	3altimore St  12. WAS DECEDENT EVER IN U FORCES? 1 17 YES IF YES, GIVE WAR OR DAT	J.S. ARMED	If yea, a	212 CENDENT OF HISP pecify Cuban, Maxi S 2 X NO Spec	ANIC ORIG		ea or No-	Black, V	American Indian, Vhita, etc.
G	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPAT	ION	16	b. KIND OF BI	JSINESS/INDU	1	White
PLET	Elementary/Secondary (0-12) 10th	College (1-4 or 5+)	(Give kind of work life. Do NOT use re STOCK	etired.)	oost of working		MArvl	Land (		
COMPL	17. FATHER'S NAME (First, Middle, Last)		D100%	200111	18. MOTHER'S N	AME (First,	Middle, Maide		Jup	corp.
BE	Andrew Wald  19a. INFORMANT'S NAME (Type/Print)	irop	19b. MAILING AD	DRESS (Street	and Number or Rura	Bell			Corte)	
2	Laura Waldro	)			Balti				,	e Md.
	20axMETHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Rai 4 Donation 5 Other (Specify)	moval from Stata 20b. P	ery, crematory, prother ak LAWN	Place Ceme	etery 1	/2/9	7E 20c. L	ocation — ci		
	21. SIGNATURE OF FUNERAL SERVICE L		Hand	22. NAME /	AND ADDRESS OF F	FACILITY				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Metastatic  DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C	SMALL CE					ac or respiratory arrest,		
IAN: MEDICAL C	PART II. Other significant condition	ne contributing to death but	not resulting in t	ha underlyir	ng cause given l	n Part I.	24a. WAS AI PERFO 1 YES	RMED?	AM CO OF	RE AUTOPSY FINDIR AILABLE PRIOR TO MPLETION DF CAUS DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO	HOSPITAL:	0	THER:	LACE OF DEATH (C					
PHY	27. MANNER OF DEATH  XX Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. IN	JURY AT ORK? YES 2 NO	_		INJURY OCCU	RED	· · · · · · · · · · · · · · · · · · ·
TED BY	2 Accident investigation 3 Suicida 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — building, stc. (Specify,	At home, farm, stree			281. LOI	CATION (Street or Town, State	and Number or	Rural Rout	a Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my knowled	ige, dasth occurred si	the time, date	a and place, and du	in to the ca	euse(a) and ma	nner as stated	l. Cause(a) an	d manner as state.
8	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU		,			onth, Day, Year)
۴	30. NAME AND ADDRESS OF PERSON WI Sheldon Milner,	O COMPLETED CAUSE OF DEATH			1 WD	7 7 8	1	,	12/	30141
1	31. DATE FILED (Month (har)	32. REGISTRAR'S SIGNATI				2122		idam B	ndelle	
	וקטו	- June vandson	-No.In-	JAN	0 3 1992	- 8	wa va	Jacon-N	-10-000	



detache		once.
ê		at
5 should	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
961		90
pa		1
director,		r mus
funeral (		examine
Ē	22	700
á	Ĕ	2
=	7	e
鱼	0,	42
10	ţi,	₹
pletel	стета	rent,
000	लं	5
9	buri	atic
B	2	Ĕ
Cia	100	Te.
3	D	-
d	ene	#
iji ji	2	0
en O	X	0
at		2
the	Ž	를
3	nd	-
9	=	an
ig	eal	20
E S	H	5
990	0	55
has	Dep	23
ate	tate	terr
tiffic	S	=
cen	=	0
this	with	rked
After	death	вш я

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (F	aul F. Yost "12 28 91"								3. TIME OF DEATH				
4. SOCIAL SECURITY NO. 705 07 497		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	52	6. BIRT	HPLACE (State or Foreign	
Sa. FACILITY NAME (# PO	unty G	street and number)			11.0	, TOWN		ION OF DE		9c. CO	UNTY OF	oward	
RESIDENCE OF D	10b. COUNT		10c. CITY, TOWN OR LOCATION				TION				10d. INSIDE CITY LIMITS? 1 ☐ YES 2   10g. CITIZEN OF WNAT COUNTRY? U.S.A.		
100. STREET AND NUME	MD Howard  STREET AND NUMBER 6327 Loudon Ave.			16.	LKT10	101. ZIP CODE 21227			10g				
11. MARITAL STATUS 1 Never Married 2					T EVER IN U.S. ARMED  YES 2 NO  13. WAS DECENDENT OF If yes, specify Cuben, it				iT OF HISPANIC ORIGIN? (Specify Yee or tuben, Mexican, Puerto Rican, etc.)			E — American Indian, ck, White, etc.	
(Specify Elementary/Secondar	DECEDENT'S EDU only highest grad y (0-12)	e completed) College (1-4 or 5	+) (G	ive kind of Do NOT u	USUAL Of work done se retired.)	during m	ON ost of work	ing	16b. KIND OF		YRTZUDA		
12 17. FATHER'S NAME (First Jacob Yost	, Middle, Last)	2	ra	LLTO	ad wo	rk			B & Brunk				
190. INFORMANT'S NAM Ruth Smith			191						Route Number, City or Flkrid			227	
20e. METHOD OF DISPO		noval from State	20b. PLACE					metory or 1 Pai		LOCATION			
21, BIGNATURE OF FURI	SERVICE L	toper/		_		56	95 M		St., Elk:			21227	
Sequentially list cor if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) I.	ditions, mediate iLYING injury	b	O (OR AS A CONSE	OUENCE C	PF):	7	92	ul					
PART II. Other algori	Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO					Y 24	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO						
25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO	D TO MEDICAL	HOSPITAL:	□ FR/Outpatient 3	t □ DOA		R:			eck only one)				
27. MANNER OF DEATH	Pending Investigation	26e. DATE O											
3 Suicide 6	Could not be determined	26e. PLACE building	OF INJURY — At he p, etc. (Specify)	ome, ferm,	street, fec	tory, offi	ce		261. LOCATION (St City or Town, S	reet end Numi Stele)	ber or Rural	Route Number,	
ana)		SICIAN: To the best of										(a) end manner as stated.	
296. SIGNATURE AND TO	156	nolum	-				Δ.	CENSE NUI	MBER			D (Month, Day, Year)	
	. Goods	vin, MD,	Howard (	lo . (		al	Hos.	Col	umbia, M	id.			
31. DATE FILED (Month,	100	guia Dav	Agent Hand	alle.									

The second secon

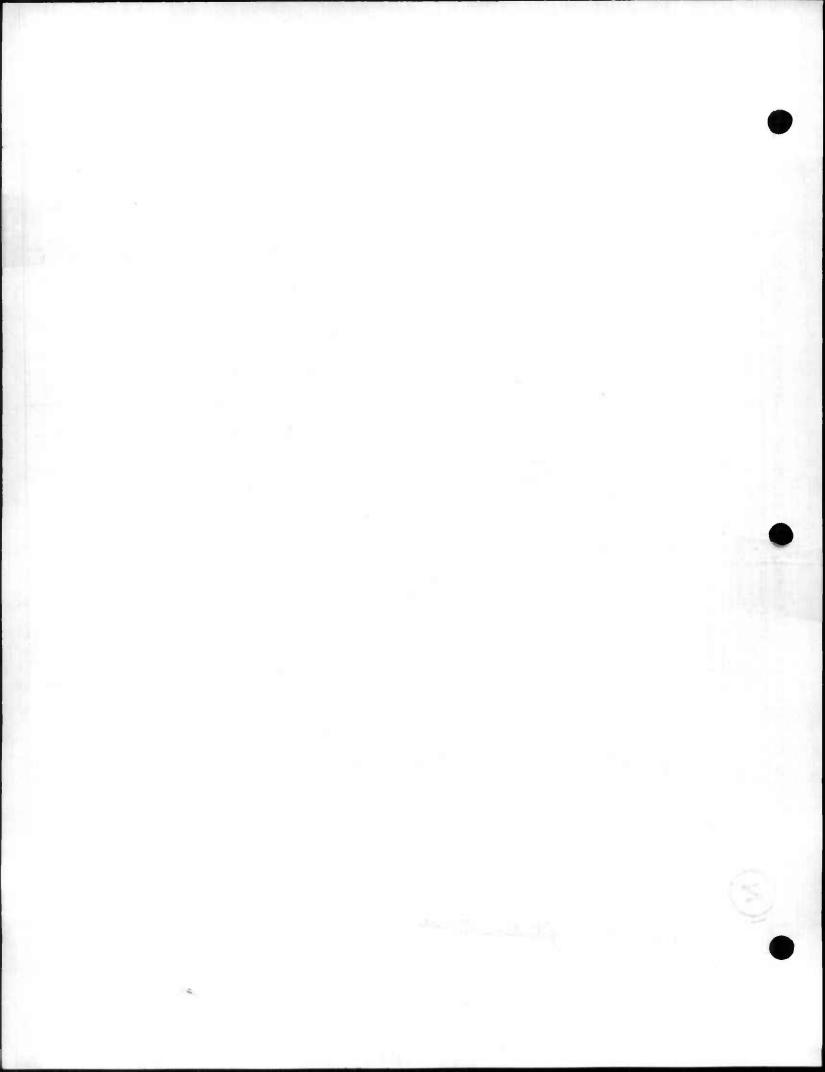
Loyurt J. Colott, E, Hands on General Hon., Colon., L.

⋖	9	*
BA	after	
	55	
	혼	
7	24	1
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	PORT PURPOSED ALCOHOLOGICAL DESCRIPTION OF THE PROPERTY OF THE
7	9	1
000	precut	Page .
K	9	1
2	Safe	all all
	THE PERSON	-
?	8	3
Ų	death	- 440
Š	the	4
7	that	7
3	SS	-
Ų	E.	1
r	9	3
Ţ	50	1
4	The	-
=	S	9
	3	1
5	H.S	
,	4	- 00
5	N	2 60
	ENC	0
-	ATT	Jan.
5	OR	P.O.C
	TAL	200
	25	3

HOSPIAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

INNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

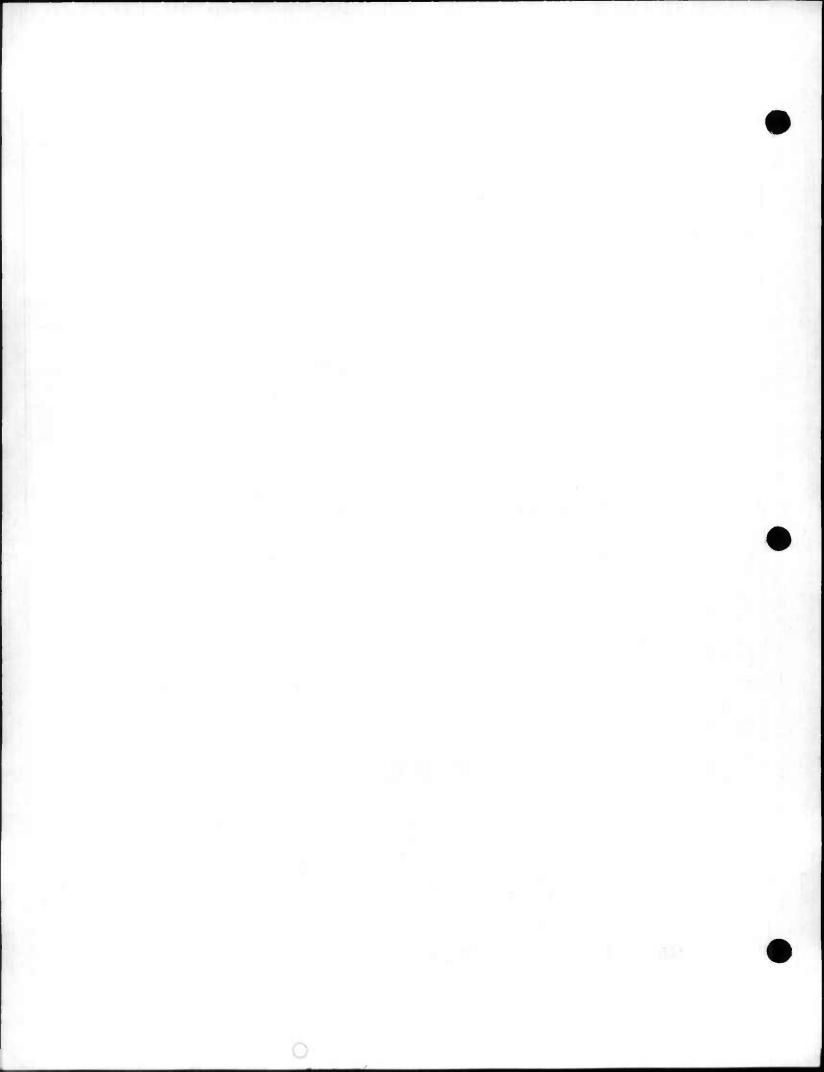
1. DECEDENT'S NAME (First, Middle, Last)		*	ERTIF					2. DATE OF	DEATH			3. TIME OF DEATH	
Ned E. Yo	ung							нтиом	TH DAY YEAR 2-30-91				
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER			R 24 HRS.	7. DATE OF	BIRTH	1	8. BIRTI	HPLACE (State or Foreig	
227-32-9536	1 □ XM 2 □ F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	9/2	6/29		Count	VA.	
Se. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOWN OR LOCATION OF DE							INTY OF C	Y OF DEATH	
665 Dumbert	SENCE OF DECEDENT						Baltimore, Md						
							THE RESERVE TO THE PERSON OF T				IQ I		
Md.	Bal					timore, City							
10e. STREET AND NUMBER						ZIP COD	CITY	<i></i>		100 CIT	TIZEN OF Y	ty YES 2 □ NO	
665 Dumberto	on Aver	nue					218				U.S.	OF WHAT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	ARMED	13.	WAS DEC			NC ORIGIN? (S	Snecity Yes			E — American Indian.	
1 Never Merried 2 Merried	FORCES? VI	YES 2 MAR OR DATES	NO ON		lf yes, sp	ecity Cube	on, Mexice Specify	n, Puerto Rice	n, etc.)	01110	Black	k, White, etc.	
3 Widowed 4 Divorced						AVA NO	Specify				Spec	"Black	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		ECEDENT'S				no.	16b. KI	ND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	·) "	fe. Do NOT u	se retired.)	auring mo.	St OF WORK	ng	ŀ					
8th			isab1	led									
17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd					
Peter M. Your	ig						Auty		mpbe				
19e. INFORMANT'S NAME (Type/Print)		1						loute Number,				10	
Marion Young			_	_	_		: · / Ba	ltimo			2121		
ZVa. METHOD OF DISPOSITION  1 Disposition 2 Cremetion 3 Rem	oval from State	ceptetery. 4	THIOY &	OF DISPOS	ITION/Na	meof		OATE			City or To		
Donellon 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIK	FNSEF	_ J Dait	THIOT	_		-			Ra	TIMO	ore,	Md.	
To the service En	100	2		22.	NAME AN	IU AUORE	SS OF FAC	ALITY					
Torone	11												
23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition	0 /	on each in		not enter	the mod	da of dy	ing, suct	aa cardlac	110 or reapl	l E	- No	Approximate Interval Batw	
IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa	a. Parcle out to c. Shin a out to	OR AS A CONS	POUENCE O	Trs	the mod	le of dy	eng, such	aa cardlad	or reapl	ratory an	- NC	Approximate Interval Batw	
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Resh	OR AS A CONS	POUENCE O	Trs	the mod	le of dy	eng, such	aa cardlad	or reapl	ratory an	- NC	Approximate Interval Bate	
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	a. Reshout to be Parcle. Oue to oue t	OR AS A CONSI	FOURNCE O	Tris	the modern of state of the stat	Hé ( cles	ing, such	byec heek	Mi i	19	reat,	Approximate Interval Batwoonset and D	
IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa	a. Reshout to be Parcle. Oue to oue t	OR AS A CONSI	FOURNCE O	Tris	the modern of state of the stat	Hé ( cles	ing, such	by section	A. WAS AN . PERFOR	AUTOPSY MED?	reat,	Approximate Interval Baty Onset and D	
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	a. Reshout to be Parcle. Oue to oue t	OR AS A CONSI	FOURNCE O	Tris	the modern of state of the stat	Hé ( cles	ing, such	by section	Man in a second	AUTOPSY MED?	reat,	Approximate Interval Baty Onset and D Onse	
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	a. Reshout to be Parcle. Oue to oue t	OR AS A CONSI	FOURNCE O	Tris	the modern of state of the stat	Hé ( cles	ing, such	by section	A. WAS AN . PERFOR	AUTOPSY MED?	reat,	Approximate Interval Batw Onset and D Onse	
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST  PART II. Other algnificant condition	a. Reshout to be Parcle. Oue to oue t	OR AS A CONSI	FOURNCE O	Tris	the modern the modern	da of dy	ing, such	byec byec neck	A. WAS AN . PERFOR	AUTOPSY MED?	reat,	Approximate Interval Batw Onset and D Onse	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in daath) LAST	a. Payale, our to b. Payale to a Shina a contributing to	OR AS A CONSI	POURNCE OF COURNCE OF	PI:	the mod	da of dy	EATH (Che	6 Yee  Part I. 24	a. WAS AN. PERFOR	AUTOPSY MED?	reat,	Approximate Interval Batw Onset and D Onse	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in daath) LAST  PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMPMER?	a. Payole oue to b. Payole oue to oue	(OR AS A CONSI	POURNCE OF COURNCE OF	F):  M C P:  S In the un  OTHER  4   Num  E OF	derlying	Cause of Cause of Services	EATH (Che	by eck  Part I. 24  Ck only one)  a Other (Se	a. WAS AN PERFOR	AUTOPSY MEO?	reat,	Approximate Interval Batw Onset and D Onse	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in daath) LAST  PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  17. MANNER OF DEATH  1 Natural S Pending	a. Payale, oue to b. Payale, oue to c. Shina oue to d. Shina s contributing to	(OR AS A CONSI	POURNCE OF COURNCE OF	Trus Fi: Fi: Fi:  OTHER 4   Num	derlying	Cause of Cause of Services	EATH (Che	6 Yee  Part I. 24	a. WAS AN PERFOR	AUTOPSY MEO?	reat,	Approximate Interval Batw Onset and D Onse	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in daath) LAST  PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  17. MANNER OF DEATH  1 Natural S Pending Investigation	B. POYCLE OUE TO  DUE TO  C. Shin C  OUE TO  d. Shin C  s contributing to  HOSPITAL:  1   Inpetent 2    28e. DATE OF (Month, Del	(OR AS A CONSI CON AS	FOURNCE O	OTHER 4   Nurse URY M	derlying  2a PL  1: ing Home 28c. INJU 1   Y	Cause of ACE OF O	EATH (Che	Part I. 24	a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approximate Interval Batw Onset and D	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in daath) LAST  PART II. Other aignificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1  YES 2 NO  17. MANNER OF DEATH  1  Natural 5 Pending Investigation	B. POYCLE OUE TO  DUE TO  C. Shin C  OUE TO  d. Shin C  s contributing to  HOSPITAL: 1   Inpetent 2    28e. DATE OF (Month, De)  28e. PLACE OF	(OR AS A CONSI COR AS	FOURNCE O	OTHER 4   Nurse URY M	derlying  2a PL  1: ing Home 28c. INJU 1   Y	Cause of ACE OF O	EATH (Che	Part I. 24	a. WAS AN. PERFOR YES 2	AUTOPSY MED?	24b.	Approximate Interval Batw Onset and D	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in daath) LAST  PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMPMER?  1  YES 2 NO  17. MANNER OF DEATH  1  Natural	B. POYCLE OUE TO  DUE TO  C. Shin C  OUE TO  DUE TO  C. Shin C  Scontributing to  B. CONTRIBUTING TO  B. CONTRIBUTING TO  28. PLACE OF (Month), Do  28. PLACE OF building,	(OR AS A CONSI CON AS	POURNCE OF COURNCE OF	OTHER 4 Nurse OF URY M	derlying  28 PL  ing Home 28c. Wol  yory, office	ACE OF O	EATH (Che	Part I. 24d  Ck only one)  a Other (Sc 28d, DESCRI	a. WAS AN PERFOR	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.	Approximate Interval Batw Onset and D	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in daath) LAST  PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMPMER?  1  YES 2  NO  7. MANNER OF DEATH  1  Natural 5  Pending Investigation  2  Accident   Could not be determined  9e. CERTIFIER (Check only)	B. POYCLE OUE TO  B. POYCLE OUE TO  C. Shin C  G. Shin C  Sa contributing to  B. CONTRIBUTING TO  B. CONTRIBUTING TO  C. Shin C  B. CONTRIBUTING TO  C. Shin C  C  C. Shin C  C  C. Shin C  C  C. Shin C  C  C. Shin C  C  C  C  C  C  C  C  C  C  C  C  C	(OR AS A CONSI CON AS	POURNCE OF COURNCE OF	OTHER 4 Nurse OF URY M	derlying  28. PL  1: ling Home 28c. INJO 1  Yery, office	ACE OF O	EATH (Cho	Part I. 24-  Ck only one)  a Other (Sc 28d, DESCRI	a. WAS AN PERFOR	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.  CUREO  or Rural R	Approximate Interval Batwonset and D  were autopsy find Awallable Prior to Completion of Caus of Death?  Tight Yes 2 no	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in daath) LAST  PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  9e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	a. DUE TO b. PAYOLE OUE TO c. Ship a  d. Ship a  BE CONTRIBUTING to  HOSPITAL: 1 Inpatient 2  28e. DATE OF (Month, De  28e. PLACE OI building,  CIAN: To the best of ex	(OR AS A CONSI CON AS	POURNCE OF COURNCE OF	OTHER 4 Nurse OF URY M	derlying  28. PL  1: ling Home 28c. INJO 1  Yery, office	ACE OF O	EATH (Cho	Part I. 24.  Ck only one)  a Other (Sc. 281. LOCATIC City or 76.  to the cause(sime, date and	a. WAS AN PERFOR	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.  CURED  or Rural R  led.  se ceuse(s)	Approximate Interval Batw Onset and D  WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in daath) LAST  PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMPMER?  1  YES 2  NO  7. MANNER OF DEATH  1  Natural 5  Pending Investigation  2  Accident   Could not be determined  9e. CERTIFIER (Check only)	a. DUE TO b. PAYOLE OUE TO c. Ship a  d. Ship a  BE CONTRIBUTING to  HOSPITAL: 1 Inpatient 2  28e. DATE OF (Month, De  28e. PLACE OI building,  CIAN: To the best of ex	(OR AS A CONSI CON AS	POURNCE OF COURNCE OF	OTHER 4 Nurse OF URY M	derlying  28. PL  1: ling Home 28c. INJO 1  Yery, office	ACE OF O	EATH (Cho	Part I. 24.  Ck only one)  a Other (Sc. 281. LOCATIC City or 76.  to the cause(sime, date and	a. WAS AN PERFOR	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.  CURED  or Rural R  led.  se ceuse(s)	Approximate Interval Batw Onset and D  WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION DE CAUS OF DEATH?  1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in daath) LAST  PART II. Other algnificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  17. MANNER OF DEATH  1  Natural	B. POYCLE OUE TO  DUE TO  DUE TO  C. Shine OUE TO  DUE TO  DUE TO  C. Shine OUE TO  DUE TO  DUE TO  E. Shine OUE TO  DUE TO  DUE TO  E. Shine OUE TO  DUE TO	(OR AS A CONSI CON AS	POURNCE OF COUNTY TO THE POUR	OTHER 4 Nurse OF URY M street, lactored at the tile.	derlying  28. PL  1: ling Home 28c. INJO 1  Yery, office	ACE OF O	EATH (Cho	Part I. 24.  Ck only one)  a Other (Sc. 281. LOCATIC City or 76.  to the cause(sime, date and	a. WAS AN PERFOR	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.  CURED  or Rural R  led.  se ceuse(s)	Approximate Interval Batw Onset and D  WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR		STATE OF N	IARYLAND	/ DEPAR	TMENT	OF H	EALTH DE AT	AND	MENTAL		E .	91	36444
	1. DECEDENT'S NAME (Flist, MI	iddle, Last)	ZANA,	YEAC				AGER		2. DATE O MONTH	F DEATH	w /	YEAR   3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	23	5. SEX 1  M 2  F	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	11/2	BIRTH Day, Year)	4		ACE (State or Foreign
TOR	90. FACILITY NAME (If not institute of the PCH RESIDENCE OF DECE	HO		_				COAD		1	40 40	9c. COUI	NTY OF DEA	
10c. STATE 10b. COUNTY Baltimore County Maryland  10c. CITY, TOWN OR LOCATION DUNDALK 1761 Brookyjew Road									Dd. INSIDE CITY LIMITS?					
100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF									ZEN OF WHA	AT COUNTRY?				
BY FUI	11. MARITAL STATUS  1 Never Married 2 Me 3 Widowed 4 Divorced	rried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO	- 11	f yes, sp	ENDENT O	n, Mexico Specia		(Specify Yes an, etc.)	or No—	Specify:	American Indian, Vhite, etc.
ETED	15. DECEOS (Specify only high		ATION ompleted) College (1-4 or 5+	- 5	DECEOENT'S (Give kind of the Do NOT us	work done d	CCUPATIO	ON est of working	no g		IND OF BUS	INESS/IND		Mhite
COMPLETED	17. FATHER'S NAME (First, Middle	e, Last)			Food	Proc	ess	_		Ory ME (First, Mid	ldie, Maiden	Surname)	···	
TO BE	Homer Dut	(Print)						nd Number		Route Number				
	Mrs Ricci Va  20e. METHOD OF DISPOSITION 1  Burlel 2 Cremetton 45 Donetton 5 Other (Sp	3 🗌 Remov	G-daug	20b. PLACE	518 ½  EAND DATE of the state o	OF DISPOSI			Е, Н	oate			0440 City or Town	, State
	21. SIGNATURE OF FUNERAL SI	ERVICE LICE	NSEE RONald	d Wade,						ore St				
	23. PART I. Enter tha disease or condition resulting in death)	ases, or co t fallure. Li	st only one caus	caused the die on each lin	10.						c or respi	ratory arm	eat,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	le		OR AS A CONSI								1.6		
MEDICAL C	PART II. Other significant	conditions Me	contributing to a	death but not	resulting (	n the und	deriying PA	cause g	iven in		PERFORI	MED?	AM CC DF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 1 NO
ICIA	25. WAS CASE REFERRED TO ME EXAMINER?		HOSPITAL:			OTHER		ACE OF OE	ATH (Ch	eck only one)				
PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pers	ding	28a. DATE OF I (Month, Da	NJURY	28b. TIM		28c. INJU	-		8 Other (S	ipecify)	JURY OCC	CURED	
TED BY	3 Suicide 8 Cou	atigation ild not be irmined	28e. PLACE OF building, e	INJURY — At h	ome, farm, s	treet, tecto					ON (Street ei Town, State)	nd Number	or Rural Rout	e Number,
COMPLETED			AN: To the best of r											d manner es stated.
TO BE	29b. SIGNATURE AND TITLE OF	10	tron	a	1	1)		29c. LICE	NSE NUM	ABER 777		29d. DATE	10/	onth, Day, Year)
	Low och with	HOM	111	IUACI	1 MB	Print)	WA	7	BA	LT0 .	MD Z	423,	,	
	JAN 3 1992	Lu	32. REGISTRAF	-Rando										



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	5
if examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IM P
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	De fi
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Med in by the funeral director, page 5 should be detached	0
er death. Page 6 may be retained by the hospi	THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with with a ster death. Page 6 may be retained by the hospi	3
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	7

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND		SIENE 9	1 3	6445
	1. DECEDENT'S NAME (First, Middle, Lasti					2. DATE OF DEA	TH	3	TIME OF DEATH
	Thomas V. Ze.	imis				12	BAY	YEAR 91	0920
	4. SOCIAL SECURITY NUMBER 383-60-3500	1 📉 M 2 🗆 F	GE (In yrs. last birthday)  37 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, W. Jan. 9,	nac)	Country)	ACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give St. Agnes (Hospi RESIDENCE OF DECEDENT		7,2	Baltim	or Location of D			UNTY OF DEA	
DIRECTOR									DI. INSIDE CITY LIMITS?  YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	of ZIP CODE	TOY. CITZEN OF WITH						
N N	11. MARITAL STATUS							USA	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	CENDENT OF HISPA pecity, Cuban, Maxic S 2 NO Speci	NIC ORIGIN? (Speci an, Puarto Rican, at fy:	fty Yea or No c.)	Black, V Specify:	American Indian, Thila, atc.			
TED	15. DECEDENT'S EDU (Specify only highest grad	e completed)	16a. DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATION of Mork done during m	ON osl of working	16b. KIND O	F BUSINESS/IN		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Landso	,		Self+	employe	ed	
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, M	laiden Surname)		
BE	Peter P. Zeimi	s, Sr.			Doroth	y C. Che	ster		
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City of			
-	Patricia P. Ster	T Y				, Warren	, Mich	igan	48091
	20e. METHOD OF DISPOSITION 1 General of Section 2 Comments of Comments of Section 2 General of Comments of Comment	noval from State	20b. PLACE AND DATE ( cemetery, cremetory or or Metro Cr	OF DISPOSITION (Nather place)	ame of		Balto.		State
	21. SIGNATURE OF MUNICIPAL SERVICE LI	сенаях /	1/10 010 01		ND ADDRESS OF FA		DELL LO.	, Ma.	
	1 Dary	L. Kou	foreign			man Fune: ., Elkri			227
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A  DUE TO (OR A	S A CONSEQUENCE OF	ŋ:	MEN	1 NGTT	2		interval Between Onset and Death
MEDICAL	PART II. Other significent condition	ns contributing to deati	h but not resulting i	in the underlyin	g ceuse given in	PE	S AN AUTOPSY RFORMED? ES 2 W NO	AM CC OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	No.			ACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	Pulpatient 3 🗆 DOA	OTHER: 4  Nursing Hom	e 5 🗆 Realdence	6 Other (Specify	)		
ВУ РН	27. MANNER OF DEATH  1 Natural S Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yee		URY WO	URY AT ORK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OC	CUREO	
	3 Suicide 6 Could not be determined	28a. PLACE OF INJU building, atc. (S	JRY — Al home, farm, a pecify)	treel, factory, offic		261. LOCATION (SI City or Town, S	treel and Number State)	r or Rurai Rout	Number,
COMPLETED	2 MEDICAL EXAMINE	ICIAN: To the best of my kn	owledge, death occurre	d at the time, date	and pieca, end due	to the cause(a) and time, data and plac	d menner as ata	ted, ne cause(a) an	d manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WH	Cankonly	DEATH STEM OF CT.	(Defeat)	29c. LICENSE NUI	MBER	29d. DAT	E SIGNED (MG	onth, Pey, Year) (99)
	MUTOMBO  31. DATE FILED (Month, Day, Year)	KANKONI	M M	D 3	IT ACK	uts f	tosP1	ML	
	JAN 0 3 1992	32. BESISTRAR'S S	andell						

property and the ary gradient and THE RESIDENCE OF THEFE الترافيا وتتافي والتفيل المالي The second control of the control of

- THE RESERVE OF STREET

	1. DECEDENT'S NAME (FI	rst, Middle, Lest) WILLI	AM AN	ron		F DEATH	2. DATE OF DEA' MONTH 12-16-	TH DAY 1	YEAR 3. TH	ME OF DEATH 5:15 PM
((c	4. SOCIAL SECURITY NU 200-12	-9707	1 M 2 □ F	AGE (In yrs. lest birthday) 70 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRT (Month, Day, Ye 12-3-2	H 8	PA.	E (Stete or Foreign
HOL	300 A.	Gorman				ean City	EATH		y of DEATH Cester	Co.
DIRECTO	100. STATE  MD	10b. COUNT	cester		y, TOWN OR LO					INSIDE CITY LIMITS?
FUNERAL	300 A.	Gorman	Ave.			10f. ZIP CODE 2 1842			S.A.	COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2  3 Widowed 4 D		12. WAS DECEDENT EVEN FORCES? XX IF YES, GIVE WAR ON A YMV	YES 2 NO OR DATES	If yes,	DECENDENT OF HISPAI specify Cuben, Mexico (ES 2 NO Specifi	n, Puello Rican, et		Black, Whit	merican Indian, ta, atc. White
COMPLETED		ECEDENT'S EDU only highest grade (0-12)	JCATION	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	most of working ory Claims		omotive	STRY	
BE CON		Anton				An	ME (First, Middle, M toninett	e Finsel		
5		E. An	ton	4851 (	cean P		erlin, M	D. 2181	1	
	20e. METHOD OF DISPOSE  1  Burlet 2 X Creme 4  Donation 5 Ott	ntion 3 - Ren her (Specify)	1	20b. PLACE OF DISPO	ry Cre	matory  AND ADDRESS OF FA		Salisbur		
	1/11	0/2	elle	1	Ho 50	olloway Fu Ol Snow Hi	neral Ho	ome Salisbu	rv. MD	Pagel
	23. PART I. Enter the shock, or IMMEDIATE CAUSE ( disease or condition resulting in death)	heart fallure. Finel	complications that clet only one cause	RRhos IS			ch sa cardisc or	respiratory arrec	et,	Approximate interval Betwee Onset and De
MOIT	Sequentially list con-	nedista	a al		antito		deficien	y		YRS
CERTIFICATION	cause. Entar UNDER CAUSE (Disease or in that initiated events resulting in death) L.	njury	cDUE TO (OR	AS A CONSEQUENCE C	<b>ት</b> ):					YRS
-		icent condition	ns contributing to de	ath but not resulting	in the underly	ying cause given in	PI	AS AN AUTOPSY ERFORMED? YES 2 200	AMAIL COME DF D	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSI EATH? YES 2 \( \subseteq \text{NO} \)
IAN: N	25. WAS CASE REFERRED EXAMINER?		HOSPITAL:	ungery for		PPIC I + GA I + I S				
5	1 TYES 3 NO 27. MANNER OF DEATH 1 Natural 5	Pending Investigation	1 Inpatient 2 I EF  26a. DATE OF INJ (Month, Day, )	URY 28b. TII	JURY	INJURY AT WORK?  YES 2 NO	8 Other (Specification of Specification	y) How injury occu	IRED	
IY PHYSICIAN: MEDICAL	1		20 - DI ACE OF IN	JURY - At home, farm,	atreet, factory, o	office	28t. LOCATION (3 City or Town,	Street and Number of	r Rural Route I	Vumber,
COMPLETED BY PHYSIC	2 Accident	Could not be determined	building, etc.				Cay or rown,	State)		

306

12 AUGSTRAR'S SIGNATURE

Kay

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

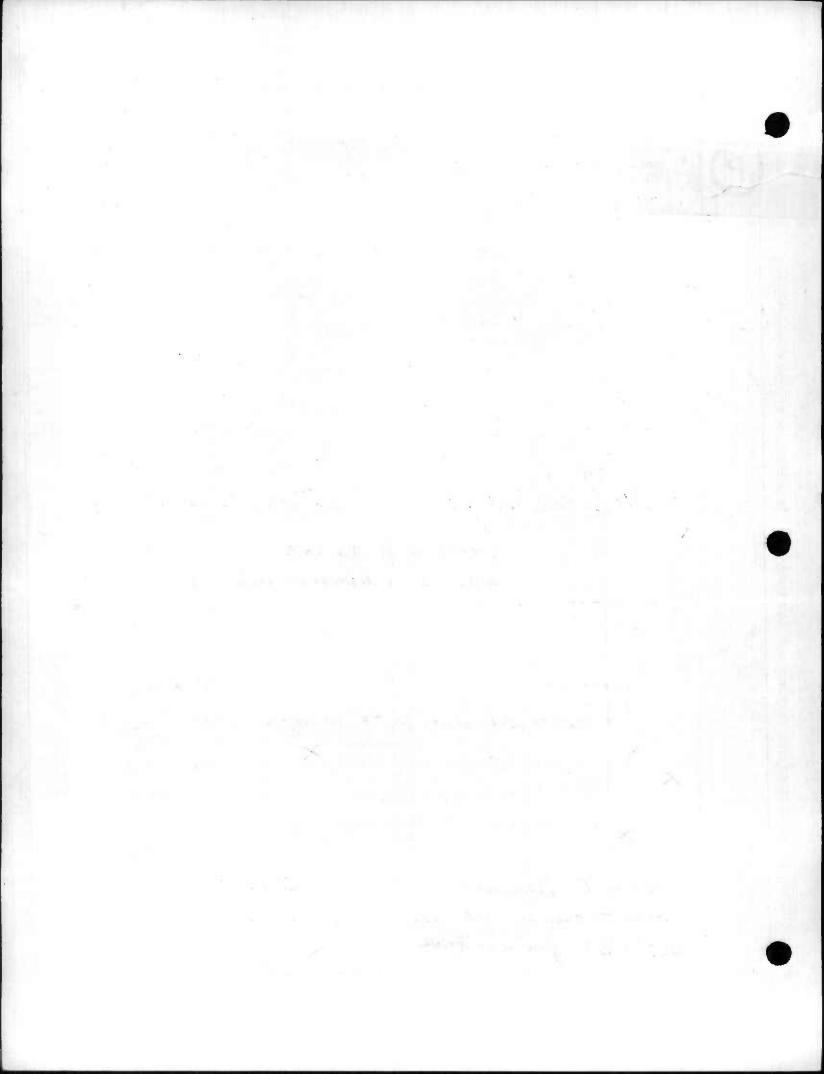
Steven Turnamian
31. DATE FILED (Month, Day, Year)
DEC 18 1991

8

MD

Salisbyny

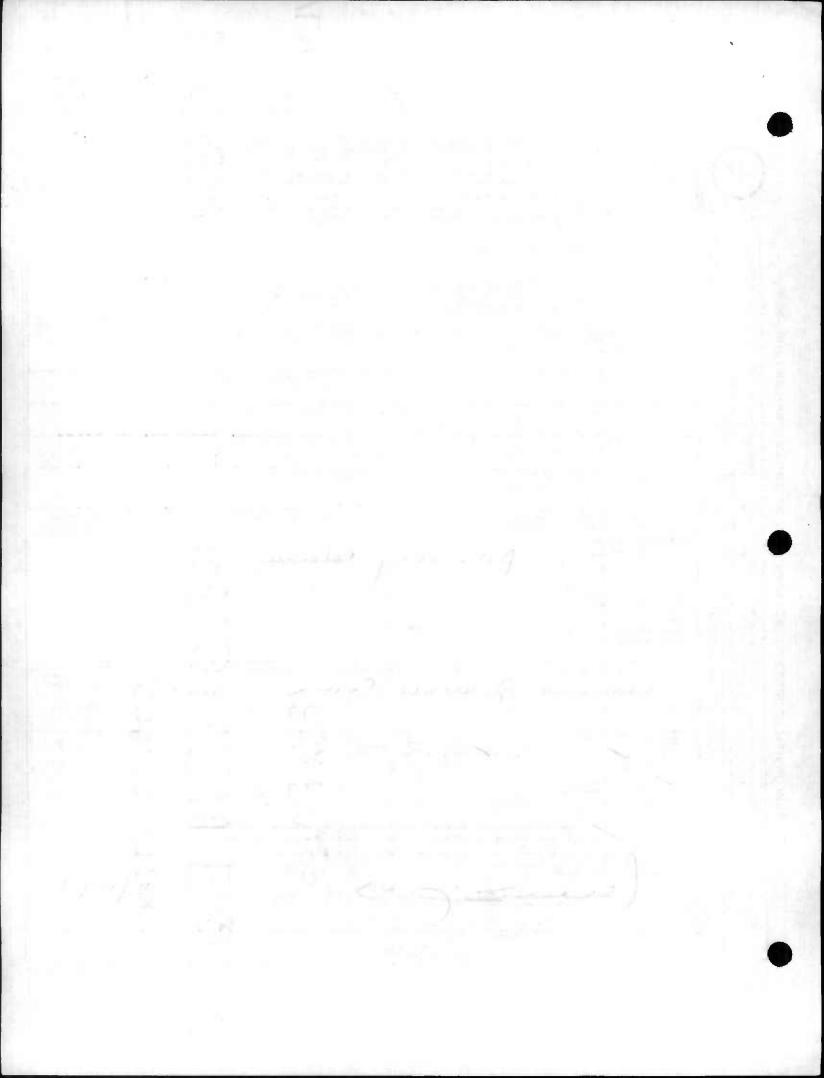
Avenue



1 - FOR STATE REGISTRAR

		75				2. DATE OF DEATH D	AY YE	AR 3. TIME C	
	Margaret  4. SOCIAL SECURITY NUMBER	Dyer 6. AG	E (In yrs. lest birthd	Ander		December			50
	579-16-0714	1 M 2 F	96 YR	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12/09/18	- 1	SIRTHPLACE (Str Country)	
ŀ	9a. FACILITY NAME (If not institution, give	22	70	9b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY	arylar of DEATH	la
1	Physicians Memor	rial Hospita	1	La P	lata, Mar	yland	Ch	arles	
Ã	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	ry	10c.	CITY, TOWN OR LOC	ATION			10d. INSI	DE CITY
	Maryland C	Charles		Charles	County 1	Nursing	Home	1 X YES	2 NO
	10e. STREET AND NUMBER				Of. ZIP CODE			OF WHAT COU	ITRY7
- ONE HOL	Rt 488	La vas seessa			20646		U.S.		
- 11	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes,	ECENDENT OF HISPANI specify Cuban, Mexican ES 2 NO Specify:	C ORtGIN? (Specify Ye , Puerto Rican, etc.)	e or No—   14.	RACE — Americ Black, White, at Specify:	en Indien, C.
	3 Widowed 4 Divorced				X			White	
E LED	15. DECEDENT'S EDU (Specify only highest grad	le completed)	16a. DECEDEN (Give kind	IT'S USUAL OCCUPAT of work done during r OT use retired.)	TION most of working	16b. KIND OF BU	ISINESS/INDUST	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		l Secret		Law			
	17. FATHER'S NAME (First, Middle, Last)	2	педа	r becre		IE (First, Middle, Maider	Surname)		
	Unknown				Unknov	vn			
2	19e. INFORMANT'S NAME (Type/Print)				t end Number or Rural Re			•	
-	William Brawne			Spring	brook La		nton.		735
1	1 M Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	St. Ign	atory or other place)	Cemetery	12/21 C	hanel	Point	М
1	21. SIGNATURE OF FUNERAL SERVICE L		)	22, NAME	AND ADDRESS OF FAC	ILITY			, 111
	* Whichou	11. to	morel		nart Fund Box 567				6
CATION		b	S A CONSEQUENC				2		
TIFIC	Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C DUE TO (OR A	S A CONSEQUENC	CE OF):					
EDICAL CERTIFI	if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	d		ing in the underly	ing ceuse given in i		RMED?	OF DEATH	E PRIOR TO
: MEDICAL CERTIFI	if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition	d	h but not resulti	ing in the underly	wex	PERFO	RMED?	AWAILABL COMPLET OF DEATH	E PRIOR TO ION DF CAU I?
: MEDICAL CERTIFI	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	h but not resulti	ing in the underly	PLACE OF DEATH (Che	PERFO 1 YES	RMED?	AWAILABL COMPLET OF DEATH	E PRIOR TO ION DF CAU I?
PHYSICIAN: MEDICAL CERTIFI	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:  1   Inpetient 2   ER/C    28e. DATE OF INJUR (Month, Day, Yea	h but not resulting the but not result not resulting the but not r	26. OTHER: A   OTHER: TIME OF   128c.   11NURY	wex	PERFO 1 YES	RMED? 2 □-NO	AWAILABL COMPLET OF DEATH 1 YES	E PRIOR TO ION DF CAU I?
BY PHYSICIAN: MEDICAL CERTIFI	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1   Inpatient 2   ER/C	Dutpatient 3 DO	26. OTHER: A   OTHER: TIME OF   128c.   11NURY	PLACE OF DEATH (Cheo	PERFO 1 YES  ck only one) 8 Other (Specify)	RMED? 2 NO INJURY OCCUR	AWAILAD COMPLET OF DEATH 1 YES	E PRIOR TO ION DF CAL ? 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending trivestigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/C 28e. PLACE OF INJUE 28e. PLACE OF INJUE	Dutpetient 3 DC RY 26b. URY — At home, fa	26. OTHER: A 4 Nursing H. TIME OF INJURY M 1 1	PLACE OF DEATH (Che  DOME 5   Residence 3  NJURY AT  NOOK?  YES 2   NO  fice	PERFO 1 YES  1 YES  Other (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	INJURY OCCUR	AWAILABL COMPLET OF DEATY 1  YES	E PRIOR TO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) MEDICAL EXAMINER.	HOSPITAL: 1 Inpetient 2 ER/O 28e. PLACE OF INJUI 28e. PLACE OF INJUI 30 SICIAN: To the best of my kr 4ER: On the beste of examinater	Dutpatient 3 Do RY 26b.  URY — At home, fa  Specify)  nowledge, death oc ation end/or investi	26. OTHER: DA 4 Nursing Hi TIME OF 28c. IINJURY M 1 Coursed at the time, digestion, in my opinion	PLACE OF DEATH (Che  DOME 5   Residence 3  NJURY AT  NOOK?  YES 2   NO  fice	PERFO 1 YES  1 YES  1 YES  1 YES  28d. Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  to the ceuse(s) and multime, date end place, e	INJURY OCCUR  and Number or in	AWAILAN COMPLET OF DEATH 1 YES  Fural Route Numi  GNED (Month, D	E PRIOR TO ION DF CAU? 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending trivestigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 ER/O 28e. PLACE OF INJUI 28e. PLACE OF INJUI White Complete	Dutpatient 3 Doc RY 26b.  URY — At home, fa Specify)  DEA[H (ITEM 27)	26. OTHER: DA 4 Nursing H. TIME OF 28c. INJURY M 1 Coursed at the time, digestion, in my opinion (Type, Print)	PLACE OF DEATH (Cheome 5 Recidence : NJURY AT WORK?  YES 2 NO ffice  Interest of the state and place, and due to death occurred at the interest of the state and place. LICENSE NUM  D-2599	PERFO 1 YES  1 YES  1 YES  28d. Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State  to the ceuse(s) and milime, date end place, e	end Number or Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial	AWAILABI COMPLET OF DEATH 1 YES  FLORE Rural Route Numb	E PRIOR TO ION DF CAU? 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	_	
1. DECEDENT	l.	
CHL	1	
4. SOCIAL SEC	î	
218-12		
	- 12	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR				CERTIF	ICATE (	OF D	EATH	1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  2.						2. [	2. DATE OF DEATN MONTH DAY Y			3. TIME OF DEATN		
CHLORA				ANDERSON							1991	3:40 a M
		6. AGE (II	n yrs. last birthday)	IF UNDER 1 Y		UNDER 24	HRS. 7. 0	ATE OF BIRTH	,	S. BIRTH	NPLACE (State or Foreign	
218-12-0462		1 M 2 X F	68	YRS.	MONTHS D	AYS HO	OURS N	ww. 6-	Month, Day, Year)		Mary	ที่ใand
90. FACILITY NAME (If not ins	titution, give s	reet and number)			9b. CITY, TO	WN OR L	OCATION	OF DEATN		9c. COL	JNTY OF D	EATH
Doctors C	Commun	ity Hosp	ital		La	nhan	n			Pri	nce	George's
RESIDENCE OF DEC	10b. COUNTY			40.00							nce	
Maryland		ice Georg	е		tsvil							10d. INSIDE CITY LIMITS?  1 YES 2 NO
100. STREET AND NUMBER	107. 21P CODE 10g. CITIZEN OF WHAT COUNTRY?									WHAT COUNTRY?		
A MARKET CATALO												
3 Wildowed 4 Divon	11. MARITAL STATUS  1											
(Specify only	DENT'S EDUC highest grade	completed)		16e. DECEDENT'S (Give kind of	Work done during the retired.)	PATION og most of	working		16b. KIND OF BUS	SINESS/IN	OUSTRY	
Elementary/Secondary (0- 12	12)	College (1-4 or 5 +	-)	Librari					Beltsville Eleme			entary Sc.
17. FATHER'S NAME (First, Mic	ddle, Lest)					18.	. MOTHER	'S NAME (F	irst, Middle, Maiden			3 300
George Sull	ivan							ra Pi				
19a. INFORMANT'S NAME (Ty)	pe/Print)			19b. MAILING	ADDRESS (St	reet end N	lumber or i	Rural Route	Number, City or Town	n, State, Zi	o Code)	
William G. /		on		12521	Old G	unpo	wder		Beltsv	ille	, MD.	
20e. METNOD OF DISPOSITIO  1 X Burlal 2 Cremetion  4 Donetion 6 Other (	3 Reme	oval from State		PLACE AND DATE OF THE PLACE AND DESCRIPTION O				terv1	2-16 20c. LO		lphi,	
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSPE	7		22. NAN	E AND A	DDRESS (	OF FACILITY	,			
1 Colal	letu	load	ese						lome, Ind na Rd.		rol I	MD 20707
23. PART i. Enter the dis	easas, or c	omplications that	t caused.	tha death. Do r	not enter the	mode	of dying,	, such as	cardiac or raspi	ratory ar	rest,	Approximate
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure Liet only disease or condition.  Approximate interval Between Oneet and Death disease or condition  a.												
	1	DUE TO	(OR AS A	CONSEQUENCE OF	f):							
Sequentielly list condition		DUE TO	(OR AS A	CONSEQUENCE OF	F):						-	
ceuse. Enter UNDERLYIN CAUSE (Disease or Injur		1										
that initiated events resulting in death) LAST		OUE TO	(OR AS A	CONSEQUENCE OF	F):							
raeoliting in death) LAST												
PART II. Other eignificen	t condition	s contributing to	death bu	t not resulting	in the under	lvina ca	use give	n in Part	i. 24a. WAS AN	ALITOPRY	24b	. WERE AUTOPSY FINOINGS
						.,	3.10		PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 YES 2	□ NO		OF DEATH?
												1 TES 2 NO
25. WAS CASE REFERRED TO	MEDICAL				2	R DI ACE	OF DEAT	H (Check on	tu ana)			
EXAMINER?		HOSPITAL:	ED/O	alina a 🗆 pos	OTHER:							
27. MANNER OF DEATN		1 Impatient 2   28a. DATE OF		28b. TIM		Home 5			Other (Specify)	LILIEN OO	011050	
1 Natural 5 P	ending vestigetion	(Month, Da	ny, Year)		URY	WORK?	2   NO		OEŞCRIBE NOW IN	JURY OC	CUHED	
3 Suicide 6 Could not be determined Could not be determined City or Town, State)  26e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)  26f. LOCATION (Street and Number or Rural Ploute Number, City or Town, State)									loute Number,			
29e. CERTIFIER Check adv 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as attated.												
MEDICAL EXAMPLE: On the basic of examination and/or investigation, in my opinion, dasth occurred at the time, date end place, and dua to the cause(e) and manner ee stated.												
7777 61   ATE SIGNED (Month, Day, Year)												
29 NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF DEAT	TH (ITEM 27) (Type,	Print)	ORG	10	28	Carho	~, _	n 2	. 7 . 4
31. DATE FILED (Month, Day, Year)  DE 0 1 7 1991  32. REGISTBAR'S SIGNATURE  DE 0 1 7 1991												

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	is flours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-tra- on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trap be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGI					
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	DAY	WEAR.	3. TIME OF DEATH						
	WILLIAM	RUSSELL		AKER, I	II	12		9 1	5:45 A M		
	4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest				7. DATE OF BIRTH (Month, Day, Yea		S. BIRTH Country	PLACE (State or Foreign		
		1 M 2 F	15 YRS.	MONTHS DAYS	HOURS MIN.	8 23			h.D.C.		
1	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUN				
DIRECTOR	FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK  BESIDENCE OF DECEMENT  100. STATE  100. COUNTY  100. COUNTY										
	Md. Mon	Dicker:					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
COMPLETED BY FUNERAL	100. Street and number 18315 Comus Road				101. ZIP CODE 109. CITIZEN OF WHAT COULD U.S.A.						
	11. MARITAL STATUS  1 Mover Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify: White						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  9th  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Student										
BE CO	17. FATHER'S NAME (First, Middle, Last) Wm. Russell Baker, Jr.				Sherr	MOTHER'S NAME (First, Middle, Maiden Surname) Sherry K. McGraw					
2	Wm. Russell Baker, Jr.  19b. Mailing address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18315 Comus Rd. Dickerson, Md. 20842								842		
	20a, METHOD OF DISPOSITION 1 Paurier 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State  Monaco Control 1 Paurier (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Monocacy 12/17 Beallsville, Md.  22. NAME AND ADDRESS OF FACILITY Hilton Funeral Home										
	* Wm C /4	litte				sville H	Rd. Ba	rne	sville,Md		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.										
ERTI	resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST  d.									
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in it					Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL  28. PLACE OF DEATH (Check only one)										
Sic	EXAMINER?	HOSPITAL:	tions 2 🗆 en	OTHER:							
¥	27. MANNER OF DEATH	1 ☐ Inpetient 2X XR/Outpet 28s. DATE OF INJURY	28bcTIM		URY AT	6 Other (Specify)	W IN ISSUE AGO:	DEO -	BJECT WAS		
ВУР	1 Natural 5 Pending	(Month, Day, Year)	1.5	+ Jall W	PRK? YES 2 V ND	CUP TECT	CUAF	0.7	100		
	- House					281. LOCATION (Street end Number or Rural Route Number,					
	3 Suicide 4 Homicide  a Could not be determined  26e. PLACE OF INJURY — At home tarm, street, factory, effice AT building, stc. (Specify)						12110-B OLD FREDERICK RD.				
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. FREDERICK, MD and MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.										
BE O	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU				IGNED (Month, Day, Year)					
		(+WD			O.C.M.	Ε.	▶12				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DONALD G. WRIGHT MD DOME 111 PENN STREET, BALTIMORE, MARYLAND 212											
	31. DATE FILED (Month, Day, Year) DEC 3 1 199	32. REGISTRAR'S SIGNAT	URE Bands	00							

~30 (E)

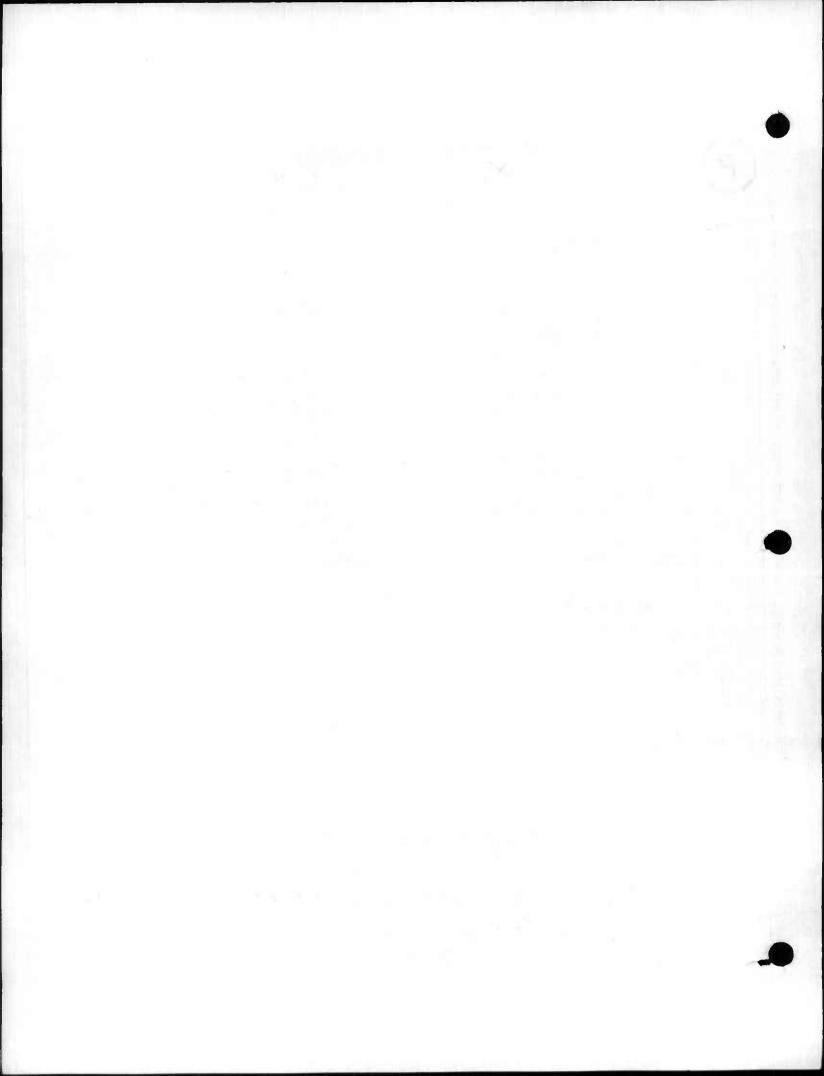
17

-----

- "

1 100 L 1 1 5 E 5

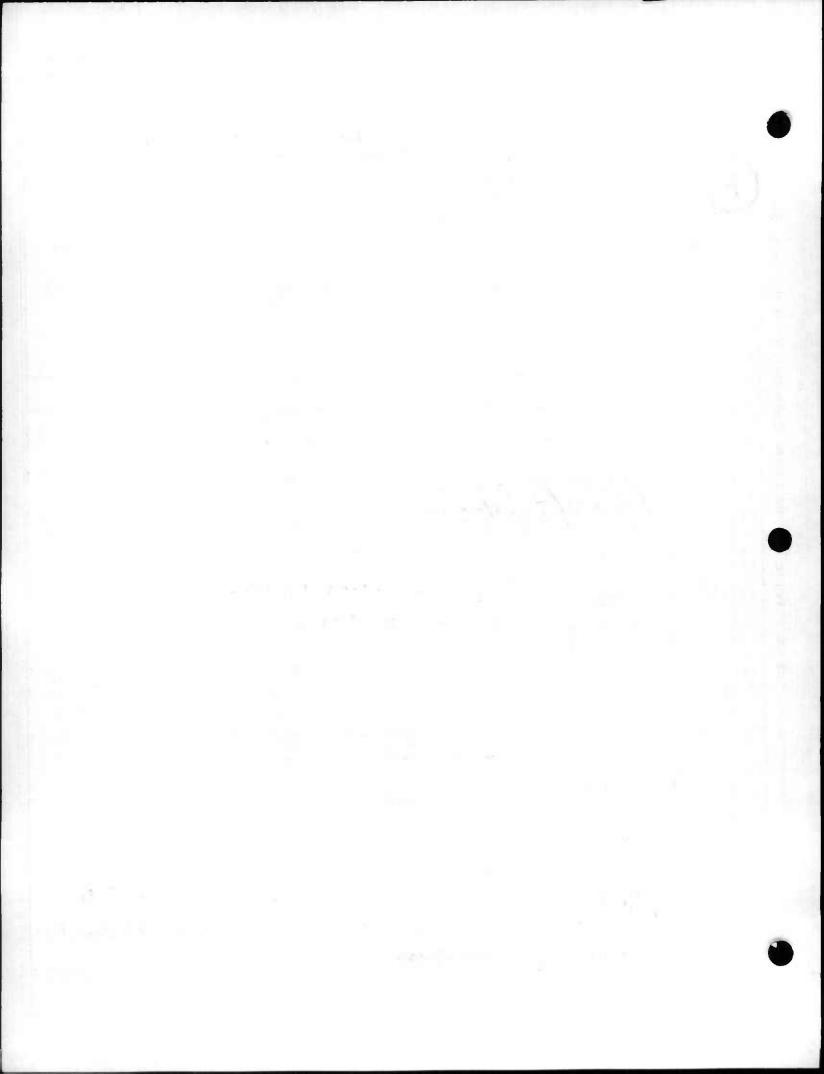
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH Natalie Nicole Bolden 11:53 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F 11/29/91 1 Mary land 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH AVE Memorial Hospital Easton Easton Talbot RESIDENCE OF DECEDENT Pages: 1. 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? o Maryland Caroline Federalsburg permit. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 4006 University Apartments for use as the burial-transit 21632 U.S.A. Aurs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS N / A
1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) N/A detached N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 9 Nathaniel Bolden notified at BE Teresa Johnson funeral director, page 5 should 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21632 Nathaniel Bolden 4006 University Apts. Federalsburg, og 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State 1X Burial 2 Cremation 3 Removal from State Federal Donation 5 Other (Specify) Federalsburg Cemetery MD medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY nam 8 n and completely filled in by the to bunal, cremation, or removal. sourg 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dring, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each lina. Interval Beg IMMEDIATE CAUSE (Final Onset and Death the disease or condition OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the aftending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremain .Cardiorespiratory event, resulting in death) Arrest DUE TO (OR AS A CONSEQUENCE OF): traumatic Extreme Prematurity CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other t DUE TO (OR AS A CONSPOUENCE OF) that initiated events RECORDS, P.O. resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate in the State HOSPITAL:
1 XInpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 99 COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 28 4 Homicide item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. FUNERAL ( within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and memor as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 77
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Fayette Engstron, M.D. 29d. DATE SIGNED (Month, Day, Year) 13/91 D41160 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 510 Idlewild Ave., Easton, Md. 21601 Fayette Engstrom, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Savidson-Randall 91 DFC 4



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the hospital or attending physicis
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funal-li
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. OECEDENT'S NAME (First, Middle, Last)	- I III	CERTIF	ICATE OF	DEATH	MENTAL HYGIEN		
	Viola W.		Be	11	2. DATE OF OEATH	AY .	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-09-4159	1 🗆 M 2 💢 F	AGE (in yrs. lest birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/6/19	8	BIRTHPLACE (State or Foreign Country)  Or . Co., M
90. FACILITY NAME (If not institution, give s PENINSUAA GE) RESIDENCE OF DECEDENT		TAL		SBURY	EATH		Y OF DEATH
	chester		ry, town on Local ienna	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
Rd. 1, Box 224				21869		U.	N OF WHAT COUNTRY?
1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 X NO	It yes, ap	CENDENT OF HISPAI ecity Cuben, Mexice 2 NO Spect	NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	s or No 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	160. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON st of working	16b. KIND OF BU		TRY
17. FATHER'S NAME (First, Middle, Last)	Jasper Wi		rker		ME (First, Middle, Maiden Willey		
190. INFORMANT'S NAME (Type/Print) Lloyd B. Bell		19b. MAILING		and Number or Rural i	Poute Number City or Tow ienna, M		
20e. METHOD OF DISPOSITION  1 So Burlel 2 Cremetion 3 Rem. 4 Donetion 5 Other (Specify)		20b. PLACE AND DATE cemetery, crematory or of East New	Marke N Marke N Marke	t Cem.]	2/12/91	E. Ne	y or Town, State  W Market, M  uneral Hom  sburg, Md.
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Card  DUE TO (OR)  DUE TO (OR)  Card	iac Aras a consequence of as a consequence of a consequen	HEAR	t Fail	ure		interval Betwee
CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	4	AS A CONSEQUENCE O	P):	Mia			
that initiated eventa	dis contributing to deal			M \ A	Part I. 24a. WAS AN PERFOR	IMED?	AVAILABLE PRIOR TO
that initiated eventa reaulting in death) LAST	d	th but not resulting	in the underlying 28. PL OTHER:	G cause given in	PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated eventa reaulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	HOSPITAL: 1   Inpatient 2   ER/	Outpatient 3 DOA	26. PL OTHER: 4   Nursing Hom E OF URY M 1   1	ACE OF DEATH (Che	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
That initiated eventa resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined	HOSPITAL: 1   Inpatient 2   ERV 28e. DATE OF INJU (Month, Dey, Ve) 28e. PLACE OF INJ building, etc. (	Outpatient 3 DOA RY 28b. TIM INJ	26. PL OTHER: 4   Nursing Hom E OF	ACE OF DEATH (Che  5	PERFOR  1 YES 2  ick only one)  6 Other (Specify)  28d. DESCRIBE HOW II  City or Town, State)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
That initiated eventa resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	HOSPITAL:  1 Inpatient 2 Rev  28e. DATE OF INJU  (Month, Dey, Ve)  28e. PLACE OF INJ building, etc. (	Outpatient 3 DOA RY 28b. TIM INJ URY — At home, ferm, (Specify)	28. PL OTHER: 4   Nursing Hom E OF 26c. INJI URY M 1   1	ACE OF DEATH (Che  5  Residence  URY AT  RK?  (ES 2  NO  end plece, end due	PERFOR  1 YES 2  ick only one)  6 Other (Specify)  28d. DESCRIBE HOW II  26t. LOCATION (Street of City or Town, State)  to the cause(a) end man	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
That initiated eventa resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 1 CERTIFIER PHYSIC (Check only one) 2 MEDICAL EXAMINE	HOSPITAL:  1   Inpatient 2   ERV  28e. DATE OF INJU  (Month, Dey, Ye  26e. PLACE OF INJ  building, etc. (  CIAN: To the best of my k  R: On the besis of examin	Outpatient 3 DOA RY 28b. TIM in J URY — At home, ferm, ( Specify)  nowledge, death occurre	26. PL  OTHER: 4   Nursing Hom E OF URY M 1   1   1	ACE OF DEATH (Che  5	PERFOR  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2  1 YES 2	NJURY OCCUR	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO



_	1 - STATE REGISTRAR	SIAIL OF M	CERTIF	ICATE OF	DEATH	MENIAL HYG			
	1. DECEDENT'S HAME (First, Middle, L MARK	ELDER		BATSO	N	2. DATE OF DEAT		997	3. TIME OF DEATH 7:05 P.M
	4. SOCIAL SECURITY HUMBER		6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н		PLACE (State or Foreign
	9a. FACILITY HAME (If not institution, s	1 M 2 F	33 YRS.		HOURS MIN.	8-14	-58	DEAY	Ford, DE1
G B	AMERICAN CORN	ER ROAD		DENTON	OR LOCATION OF	DEATH		HTY OF DE	
DIRECTO	RESIDENCE OF DECEDEN		10c. C/7	y, TOWN OR LOCA	ПОН		TOTAL		10d. INSIDE CITY
		arolina	P	RESTOR	7				LIMITS?
ERAL	100. STREET AND NUMBER	A		10	. ZIP CODE		10g. CITI	ZEH OF WH	HAT COUNTRY?
FUNER	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED YES 2 NO	13. WAS DEC	EHDEHT OF HISP	AHIC ORIGIN? (Specifican, Puerto Rican, etc.	ly Yea or No-	14. RACE -	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA			2 NO Spec		.,	Specify	IK.
TED	15. DECEOENT'S (Specify only highest of	EDUCATION trade completed)	16a. DECEDENT'S (Give kind of Me. Do NOT u	USUAL OCCUPATION	OH st of working	/	F BUSINESS/IND	1	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	LAK	00/		HAm,	oton N	AVAI	PARC
	17. FATHER'S NAME (First, Middle, Last	1 12.1	San	****	18, MOTHER'S N	AME (First, Mickello, Mr.	siden Surname)		<u></u>
) BE	194 HIF CAMANT'S, NAME (Type/Print)	er Extris		ADDRESS (Street a	nd Number or Ruse	l Route Number, City o	r Town, State, Zio	Code)	
5	105A188 BX	atsun	R+1	BOX.	33 Se	Harl	Dels	we	W19923
	20a.METHOD OF DISPOSITION    Buriel 2   Cremation 3   1  4   Donation 5   Other (Specify)	Removal from State	20b. PLACE AND DATE		te 211	DATE 20	c. LOCATION —	City or Tow	n, State
	21. SIGNATURE OF FUHERAL SERVICE	E LICENSEE	1 Veteran	22. HAME A	D ADDRESS OF F	ACILITY W	7747100	X, //	(4
	Lussell	A food	0	1000	of var	1574 -	SA/Islu	ury,	11 21801
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	b. OUE TO (O	WOUND OF CHE OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	F): F):					Interval Between Onset and Daeth
O	PART II. Other significant condi	tions contributing to d	eath but not resulting	in the underlying	causa givan Ir	Part I. 24e. WW	S AN AUTOPSY	24b W	VERE AUTOPSY FINDINGS
MEDICAL						PER	RFORMED?	a d	WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAN	25. WAS CASE REFERRED TO MEDICA			28 Pt	ACE OF DEATH (C	hack only one)			
PHYSICI	EXAMIHER?	HOSPITAL: 1   Inpatient 2   E	R/Outpatient 3 DOA	OTHER:		6 √ Other (Specify)	AMERI	CAN	CORNER R
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF IH (Month, Day, 12 → 14 →	JURY 26b. TIM 1NJ 1991 5:00	E OF 28c. INJ	JRY AT	SUBJEC	OW INJURY OCC	URED	LITENER R
ED BY	2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	28s. PLACE OF I	HJURY — At home, larm, a	street, factory, affici		281. LOCATION (St. City or Town, S	reet and Number		ite Number,
H	20. CERTIFIER			ROUND		AMERIC			ROAD
COMPL	(Check only one) 2 MEDICAL EXAM	IVSICIAN: To the best of m	y knowledge, death occurri mination and/or investigation	n, in my opinion, d	and place, and du eath occured at the	e to the cause(a) and a lime, data and place	manner as state s, and due to the	d. cause(s) s	and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFICATION	FIER			29c. LICENSE NU	MBER	29d. DATE	SIGNED (A	Aonth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON		OF DEATH (IXEM 27) /X	Print)	O.C.M	.Е.	▶ 12	-15-	1991
	DONALD G WRIGHT	MD DCME	111		TREET	BALTIMO	RE MAR	YLAN	ND 21201
10	DEC 1 8 1991	GIAL PEREIDAL	Parce House of the						
VA		U							

111 - 313-1

EX C 1 II OIL

E. T.

y) 1 1 10 100

127 17 18

YEAR

9c. COUNTY OF GEATH WICOMICO

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. RACE — American Indian, Black, White, atc. Specify: WHITE

3. TIME OF DEATH

22 20

10d. INSIDE CITY LIMITS? 1 YES 2 NO

8. BIRTHPLACE (State or Foreign MD.

December 13 1991

		1. DECEDENT'S NAME	(First, Middle, Last)			A.			9	R.	MONTH		DAY	
		4. SOCIAL SECURITY N		5. SEX	6. AGE (In yrs. I			am		-		embe	v/3	
(20	1	217-05-1	L341	1 M 2 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE 0 (Month, 4-1-	-191	9	
	Je.	90. FACILITY NAME (# / PENII	NSULA GI	street and number) ENERAL HC	SPITAL		9b. CIT	SALI	SBURY	N OF DEA	ATH		9c. C	
lin =	75	RESIDENCE OF												
No. 2	DIRECT	10a. STATE	10b. COUNT					OR LOCAT						
ŧ	1	MD .  10e. STREET AND NUM		OMICO		FR	0111	LAND						
it permit	RA		ELDON A	AVE				101	218	26			10g. C	
trans	FUNERAL	11. MARITAL STATUS	TOOM A											
21215-0020 I or attending physician. for use as the burial-transit	BY	1 Never Married 2 3 Wildowed 4		FORCES?	NT EVER IN U.S. A 1 YES 2X WAR OR DATES		13.	WAS DEC If yes, sp 1 YES	ENDENT OF scify Cubso, 2 XNO	HISPANI Maxican, Specify:	C ORIGIN? , Puarte Ri	(Specify Ye can, atc.)	s or No-	
1215 r attend use as	9	15. (Specify	DECEDENT'S EDI	UCATION		ECEDENT'S					16b. i	KIND OF BU	ISINESS/	
MARYLAND 21 retained by the hospital or 5 should be detached for un	COMPLETED	Elementary/Seconda		College (1-4 or 5		Give kind of the Do NOT us	se retired.)	aunng mo	st of working			TIM	BER	
AN etach	O	17. FATHER'S NAME (Firs	st, Middle, Last)				_		18. MOTHE	R'S NAM	F (First Mi	ddle, Maiden	Succession	
2 8 4 K	C	GEORGE	L. BE	AUCHAMP	,SR.							E HE		
MARYLAND retained by the hospit 5 should be detached	) BE	19e. INFORMANT'S NAM	NE (Type/Print)		1	9b. MAILING	ADDRES	S (Street a	nd Number o	r Rural Ac	oute Numbe	r. City or Toy	vn. Stata	
E, MARYLAN y be retained by the horage 5 should be detach	5	EDNA B.	BEAUC	HAMP		504								
BALTIMORE, MARYLAND 21215-0020 rouns after death. Page 6 may be retained by the hospital or attending physician of in by the funeral director, page 5 should be detached for use as the buriat-tran or removal.		20e. METHOD OF DISPOSITION  1 To Burfal 2 Cremation 3 Removal from State  Complexy, co											CATION	
		4 Donation 5 Dother (Specify) SPRINGHILL MEM . GARDENS HEBRO												
LT.		· Lund ( Brune 1 10 ADDRESS OF PAULITY												
BA rs after de n by the h removal.		23. PART I. Enter the diseases, pr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory of												
760, ed within 24 rompletely fille al, cremation,		shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
P.O. BC th certificate ending physic Hygiene pri	CERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):												
RECORDS, requires that the deal seen signed by the att. of Health and Menta shows any Inlury.	EDICAL	PART II. Other signi	ficant condition	ns contributing to	death but not	resulting	in the ur	ndarlying	cause giv	ven in P	art I. 2	4a. WAS AN		
RECOR equires that en signed by of Health and	ğ					<del>.</del>					_	T YES 2	NO 🗌	
requi	Σ										_			
	Z	25. WAS CASE REFERRE	D TO MEDION											
N: The ficate has State D	O O	EXAMINER?	D TO MEDICAL	HOSPITAL:			OTHE		ACE OF DEA	TH (Checi	k only one)			
Sertific the Sertific	148	1 YES 2 NO		1 Inpatient 2					5 🗆 Resi	-				
NG PHYS fiter this ceath with	ВУ Р	1 Netural 5	Pending Investigation	28a. OATE OF (Month, E		26b. TIM	E OF URY M	28c. INJU WOI 1 Y	PRY AT RK?		26d. DESC	RIBE HOW I	NJURY O	
ISIC TTENDI TOR: A after d	9	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26s. PLACE C building,	OF INJURY — AI h etc. (Specify)	ome, farm, s	itreet, fact	lory, office		2	261. LOCAT City or	ION (Street Town, State)	and Numb	
로 보었는	COMPLET	29a. CERTIFIER (Check only one)	ERTIFYING PHYS	ICIAN: To the best of	my knowledge, d	eath occurre	d at the t	ime, data	and place, a	nd dua to	the cause	e(s) and mai	nnar as s	
THE HOSPITAL THE FUNERAL I filed within 72 h		296 SIGNATURE AND Y		ER: On the basis of a	and/or	rvestigatio	ii, iii my c	pinion, de				nd place, an	d due to	
TO THE HOSP! TO THE FUNER be filed within	TO BE	Melli	shuft	Meon					29c. LICEN	SE NUMB	ER		29d. D/	
	F	30. NAME AND ADDRESS												
	/	William B.	MOORE	III DAV	is Street	SA	lish	uny 1	nd,	2180	01			

Julia Valydon-Andres

DEC 1 7 1991

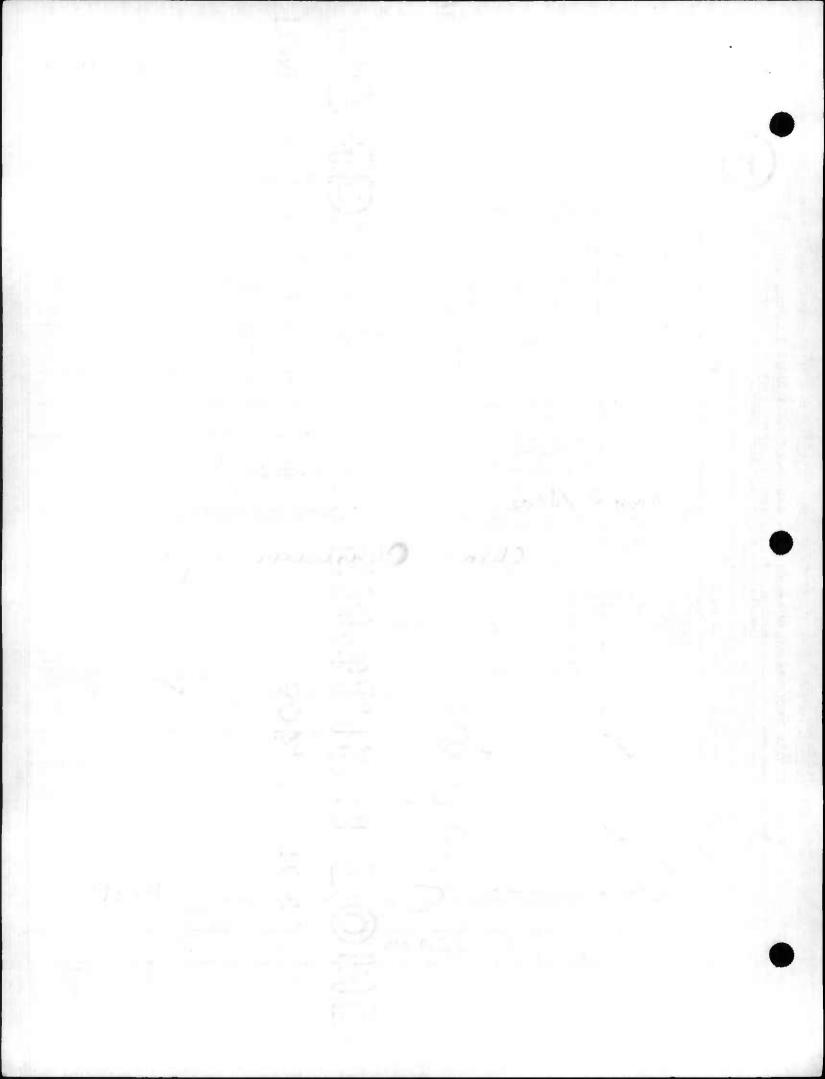
DEC 17 1981 Service France

TO BE COMPLETED BY FUNERAL DIRECTOR

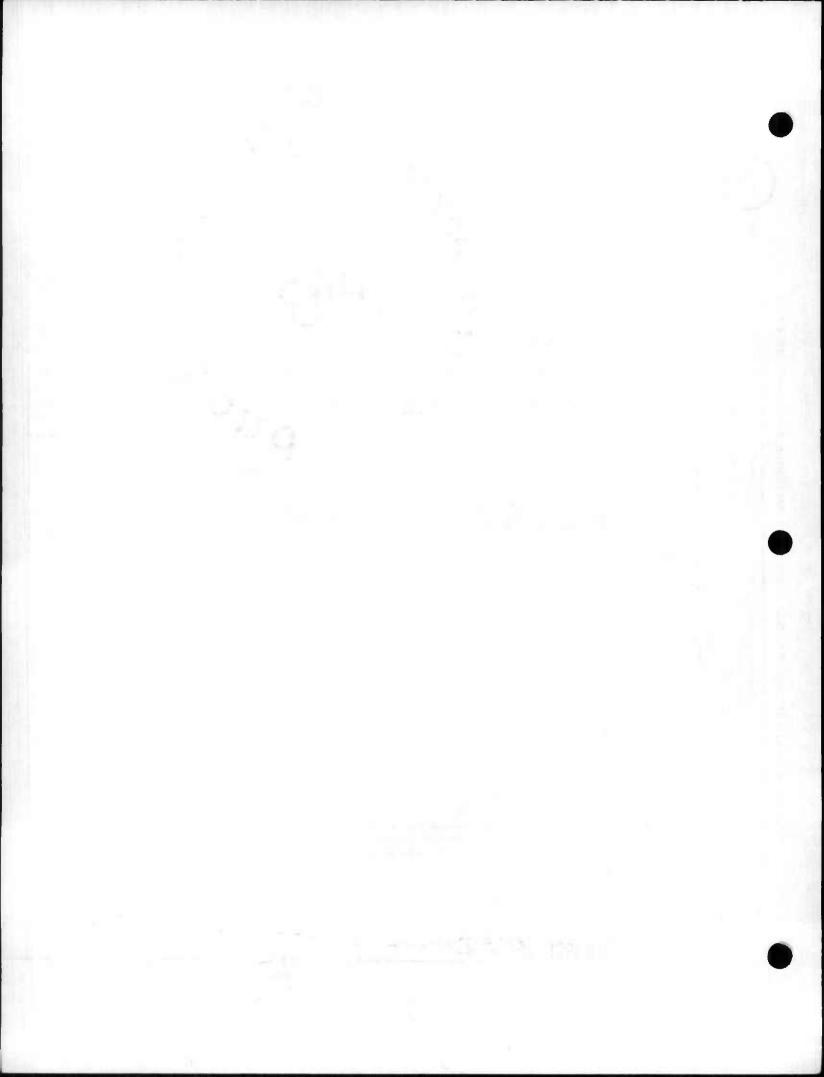
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA	ARTMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO	E	1.
1. DECEDENT'S NAME (First, Middle, Last)		2 11			2. DATE OF DEATN	- 5.10	3. TIME OF DEATN
Lucious	D.	BA	Rown		December		1035 A H
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthda)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	/ A 8/8	THPLACE (State or Foreign
149-01- 2357		92 YRS.	MONTHS DAYS	HOURS MIN.	5 Month 5 ay. 1089	99 8	Carolina
9a. FACILITY NAME (If not Institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUNTY OF	
PENINSULA GI	ENERAL HOSPI	TAL	SAT	ISBURY		WIC	OMICO
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT			TY. TOWN OR LOC				
Maryland Wic	- mi		alisbu				10d, INSIDE CITY LIMITS?
10e. STREET AND NUMBER	omico	D		of, ZIP CODE			1 TES 2 NO
520 Bailey La	ne			21801			WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED			NIC ORIGIN? (Specify Yea	LUS A	OF 1-1-1-1
1 Never Married 2 Merried	FORCES? 1 YE	S 2 NO	If yes, s	pecify Cuban, Mexica	in, Puerto Rican, etc.)	816	CE — American Indian, ick, White, etc.
3 Widowed 4 Divorced	11 120, 0112 1841 011	OAIES	10,15	S 2 NO Specif	y:	Sp	Black
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEDENT	'S USUAL OCCUPAT	ION	16b. KINO OF BUS	SINESS/INDUSTRY	DIACK
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ost or working			
13		Labo	rer		Nor	ne	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
Carolina Brown	n				Cooper		
19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street	and Number or Rural	Route Number, City or Town		
Alice Moore		8818	S. Maj	St. Ch	nicago, I	[1. 606	20
20s, METHOD OF DISPOSITION  Surial 2 Cremation 3 Rem	loval from State		E OF DISPOSITION (A			CATION - City or	
4 Donation 5 Other (Specify)		Isreal'	Memoria	l Cem.	12-14 LOI	cetta,	Md.
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ND ADDRESS OF FA	CILITY	821 We	st Rd.
The second secon	3. Stew				Stewart-S	Salis.N	
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	a. Car	A CONSEQUENCE	arv	ley Bri	n as cerdiac or respi	ratory arrest,	Approximate interval Between Onset and Death
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):				
PART II. Other significant condition	es contributing to death	but not resulting	In the underlyin	a course alves to	Part I. 24s. WAS AN		
- Marie	Reul Fa	1 20	\$ 0.6	y Course given in	PERFOR		b. WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO
- Nexich	1 1	A	10 00	J. Zevyn	1 TYES 2	NO	OF DEATH?
( ) suc	1 pinari	aci			+		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMPLER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
27. MANNER OF GEATN	1 Inpetient 2 ER/Ou			ne 5 Residence			
1 Natural 5 Pending	(Month, Day, Year)		JURY W	URY AT	26d. DESCRIBE NOW IN	JURY OCCURED	
2 Accident Investigation 3 Suicide a Could get be	28s. PLACE OF INJUR	EV — At home, form		YES 2 NO			
4 Nomicide a Could not be	buffding, atc. (Sp	ecify)	acrest, ractory, orm	•	28I. LOCATION (Street a. City or Town, State)	nd Number or Rural	Route Number,
29a, CERTIFIER							
(Check only CERTIFYING PNYSI	CIAN: To the best of my kno	wiedge, death occur	rred at the time, date	and place, and due	to the cause(a) and man	ner as stated.	
	R: On the basis of examinati	on and/or investigat	ion, in my opinion,	leath occured at the	time, date and place, and	due to the cause	(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIES	N	//	/	29c. LICENSE NUN	IBER	29d. DATE SIGNE	O (Month, Day Year)
Devita	7/	raw		0-2	0050	12/	6/9/
30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF D	EATN (ITEM 27) (Type	e, Print)	10.	0	2)	1///
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE Handell	0//-	11/00	2×30/2 0	De. N	apply, HDE

_1	FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AN	D MENT	AL HYGIEN REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH	AY YE	3. TIME OF DEATH
	CECIL Edwa			ETTE	-				991 5:02 P
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	MONTHS I	YEAR IF UNDER 24 HE DAYS HOURS MI	(Me	onth, Day, Year)		BIRTHPLACE (State or Foreign Country)
.a. B=	233-16-3467	1 🔀 M 2 🗆 F	73 YRS.				/10/19		<u>Vest Virgi</u> ı
A P	9a. FACILITY NAME (If not institution, give a				OWN OR LOCATION O	F DEATH		9c. COUNTY	
2	PHYSICIANS MEMOR	TAL HUSPITA	L	<u>LA</u>	PLATA			CHARI	ES
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
5	Maryland Char	cles	L	a Pla	ata				1 TYES 2 NO
<b>⋖</b> Ⅱ	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
	Rt 2 Box 2118				20646			U.S.	
2	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVE FORCES? 1 X Y	ES 2 NO	If y	AS DECENDENT OF HI yes, specify Cuban, Ma	xican, Puar		s or No— 14.	RACE — American Indian, Black, Whita, atc.
. 11	3 Widowed 4 Divorced	WW TT	R DATES	1(	YES 2 XNO S	pecify:		7	spootly: Thite
	15. DECEDENT'S EDU		16a. DECEDENT'S			1	18b, KIND OF BU		
5 H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT L	ise retired.)	ring most of working				
Į L	8		Pipefi	tter			Civil	Servi	.ce
) II	17. FATHER'S NAME (First, Middle, Last)	O KIND O					st, Middle, Maiden		
<u>u</u> [4	Andrew A. Burde	ette					ane Ce		
	19a. INFORMANT'S NAME (Type/Print)				Street and Number or R				
	Faye Burdette				2118, L				
	20a. METHOD OF DISPOSITION  1 W Burlal 2 Cremation 3 Rem	noval from Stata	20b. PLACE AND DAT of cemetary, cremator	v or other pla	cel	1 -		_	or Town, State
- 11-	4 ☐ Donation 5 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Maryland		erans Co		2/43 C	helte	nham, MD
	A. 100 C	110			ehart F		al Hon	ne, Ir	ic.
	23. PART I. Enter the diseases, or	cuss							ID 20646
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR /	AS A CONSEQUENCE (	DF):	Cruci			1	2010
		d							
MEDICAL	PART II. Other eignificent condition	na contributing to deat	th but not resulting	in the und	erlying cause give	n in Part i	24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDIP AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
ĕ I	25. WAS CASE REFERRED TO MEDICAL			_	26. PLACE OF DEAT	H (Check only	y one)		
PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:		No.			
Ě	27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b, TI	ME OF	8c. INJURY AT	7	DESCRIBE HOW	INJURY OCCUP	RED
	1 Natural 5 Pending investigation	(Month, Day, Ye	er) If	JURY M	WORK?	,			
IED BY	2 Accident 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJ building, etc. (	URY — At home, farm, (Specify)	, street, factor	ry, offica	28f. t	OCATION (Street City or Town, State	and Number or	Rural Route Number,
PLET	Crieck Orly	SICIAN: To the best of my k	nowledge, death occur	rred at the tin	ne, data and place, and	d dua to the	cause(s) end ma	inner as stated.	
COMPL	2 MEDICAL EXAMIN	ER: On the basis of examin	nation and/or investigat	ion, in my op	Inlon, death occured a	t the time, o	data and place, a	nd due to the o	cause(a) and menner as state
# F	29b. SIGNATURE AND TITLE OF CERTIFIE	R		1	29c. LICENSI			29d. DATE S	IGNED (Month, Day, Year)
2	V9-	3			D2599	)2		12	20 31
	30. NAME AND ADDRESS OF PERSON WI KHADAR BAIG MD	PO BOX 190	DEATH THEM 27-17/16 DESIGNATURE Rando	e, Print) 1way 3	01 North	La I	Plata.	MD 200	646
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	80					
	DEC 2 0 '91	May Day	4don-Manag	, we will be a second					



The state of the s	1 - STATE REGISTRAR		CERTI	FICATE	OF DEATH	R	EG. NO.	
	1. DECEDENT'S NAME (First, Middle, L					2. DATE OF I		EAR 3. TIME OF DEATH
	Carrie Esther		=	1		Decem		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday  OG YRS.	MONTHS	1 YEAR IF UNDER 24 HR DAYS HOURS MIT	(Month, De	v. Year)	BIRTHPLACE (State or Ford Country)
	218 14 2127  9e. FACILITY NAME (If not institution, g	1 M 2 R F	96 YRS.	at CITY	TOWN OR LOCATION O		23, 1895 M	aryland
r					ce Frederi		Calve	
2	2305 German C	napel Road		1	ce freder	LCIX	Caive	1.0
DIRECTOR	Maryland Ca			ITY, TOWN O				10d. INSIDE CITY LIMITS?
	_	lvert	PI	ince	Frederick		Tue common	1  YES 2 🔀
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE 20678		USA	N OF WHAT COUNTRY?
N N	2305 German Cl	napel Road 12. WAS DECEDENT EV	ER IN U.S. ARMED	13. \	MAS DECENDENT OF HIS	SPANIC ORIGIN? (S		
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 []	YES 2 NO	1	f yes, specify Cuben, Me	xican, Puerto Ricar	n, etc.)	RACE — American India Black, White, etc. Specify: White
ED	15. DECEDENT'S (Specify only highest		16a. DECEDENT	'S USUAL OC	CUPATION furing most of working	16b. KIN	ID OF BUSINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			furing most of working			
M M	6		housewi	ie			nome	
္ပ	17. FATHER'S NAME (First, Middle, Last					ouise Ha	le, Maiden Surname)	
BE	James Oliver V	Meems	205 24411	NO ADDRESS	(Street and Number or R			orde)
9						urar rioute trumber, c	uny or lown, steels, 210 or	500)
	Lillian E. Bower			same a	me of cemetery, cremetory	ror	20c. LOCATION — Cit	y or Town, State
	1 Buriel 2 Cremation 3 4 Donetton 8 Other (Specify)		Asbury Ce					al. Marylar
	21. SIGNATURE OF FUNERAL SERVICE		III NOLLY GO		NAME AND ADDRESS O	F FACILITY	TDaISCOW C	ar. Marylar
	372	1-0.					ausch Fune	
	23. PART I. Enter the disesses.			44	U5 Broomes	Is. Rd.	Port Rep	ublic Maryl
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	OF):				
	PART II. Other eignificent cond	ditiona contributing to dec	eth but not resultin	g in the ur	nderlying cause give	n In Part I. 24	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FI
CAL							PERFORMED?	COMPLETION OF C
								OF DEATH?
W W								
N: ME	25. WAS CASE REFERRED TO MEDIC	AL			26. PLACE OF DEAT	H (Check only one)		
CIAN: ME		HOSPITAL .		OTHE	n. /			
YSICIAN: ME	EXAMINER?  1 YES 2 NO	HOSPITAL:	l/Outpatient 3 🗆 DO/	OTHEI 4 Nur	R: sing Home 5 PReside	nce 8 - Other (S	pecify)	
PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1  Inpatient 2 ER	URY 28b.		aing Home 5 ☑ Reside 28c. INJURY AT WORK?	28d. DEŞCR	pecify) IBE HOW INJURY OCCU	PRED
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investige	1   Inpatient 2   EP  28e. DATE OF INJ (Month, Day, 1)  ation  28e. PLACE OF IN	URY (5ar) 28b.	4   Nur TIME OF INJURY	aing Home 5 Reside  28c. INJURY AT  WORK?  1 YES 2 No	28d. DESCR	IBE HOW INJURY OCCU	
TED BY PHYSICIAN:	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural S   Pending	1   Inpetient 2   EP  28e. DATE OF INJ (Month, Day, 1)  ation 28e. PLACE OF IN building, etc.	URY (5ar) 28b.	4   Nur TIME OF INJURY	aing Home 5 Reside  28c. INJURY AT  WORK?  1 YES 2 No	28d. DESCR		
TED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investige 3 Suicide 8 Could nedermin  29e. CERTIFIER 1 CERTIFYING	1   Inpetient 2   EP  28e. DATE OF INJ (Month, Day, 1)  ation 28e. PLACE OF IN building, etc.	URY 28b.  URY — Al home, fan (Specify)	A 4 Nur TIME OF INJURY M	sing Home 5 Reside 28c. INJURY AT WORK? 1 YES 2 Note tory, office	28d. DESCR D 28f. LOCATI City or 1	IBE HOW INJURY OCCU ON (Street end Number of fown, State)	r Rural Route Number,
TED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigs 3 Suicide 8 Could in 4 Homicide determin  29e. CERTIFIER (Check only	1   Inpetient 2   EP  28e. DATE OF INJ (Month, Day, 1)  28e. PLACE OF IN building, etc.	URY (Specify)  28b. (Specify)  knowledge, death occ	A 4 Nur TIME OF INJURY M m, street, fac	sing Home 5 Reside  28c. INJURY AT WORK?  1 YES 2 Note  tory, office	28d. DESCR 28f. LOCATI City or 1	BE HOW INJURY OCCU ON (Street end Number of own, State)  (e) end manner as stated	r Rural Route Number,
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigs 3 Suicide 8 Could in 4 Homicide determin  29e. CERTIFIER (Check only	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IND building, etc.  28e. PLACE OF IND building, etc.	URY (Specify)  28b. (Specify)  knowledge, death occ	A 4 Nur TIME OF INJURY M m, street, fac	sing Home 5 Reside  28c. INJURY AT WORK?  1 YES 2 Note  tory, office	28d. DESCR  28f. LOCATI CRy or 1  d due to the caused at the lime, date en	ON (Street and Number of own, State)  On an anner se stated d place, end due to the	r Rural Route Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident 3 Suicide 8 Could in determine  4 Homicide determine  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IND building, etc.  28e. PLACE OF IND building, etc.	URY (Specify)  28b. (Specify)  knowledge, death occ	A 4 Nur TIME OF INJURY M m, street, fac	sing Home 5 Reside 28c. INJURY AT WORK? 1 YES 2 Notory, office  Itime, date and place, an opinion, death occured in	28d. DESCR  28f. LOCATI CRy or 1  d due to the caused at the lime, date en	ON (Street and Number of own, State)  On an anner se stated d place, end due to the	r Rural Route Number, d. ceuse(e) and manner ea s
E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident 3 Suicide 8 Could in determine  4 Homicide determine  29e. CEHTIFIER (Check only one) 2 MEDICAL EXAMINER?	28e. DATE OF INJ. (Month, Dey. ) 28e. PLACE OF INbuilding, etc. 28e. PLACE OF INbuilding, etc.	URY (Specify)  Live to the control of the control o	A 4 Nur TIME OF INJUHY M m, street, fac	sing Home 5 Reside 28c. INJURY AT WORK? 1 YES 2 Notory, office  Itime, date and place, an opinion, death occured in	28d. DESCR  28f. LOCATI CRy or 1  d due to the cause at the time, date en	ON (Street and Number of own, State)  On an anner se stated d place, end due to the	r Rural Route Number, d. ceuse(e) and manner ea s
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending investigs  3 Suicide 8 Could ne determin  29e. CERTIFIER 1 CERTIFYING (Check only one) 2 MEDICAL EX.	28e. DATE OF INJ. (Month, Dey. ) 28e. PLACE OF INbuilding, etc. 28e. PLACE OF INbuilding, etc.	URY (Specify)  Live to the control of the control o	A 4 Nur TIME OF INJUHY M m, street, fac	sing Home 5 Reside 28c. INJURY AT WORK? 1 YES 2 Notory, office  Itime, date and place, an opinion, death occured in	28d. DESCR  28f. LOCATI CRy or 1  d due to the cause at the time, date en	ON (Street and Number of own, State)  On an anner se stated d place, end due to the	r Rural Route Number, d. ceuse(e) and manner ea s
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending investigs  3 Suicide 8 Could ne determin  29e. CERTIFIER 1 CERTIFYING (Check only one) 2 MEDICAL EX.	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF INJ building, etc.  28e. PLACE OF INJ building, etc.  PHYSICIAN: To the best of my AMINER: On the basis of exam  THEER  22 REGISTRAR'S	URY (Specify)  Live to the control of the control o	A 4 Nur TIME OF INJURY M m, street, fac	sing Home 5 Reside 28c. INJURY AT WORK? 1 YES 2 Notory, office  Itime, date and place, an opinion, death occured in	28d. DESCR  28f. LOCATI CRy or 1  d due to the cause at the time, date en	ON (Street and Number of own, State)  On an anner se stated d place, end due to the	r Rural Route Number, d. ceuse(e) and manner ea s



31. DATE FILED (MANIN DECT

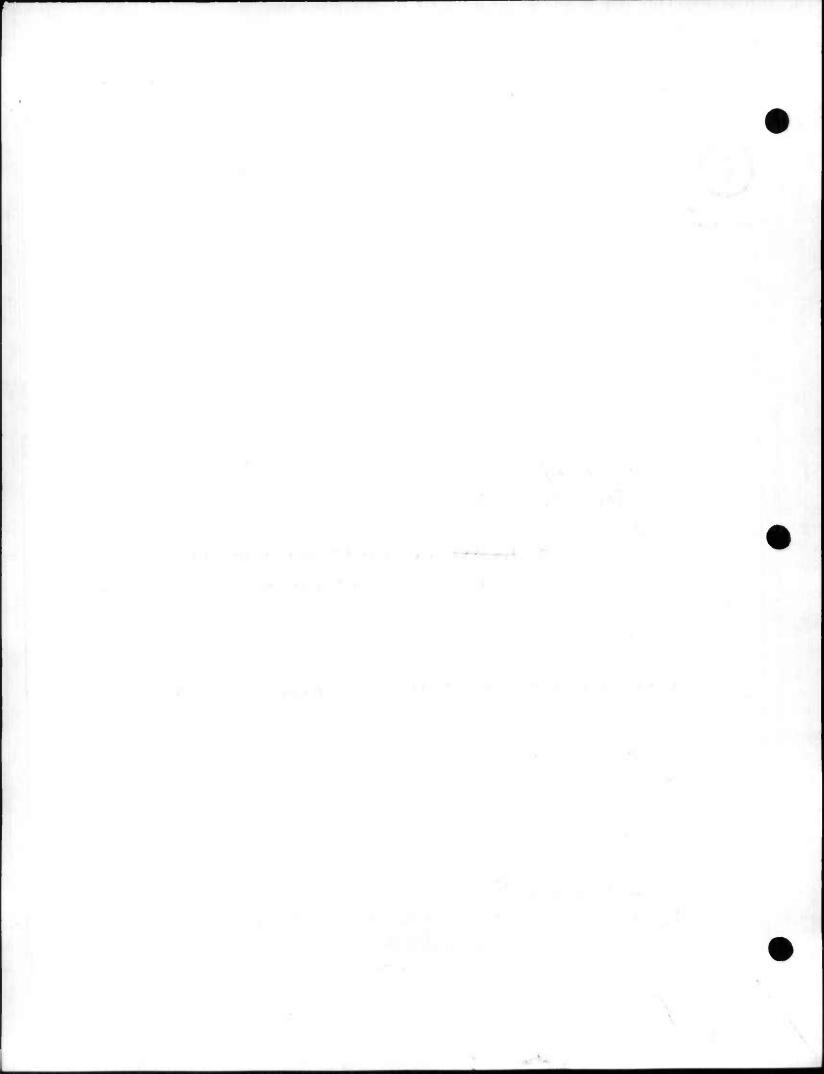
Y030 '91 32. REGISTARE'S SIGNATURE

Mandelle

REGISTRAR  1. DECEDENT'S NAME (FIRST, MIDDING, LA GILBERT EDW	st) ARD	BIRCKE	. — —		01	DLA		2. Di	REG. NO		991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-05-0448	5. SEX	6. AGE (In yrs. 87	lest birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	R 24 HRS. MIN.	7. D/	ATE OF BIRTH forth, Day, Year) -16-19		8. BIRT	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, gi				9b. CITY,	TOWN O	R LOCAT	ON OF DE		-10-17	-	JNTY OF	-
Physicians		Hospi	tal	La	Pl	ata					Cha	rles
RESIDENCE OF DECEDENT  10a. STATE 10b. COU			10c. CITY	r, TOWN OF	LOCATI	ON						
Maryland Cha	arles			aldo								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					_	ZIP COD	E			10g. CIT	TIZEN OF	1 YES 2 NO
Hwy 228, Box	135				1_	- 1	2060	13			US	А
11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. A	ARMED	13. W	AS DECE	NDENT (	F HISPAN	NC ORI	IGIN? (Specify Yas	s or No-	14. RAC	CE — American Indian, ck, White, atc.
1 Never Merried 2 Married 3 Widowed 4 Divorced		MAR OR DATES	740				Specify		rto Rican, etc.)		Spe	city:
15. DECEDENT'S E	DUCATION	16a. E	DECEDENT'S	USUAL OCC	CUPATION	N			16b. KIND OF BU	SINESS/IN		White
(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of w to. Do NOT use	rork done du e retired.)	iring most	t of worki	ng		TODA TANDO OF BO.	31142337114	DOSTRI	
8		C	onvey	or C	)pei				Pepco		owei	c Co.
17. FATHER'S NAME (First, Middle, Last)	al Dimalih								st, Middle, Malden			
Everett Edwar	n Bilcki								ia Lee			5
Emma Brickhea	ad		HWY 2	228.	Street an	d Number	or Rural F	W enuce	umber, City or Tow ldorf,	n. State, Zi	p Code)	1603
20a. METHOD OF DISPOSITION		20h PLACE	EANDDATEO	EDICAGEIT	ION /Nom	10.01				0.0710.1		
1 X Burial 2 Cremation 3 R	moval from Stata	cemetery, c	remetary or all	her placel	rorritor.			1	ATE ZOC. LO	CALIDIA -	City of 1	OWII, SUME
Michael Blank	denship	MOO	0857	Hur P.	o.	Full Bo:	ss of fac hera x 15	il is	2-18ui Home	rf.	Md	
" STIT PLE 183	enship or complications the e. List only one cau	MOO the connect line	0857 leath. Do no	ot enter to	O.	BO:	ss of fac hera x 15	il is	Home Waldo	rf.	Md	20604 Approximate Interval Between
23. PART I. Enter the diseases, cahock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition	enship or complications this e. List only one cau a. MYO(  DUE TO  b. DUE TO	MO(	10857  Jeath. Do note.  L INF	P. ot enter ti	O.	BO:	ss of fac hera x 15	il is	Home Waldo	rf.	Md	20604 Approximate Interval Between
23. PART I. Enter the diseases, cahock, or heert fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	enship or complications the e. List only one cau a. MYO(  DUE TO  b. DUE TO  c. DUE TO	MOCON SERVICE OF AS A CONSE	D857  Jeath. Do note.  L INF  EQUENCE OF	P. ot enter ti	O. he mod	BO:	ss of fac hera x 15	il is	Home Waldo	orf, ratory ar	Md.	Approximate Interval Betwee Onset and Des
23. PART I. Enter the diseases, cahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentieity list conditione, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	enship or complications the e. List only one cau a. MYO(  DUE TO  b. DUE TO  c. DUE TO	MOCON SERVICE OF AS A CONSE	D857  Jeath. Do note.  L INF  EQUENCE OF	P. ot enter ti	O. he mod	Bo:	ss of FAM	Pert I.	Home Waldo erdiac or respi	orf, ratory ar	Md.	Approximate interval Betwee Onset and Decided Programme Onset And Decided Programme On
23. PART I. Enter the diseases, cahock, or heert feilur immediate Cause (Finel disease or condition resulting in death)  Sequentieity list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	enship or complications the e. List only one cau a. MYO(  DUE TO  b. DUE TO  c. DUE TO	MOCON ISSUE OF THE PROPERTY OF	D857 death. Do note.  L INF EQUENCE OF	P. ot enter the contract of th	he mod	DADRE FUIL BOX	ss of FAM TET 6 X 15 Ing, euch	Pert I.	Home Waldo erdiac or respi  24a. WAS AN PERFOR 1 YES 2	orf, ratory ar	Md.	Approximate interval Betwee Onset and Deal Onset an
23. PART I. Enter the diseases, cahock, or heert feilur immediate Cause (Finel disease or condition resulting in death)  Sequentieity list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infilieted events resulting in death) LAST  PART II. Other significent conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	enship or complications the e. List only one cau  a. MYO(  DUE TO  b. DUE TO  c. DUE TO  d. One contributing to  HOSPITAL: 1 Inpatient 2 @  28a. DATE OF (Month, D	MOC  to used the connect the connect the connect the connect the connect to the c	D857 death. Do note.  L INF EQUENCE OF	OTHER:	erlying  2s. PLA  g Home  Bc. INJOR	DADRE F LII BO: Bo: Cause (	SS OF FAMILIAN SEATH (Che sidence side	Part I.	Home Waldo erdiac or respi	AUTOPSY MED?	Md .	Approximate interval Betwee Onset and Deal Onset an
23. PART I. Enter the diseases, a shock, or heert fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the condit	enship or complications the e. List only one cau  a. MYO(  DUE TO  b. DUE TO  c. DUE TO  d. Ons contributing to  HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D)  28a. PLACE O	MOC  to used the connect the connect the connect the connect the connect to the c	D857 death. Do note.  L INF EQUENCE OF EQUENCE OF resulting in	OTHER:	erlying  2s. PLA ag Home Bc. INJER 1   YE	Cause (	SS OF FAMILIAN SEATH (Che sidence side	Part I.	Home Waldo erdiac or respi  24a. WAS AN PERFOR 1 YES 2  one)	AUTOPSY MED?	Md	Approximate interval Betwee Onset and De.  D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, a shock, or heert fellur immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the condit	enship or complications the e. List only one cau  a. MYO(  DUE TO  b. DUE TO  c. DUE TO  d. Ons contributing to  HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D) 28a. PLACE O building,	MOC  Carised the connect line  CARDIA  (OR AS A CONSI  (OR AS	D857  Jeath. Do note.  LINF EOUENCE OF EOUENCE OF Tesulting in 3 DOA 28b. TIME HUJU TIME THE HUJU TO THE THE THE THE THE THE THE THE THE THE	OTHER:  4   Nursin  of RY M	erlying  2s. PLA  g Home  8c. INJUI  UNIT	CE OF D	ss of FAM TET 6  X 15  Ing, euch Ing	Part I.	Home Waldo erdiac or respi  24a. WAS AN PERFOR 1 YES 2  ther (Specify) DESCRIBE HOW IF	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Md	Approximate interval Betwee Onset and Deal Onset an
23. PART I. Enter the diseases, a shock, or heert fellur immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the condit	enship or complications the e. List only one cau  a. MYO(  DUE TO  b. DUE TO  c. DUE TO  d	MOCON ISSECTION OF INJURY — At here, (Specify)	D857  Jeath. Do note.  LINF EOUENCE OF EOUENCE OF Tesulting in 3 DOA 28b. TIME HUJU TIME THE HUJU TO THE THE THE THE THE THE THE THE THE THE	OTHER:  4   Nursin  of RY M	erlying  2s. PLA  g Home  Sc. INJUI  WORE  , data as  nion, dea	CE OF DI  To Ray  The property of the country of th	ss of FAM TET 6  X 15  Ing, euch Ing	Part I.  281. LL G	Home Waldo erdiac or respi  24a. WAS AN PERFOR 1 YES 2  ther (Specify) DESCRIBE HOW IF	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Md. Test,  24t	Approximate interval Betwee Onset and Deal Onset an



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF	HEALTH AND	MENTAL HYGIE	NE 9	36458	3
	1. DECEDENT'S NAME (First, Middle, L	The state of the s				2. DATE OF DEATH	DAY	3. TIME OF DEA	ATH
		abeth BARNES	5			DECEMBER		991 5:45 A	4
1	4. SOCIAL SECURITY NUMBER  577-14-3450	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		8. BIRTHPLACE (State or F Country)	
)	9a. FACILITY NAME (If not institution, g		7 This.	9b. CITY. TOWN	OR LOCATION OF	01/25/12		Washington,	, D
CTOR	DOCTORS COMMUN	ITY HOSPITAL		LANHA				NCE GEORGE'	S
DIREC	Maryland Pr	unty ince George's		TY, TOWN OR LOCA	ATION			10d, INSIDE CIT LIMITS? 1 X YES 2	
FUNERAL	10e. STREET AND NUMBER			1	Of. ZIP COOE		1 -	EN OF WHAT COUNTRY?	
NE	12620 Kavanaugh	12. WAS DECEDENT EVER I	NIII ADMES		20715		_	S.A.	
BY	1XXNever Married 2  Married 3  Widowed 4 Divorced	FORCES? 1 YES	2 ZNO	If yes, s	pecify Cuben, Mexi S 2 XNO Spec	ANIC ORIGIN? (Specify Yourn, Puerto Ricen, etc.) city:	na or No	14. RACE — American Ind Black, White, atc. Specify: White	
ETED	15. DECEDENT'S (Specify only highest of	EDUCATION grade completed		S USUAL OCCUPAT		16b. KIND OF BI	JSINESS/INDL		
E	Elementary/Secondary (0-12)	College (1-4 or 5+) None	Clerk	use retired.)		11 C T-		Dant	
COMPL	17. FATHER'S NAME (First, Mickey, Last		CTELK		18 MOTHER'S A	U.S. TI		у рерг.	
BE C	Jack Barnes					ia Rodey	n Surname)		
10 B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street		I Route Number, City or To	wn, State, Zip	Code)	_
-	Marie Needham		5221	Varnum S	treet, 1	Bladensburg	g, Mar	yland 2071	10
	20s. METHOD OF DISPOSITION 1 X Burlat 2 Communion 3 1 1		D. PLACE AND DATE					Ity or Town, State	
	21. SIGNATURE OF SUNERAL SERVICE	Alcohore M	01ive	7.77	ry 12	2/17/91 Was	shingt	on, DC	
	1 N/	112 11		Franc	is Gasch	n's Sons Fu			
-	23. PKDT I. Selection 1999	7/ Durtus	4	4739	Baltimor	ce Avenue,	Hyatt	sville, MD	20
. 1		irs. List only ons cause on a	sch line.	not enter the m	ode of dying, au	ich es cardiec or resp	oiratory srre	interval B	Betwe
	iMMEDIATE CAUSE (Finsi disesse or condition	Kon helle	E D ES	0.00	1000	- N 1	-	Onset an	
1	resulting in death)	OUE TO (OR AS	CONSEQUENCE	)F):	10127	FAILUR		5 M	K7
z	Consentally that any distance	The CHR	ONIC	OBS	TRUCTI	JE WIN	JG PI	SC-AN-	
CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE O	F):					
은	CAUSE (Disease or Injury that Initiated events	C. OUE TO (OR AS A	CONSEQUENCE O	)F)·					
RTIFIC	resulting in death) LAST	4		,.					
S.	PART ii Other significant condi	tions contribution to death b							
MEDICAL	PART II. Other algorificant condi		I C(CCE		T/S	n Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	R TO CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL			20.0					
SICIAN:	EXAMINER?	HOSPITAL:	etlant 3 DOA	OTHER:	LACE OF DEATH (C				
<u></u>	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIN	IE OF 28c. IN.	JURY AT	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCL	JRED	_
Z ∑	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		ORK? YES 2 NO				
ETED B	3 Suicide 6 Could not determine		EQ.	281. LOCATION (Street City or Town, State	and Number o	or Rural Route Number,			
MP	29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of my know	ledge, death occurr	red at the time, date	and place, and du	a to the cause(a) and ma	nner as atate	d.	
8	296. SIGNATURE AND TITLE OF CERTI	NNER: On the basis of examination	- Indiana investigation	on, at my opinion, i					
BE	Klohn	am mo			29c. LICENSE NO	A G	29d. DATE	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type	Print)	DTUA	WE QIV	FRA	ALE MO	217
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			-1011	10. 1-11		The state of	
	DEC 1 6 199	guha David	Jan-Market	~					

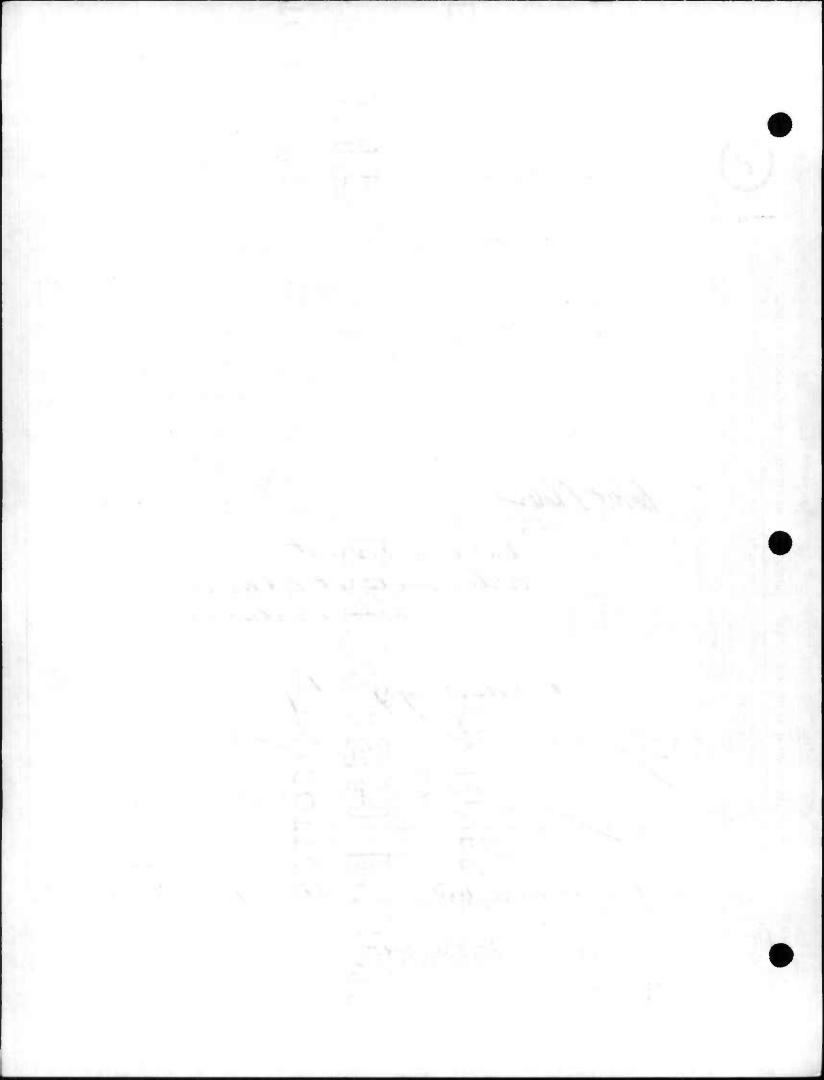


	1 - STATE REGISTRAR	SIAIE UP MANTI		MENT OF HEALTH AN	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last) Joh		Blatnik		2. DATE OF DEATH December	17, 1991 8					
	4. SOCIAL SECURITY NUMBER 578-62-8352	1 反 M 2 □ F	80 YRS. MG	UNDER 1 YEAR IF UNDER 24 HOURS MI	M. (Month, Day, Year) 8-17-19	)11   Country) Minne					
77.0	9a. FACILITY NAME (If not institution, give  5 Cree Drive  RESIDENCE OF DECEDENT	street and number)	91	Forest Heig		Prince Geor					
DIMBELER	10e. STATE 10b. COUNT	nce George's		own or Location orest Heights	5		INSIDE CITY LIMITS? YES 2 NO				
	5 Cree Drive			10f. ZIP CODE 2074	5	10g. CITIZEN OF WHAT					
l	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 V YES IF YES, GIVE WAR OR W. W. II	3 2 NO	If yes, specify Cuban, M	SPANIC ORIGIN? (Specify Your axican, Puerto Rican, etc.) specify:	Black, Whi Specify:	merican Indian, ita, etc.				
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION	16a. DECEDENT'S US (Give kind of work life. Do NOT use n Congre	k done during most of working stired.)	United	usiness/industry   States Hou presentative	se				
	17. FATHER'S NAME (First, Middle, Last)  JO  19a. INFORMANT'S NAME (Type/Print)	hn Blatnik	JOH MARI INC AC	18. MOTHER	8 NAME (First, Middle, Maide Margaret	Kochevar					
IO DE	Johanna Evelyn		5 Cree	Drive Fores	st Heights,	Md. 20745					
	20e. METHOD OF DISPOSITION 1   Burlet 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)   20b. PLACE AND DATE of cametary, crematory or other place) Chisholm Cemetery 12-21-91   Chisholm, Minimal Cemetery   Chisholm Cemetery										
	22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Mo 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)										
NO INC	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST	c DUE TO (OR AS	A CONSEQUENCE OF):	sculor	dur						
	PART II. Other significant condition	one contributing to death		the underlying cause give	PERFO	ORMED?  AMA COM OF	RE AUTOPSY FINDHILABLE PRIOR TO MPLETION DF CAUSDEATH?  YES 2 NO				
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 4 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou		26. PLACE OF DEAT							
	27. MANNER OF OEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Netural 5 Pending  28c. INJURY WORK?										
3	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, stro pecify)	eet, factory, office	261. LOCATION (Street City or Town, Stan	nt and Number or Rural Route te)	Number,				
COMPLE	(Critick Orlly			at the time, date and place, an	d due to the cause(a) and m		d manner as state				
5	a Li medione existin			array opinion, acam cooking							

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month; Day, Year)

DFC 18 1991



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

3. TIME OF DEATN

9:15

a. BIRTNPLACE (State or Foreign Country)
Washington, D.C.

Approximate interval Between Onset end Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

YEAR

Penn Street, Baltimore Maryland

09 1991

	1	⊩	LISA DA								2 09	19	91	9:15 A
	$D_{I}$		4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	1 YEAR	HOURS MI	15. 7.	DATE OF BIRTH (Month, Day, Year)	1972	8. BIRTN Country	PLACE (State or Foreign
8			579-12-1657	1 🗆 M 2 💢 F	19	YRS.		-			ebruary			ington,D.
× ×	-		9s. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN	OR LOCATION O	F DEATN		9c, COU	NTY OF D	EATN
2	Organia	20	2911 Colebrook	Drive			0x0	on	Hill			Pri	nce	Georges
Tolking was to	- j		10s. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN O							10d. INSIDE CITY
.±	Ē	5	District of Colu	mbia			Wa	shi	ngton					LIMITS?
permit.	3	3	10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CIT	ZEN OF W	HAT COUNTRY?
an. ransit	EINEDA		826 - 11th Str	et, N. 1	E				20002			Uni	ted S	States
AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit	i ii	5	11. MARITAL STATUS  1 X Never Married 2 Married	12. WAS DECEDER	NT EVER IN U.S	S. ARMED					RIGIN? (Specify Y	ss or No-	14. RACE Black	- American Indian, White, etc.
5-0020 nding physic is the burial	>		3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES					ecify:			Specif	ly:
215 ittend			15. DECEDENT'S EDU	CATION	164	. DECEDENT'S	USUAL OC	CUPATI	ON		16b. KIND OF BI	USINESS/INF	HISTRY	Black
212 Il or a for us	E		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		(Give kind of ville. Do NOT us	work done d se retired.)	during mo	ost of working		loo. King of b	0311423371142	JOSINI	
Spitta Shed	4		12th grade			Rece	ptio	nis	t		Aspens	Law	Firm	S
AND 2 the hospital detached fo	COMPLETED	3	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (	First, Middle, Maide	n Surname)		
AYL dby t	· ·			nton	Bar	r			Robi	n	Dia	ane		Cash
MARYLAND 2121 retained by the hospital or atte 5 should be detached for use a	TO BE		19a. INFORMANT'S NAME (Type/Print)								Number, City or To			
© m	90		Pauline R. Jackson				_			1.E.	;Washing	gton,I	o.c.	20002
BALTIMORE, er death. Page 6 may b he funeral director, page			20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State		ACE AND DATE O			nal Cen	. 1		OCATION —		
ALTIMOR eath. Page 6 m funeral director,	examiner must	- 10-	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LC	ENSER	_   was	sningto					-			ryland
LT ath.	ami	П	· Presol /	Is.	1)-1	7			ND ADDRESS OF		Laure			al Home
BALT after death.		4	quy No	ency-	Odlo	mou			_					o.C. 20011
urs in b	medicai		23. PART I. Enter the diseases, or cashock, or heert failure.	complications that List only one cer	at ceused the	e deeth. Do n	ot enter	the mo	de of dying,	such as	cardlec or resp	piratory en	est,	Approximate
24 hou			IMMEDIATE CAUSE (Fine)	w	14	-1	/	F	///	1	//	7		Onset end Des
within 24 pletely fill cremation,			disease or condition resulting in death)	114	ulles	we.	Lle	ul	0/1	00	nelse			
	60			DUE TO	OR ASA CO	NSEOUENCE D	9:							
Secure and	ry, or other traumatic		Sequentielly list conditions,	b	OR AS A COL	NSEQUENCE OF	٦٠							
BOX ate be e	TAT TAT		if any, leading to immediate cause. Enter UNDERLYING		(4.1710-17-00)		,.							
O. B( certificate ding physical	other		CAUSE (Diseese or Injury that Initieted events	DUE TO	(OR AS A CO	NSEQUENCE OF	7:							
P.C Ith ce tendin	P		resulting in death) LAST	1										
S, e dea the att	70.	11	PART II. Other significant condition	s contributing to	death but n	ot resulting i	n the unc	dorivio	a causa aluan	in Pari	1		1	
DRD hat the d by th	MEDICAL				404111 541 11	ot resulting t	ii are are	derrynn	g cause given	m ran		RMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
CO lires th signed tealth	WS 3										YES	2 NO		OF DEATH?
RE requi													-	YES 2 NO
AL In In In In In In In In In In In In In			25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATN	(Check o	nAv one)			
VISION OF VITA ATTENDING PHYSICIAN: The CCTOR: After this certificate h s after death with the State (	PHYSICI,		EXAMINER?  1 X YES 2 NO	HOSPITAL:	ER/Outpatien	n 3 DOA	OTHER 4 Nurse	:	e 5 🗆 Residen	-		in d	פמשו	ter
VSICIA S cert	d, or		27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIMI	E OF	28c. INJ	URY AT		DESCRIBE HOW			CCI
S PHYS er this er this chart			1 Natural 5 Pending 2 Accident Investigation	12 Fou	1991 1991	Foundary 1	ğ'd <sub>M</sub>		PRK? YES 2 X NO	c.	hioat	Cha	<b>h h</b> =	ı
NOING NOING R. After or death	8 is m	- 11	3 Suicide 6 Could not be	28s. PLACE C		t homa, farm, a	treet, facto	ry, offic			LOCATION (Street	and Number	or Rural Re	
DIVISION  L OR ATTENDING F  OIRECTOR: After 1  hours after death	n 28 ETE		Nomicide detarmined		nown						Unknow			
L OIR	COMPLET		29s. CERTIFIER 1 CERTIFYING PHYSIC			, daeth occurre	d at the tin	ne, data	and placs, and	dus to th		-	ed,	
HOSPITAL FUNERAL Within 72	H N		one) 2 MEDICAL EXAMINE	R: On the basis of s	xemination and	d/or investigation	n, in my op	olnion, d	asth occured at	the time,	data and place, a	nd dus to th	n cause(s)	and manner as stated.
THE HOSPITAL OR THE FUNERAL OIRE filed within 72 hours	Pro-		ME SIGNATURE SNO TIPLE OF CENTIFIER		-n				29c. LICENSE	NUMBER		29d. DATE	SIGNED (	Month, Day, Year)
F F #	MP O	2	total les	Min	//				0.0	М	T.	<b>.</b>		1991

THE HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (LIEM 27) (Type, Print)

32. ABGISTRAR'S SIGNATURE PANDADE

DEC 18 1991

91-7266-033

1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

DHMH-16 Rev 1/89

- K C = 1

work arms in "f F

2

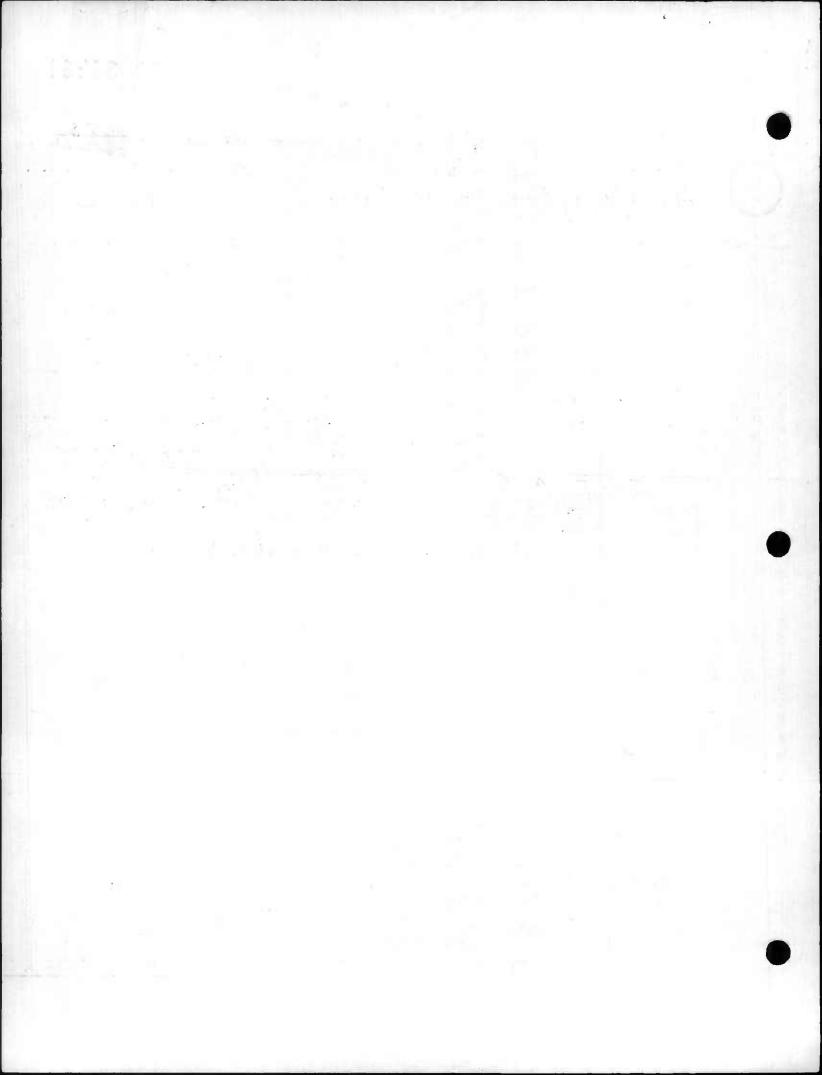
the order description of the

1

	STATE OF	MARYLAND / DEPARTMENT CERTIFICATE		MENTAL	HYGIENE REG. NO.
iddle, Last)				2. DATE O	F DEATH

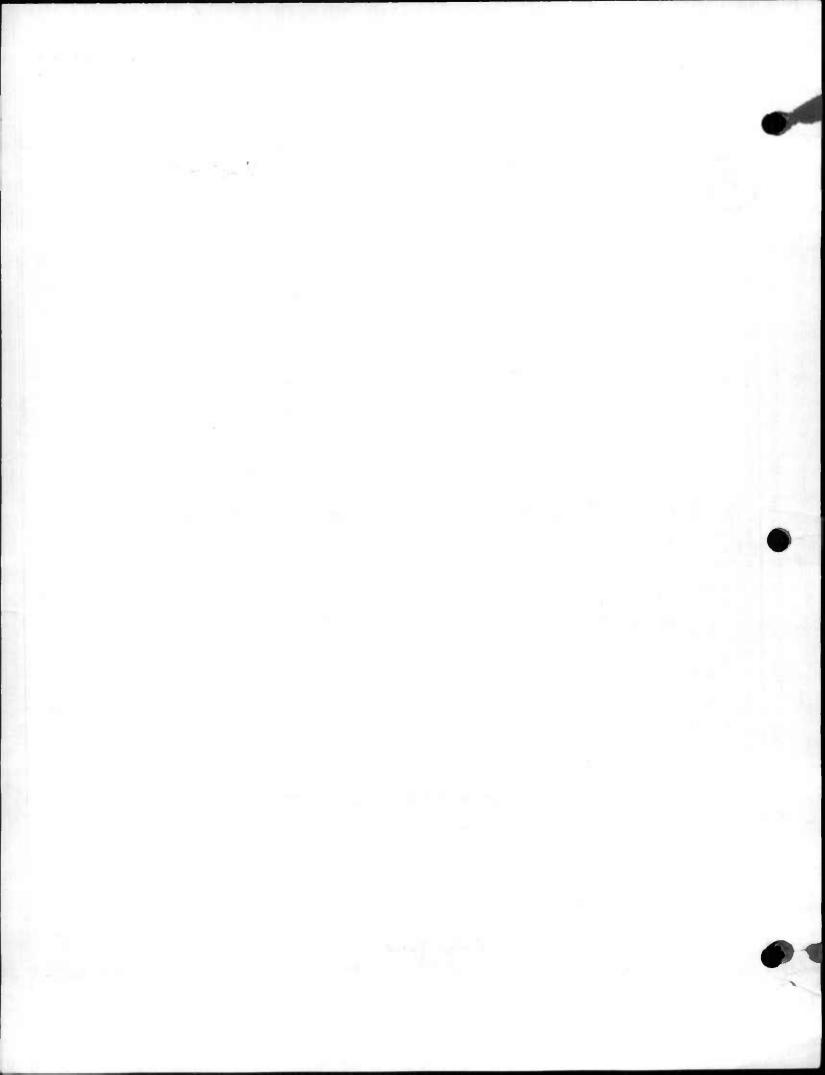
1 - STATE REGISTRAR	STATE OF MAR		NT OF HEALTH AND	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, M	liddle, Last) Byre	dorf		2. DATE OF DEATH	Ğ	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 578-22-8163	1 🗆 M 2 🗗 F	95 YRS. MONT			06 Wa	IRTHPLACE (State of Foreign ountry) Shington, D.C.
90 FACILITY NAME (If not instit HOWARD COL RESIDENCE OF DECE	inty General	tospital 0	oumbia	EATH	9c. COUNTY (	WARD
Maryland	ю. county Howard		ott City			10d. INSIDE CITY LIMITS? 1 TYES 2 NO
12830 Triade	Inhia Poad		10f. ZIP CODE 21042		USA	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 M  3 Widowed 4 Divorce	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 X NO Specifi	on, Puerto Rican, etc.)	or No- 14. I	RACE — American Indien, Black, White, etc. Specify: White
15. DECED (Specify only h	DENT'S EDUCATION  lighest grade completed)	16a, DECEDENT'S USUA (Give kind of work de	one during most of working	16b. KIND OF BUS	SINESS/INDUSTI	RY
15. DECEC (Specify only in Elementary/Secondery (0-12) 12 17. FATHER'S NAME (First, Middle)	College (1-4 or 5+)	Secretar		National	Rifle	Association
17. FATHER'S NAME (First, Midde Albert O. Bu	3, 22,			AME (First, Middle, Malden Casler	Surname)	
Albert U. Bu  190. INFORMANT'S NAME (Type  Myrtle Burqd	e/Print)	19b. MAILING ADDI 12830 Tr	RESS (Street and Number or Rural iadelphia Roa	Route Number City or You	n, State, Zip Cod	Maryland 2104
20e. METHOD OF DISPOSITION 1 ★ Burlel 2 □ Cremation 4 ★ Donetion 5 □ Other (S	N 3  Removal from State		I (Name of cometery, crematory or emetery			, Maryland
21. SIGNATURE OF FUNERAL			22. NAME AND ADDRESS OF FI Fleck Funera 7601 Sandy S	1 Home, Inc		, MD 20707
Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Discesse or injury that initiated events resulting in death) LAST	na, ate G c.	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	ndul In	tarction	P	
PART II. Other algnificent	dt conditions contributing to deat	th but not resulting in the	s underlying ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH				1 TYES 2	! <u> </u> NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA 4 D	HER: Nursing Home 5 - Residence			
	28e. DATE OF INJU (Month, Day, Ye vestigation	PRY 28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED
	ould not be 28e. PLACE OF INJ building, etc. (	URY — At home, farm, street, Specify)	factory, office	281, LOCATION (Street City or Town, State)		lural Route Number,
e cont	TYING PHYSICIAN: To the best of my k					ruse(s) end manner as stated.
296. SIGNATURE AND TITLE OF	15ms		29c. LICENSE NU	10 7 U 8	29d, DATE SK	SNED (Morith, Day, Year)
Nm F10	PERSON WHO COMPLETED CAUSE OF	> 11055	Little Pa	tuxat	PKWy	Columbiano
31. DATE FILED (Month, Day, Ye DEC 1 7	7 1991 Julia De	widson-Randell				





	9	7	
	E	100	
	oso	he	ed.
,	e h	etac	2
ì	5	9	0
	5	P	- C
;	Jec.	OU	2
	eta	S	=
	8	62	8
	3	pac	ē
	E	101	83
	36	rec	E
	Pa	P	9
	₩.	ner	E
	de	12	- ex
)	fer	5	19
	50	5	10
1	HOL	I po	E
	24	fille	, a
	E.	tely	t, t
	*	ple	9 5
	pat	000	. 65
	noa.	Pu	# E
	3	E C	E
	2	icia	2 2
	Cat	of C	2 6
	in a	0	5 5
	0	ig i	2
	eath	atte	2 %
	e d	the	5
	it th	3	= =
	ŧ	pa d	<b>a</b>
	res	ngign	2 2
	200	50	
	3	be.	60
	6 13	has	2 2
	E	ate	
	AN	tific	2
	Sici	9 f	-
	ž	this	20
	9	ler ler	<u> </u>
	No.	Af	5 60
	TEN	DR	00
	AT	EC	E
	OR	DIF	<u>e</u>
	MI	3 E	7 =
	SPI	NEA	5
	유	5	M
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for useful of the funeral director, page 5 should be detached for useful of the funeral director, page 5 should be detached for useful of the funeral director, page 5 should be detached for useful of the funeral director, page 5 should be detached for useful of the funeral director.	be new winnin 12 index are dead with the state body, or regard and wenter hydrer prior to boths, cremator, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
	0	0 4	X
	-	- 4	-

1. DECEOENT'S NAME (First, Middle, Last)		/	FRAI	NK BO				1 2. 5	REG. NO	0.	_	3. TIME OF DEATH
FRANK	130	WIE			,,,,,,,			M	HTMO	DAY 15	YEAR	5 30
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		1			8. BIRTI	HPLACE (State or Foreig
578 56 0423	1 X M 2 - F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	19	Month, Day, Year)	13	Was	ñ.,D.C.
9a. FACILITY NAME (If not institution, give st				96. CITY	, TOWN	OR LOCATI	ON OF O	EATH	7	9c. CO1	UNTY OF D	
SETON HILL RESIDENCE OF DECEDENT	MANOR			Bal	Ltim	ore				Ва	1tim	ore
10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
Maryland Princ	e Georges		Pai	lmer	Par	k						LIMITS?
10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. Cl	TIZEN OF Y	WHAT COUNTRY?
7770 Burnside Roa						20	0785			Uni	ted	States
11. MARITAL STATUS  1 Never Married 2X-X-Married	12. WAS DECEDENT ET			13.	WAS DEC	ENDENT C	F HISPAI	NIC OF	RIGIN? (Specify Y	es or No—	14. RACI	E — American Indian, k, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES				2 🙀 NO			artic riverig artisty		Spec	elfy:
15, DECEDENT'S EDUC	CATION	16a, DI	CEDENT'S	USUAL O	CCUPATIO	DN .			16b. KIND OF B	USINESS/IN	Bla DUSTRY	ick
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life	ive kind of Do NOT u	work done	during ma	st of workin	ng .					
12	3	C16	erica	1					Self e	mploy	yed	
17. FATHER'S NAME (First, Middle, Last)									irst, Middle, Maide	n Surname)		
ALBERT JACKSON									BOWIE			
19a. INFORMANT'S NAME (Type/Print)  JOYCE BOWIE	(WIFE)								Number, City or To			207/6
20a. METHOO OF DISPOSITION	(MIII)	20b. PLACE		_			, 51	_	land, M			20746
1 XBurlai 2 Cremation 3 Ramo	ovel from State	cemetery, cre	matory or o	ther place)	TAT	D A D V		1		OCATION -		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Innata	MI II	22.	NAME AP	ID ADDRES	SS OF FA	CILITY	1			MARYLAND
· Me 1	Rose (h		M85		LEXA				PE FUNE	RAL I		
				7 2	617	Dann	G ** 1 *		- A		7 17	DO 00000
23. PART I. Enter the diseases, or c	omplications that ca	oused the de		1 4	617	Penn	sylv	van	ia Aven	ue, S	S.E.	DC 20020
23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that ca let only one cause	oused the de	eth. Do i	1 4	617 the mo	Penn de of dyi	Sylving, auc	van	ia Aven	ue, S	rest,	Approximate Interval Batw
IMMEDIATE CAUSE (Finel disease or condition	omplications that ca let only one cause	on aech line	eth. Do i	not enter	the mo	de of dyi	ng, auc	h ea	ia Aven	ue, S	rest,	Approximate Interval Batwonset and De
IMMEDIATE CAUSE (Finel	i	on aech line	eeth. Do i	not enter	the mo	de of dyi	ng, auc	h ea	ia Aven	ue, S	rest,	Approximate Interval Batw
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR	Pre A A CONSE	oeth. Do i	not enter	the mo	de of dyi	ng, auc	h ea	ia Aven	ue, S	rest,	Approximate Interval Batwonset and De
immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR	Pre	OUENCE OF	not enter	the mo	de of dyi	ng, auc	h ea	ia Aven	ue, S	S.E.	Approximate Interval Batw Onset and Do
immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	Pre As a conse  A 10  As a conse  H 11	oeth. Do i	not enter	the mo	de of dyi	ng, auc	h ea	ia Aven	ue, S	G.E.	Approximate Interval Batw Onset and Do
immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	Pre A A CONSE	oeth. Do i	not enter	the mo	de of dyi	ng, auc	h ea	ia Aven	ue, Spiratory and	S.E.	Approximate Interval Batw Onset and Do
immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	Pre RAS A CONSE A 10 RAS A CONSE H 1 1	DUENCE OIL	not enter	the mo	M M	A D	th ea	cardiac or res	piratory au	S.E.	Approximate Interval Batwonset and De
immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	Pre RAS A CONSE A 10 RAS A CONSE H 1 1	DUENCE OIL	not enter	the mo	M M	A D	th ea	cardiac or results.	piratory au	rrest,	Approximate Interval Batw Onset and Do 2 - 3 d
immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	Pre RAS A CONSE A 10 RAS A CONSE H 1 1	DUENCE OIL	not enter	the mo	M M	A D	th ea	cardiac or results.	N AUTOPSY RMED?	rrest,	Approximate Interval Batwonset and Donest an
immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	Pre RAS A CONSE A 10 RAS A CONSE H 1 1	DUENCE OIL	not enter	the mo	M M	A D	th ea	i. 24s. WAS Al	N AUTOPSY RMED?	rrest,	Approximate Interval Batwonset and Donest an
immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	Pre RAS A CONSE A 10 RAS A CONSE H 1 1	DUENCE OIL	not enter	derlying	de of dyl	A J	Part	i. 24a. WAS AI PERFO 1 \( \text{YES} \)	N AUTOPSY RMED?	rrest,	Approximate Interval Batw Onset and Dr. 2 - 3 d
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	Pre RAS A CONSE  A 1D  RAS A CONSE  LA 1 CONSE  A 1 D  RAS A CONSE	OUENCE OF	The contract of the contract o	derlying	de of dyl	given in	Part Part	i. 24a. WAS AI PERFO	N AUTOPSY RMED?	rrest,	Approximate Interval Batw Onset and Do 2 - 3 d
immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  Contributing to deal  HOSPITAL:  1   Inpatient 2   ER	PAR AS A CONSE	DOUENCE OF	on the un	derlying	de of dyl	given in	Part 8 🗆 (	i. 24a. WAS Al PERFO 1 YES  Other (Specify)	N AUTOPSY PMED?	246	Approximate Interval Batw Onset and Dr. 2 - 3 d
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturat 5 Pending	DUE TO (OR  DUE TO (OR  DUE TO (OR  Contributing to dea	PAR AS A CONSE	DOUENCE OF	or the un	26. PL	ACE OF DI	given in	Part 8 🗆 (	i. 24a. WAS AI PERFO	N AUTOPSY PMED?	246	Approximate Interval Batw Onset and Do 2 - 3 d
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturat 5 Pending Investigation  3 Suicide 6 Could not be	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  L  GONTributing to dea  HOSPITAL: 1   Inpatient 2   ER  288. DATE OF INJ (Month, Day, Y)  258. PLACE OF IN	Pre RAS A CONSE A I D RAS A CO	DOUENCE OF CONTROL OF	OTHER 4 LATING ME	26. PL	ACE OF DI	given in	Part  28d.	i. 24a. WAS AI PERFO 1 YES  Other (Specify)  DESCRIBE HOW	N AUTOPSY RMED? 2 2-NO	24b	Approximate Interval Batw Onset and De 2 - 3 d
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturat 5 Pending Investigation	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  CONTRIBUTING TO deal  CONTRIBUTING TO DEAL  CONTRIBUTING TO DEAL  CONTRIBUTING TO DEAL  CONTRIBUTING TO DEAL  CONTRIBUTING TO DEAL  CONTRIBUTION  CONT	Pre RAS A CONSE A I D RAS A CO	DOUENCE OF CONTROL OF	OTHER 4 LATING ME	26. PL	ACE OF DI	given in	Part  28d.	i. 24a. WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 2-NO	24b	Approximate Interval Batw Onset and De 2 - 3 d
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturat 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  L  B CONTributing to dea  B CONTributing to dea  L  B CONTRIBUTION 2 EN  28a. DATE OF INJ  (Month, Day, Y  25a. PLACE OF IN  building, atc.	Pre R AS A CONSE A I D R AS A CO	DOUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER	26. PL 2: sing Hom 28c. NJ 1	ACE OF DI  ACE OF DI  S G Re  URY AT  RES 2 G  and place,	piven in  EATH (Ch. sidence) NO	Part  Balance Communication of the communication of	i. 24a. WAS Al PERFO 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street City or Town, State	N AUTOPSY RMED? 2 2-NO thJURY OC	24b	Approximate Interval Batw Onset and Do 2 - 3 d
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Neturat 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO (OR  DUE TO	Pre R AS A CONSE A I D R AS A CO	DOUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER	26. PL 2: sing Hom 28c. NJ 1	ACE OF DI  ACE OF DI  S G Re  URY AT  RES 2 G  and place,	piven in  EATH (Ch. sidence) NO	Part  Balance Communication of the communication of	i. 24a. WAS AI PERFO 1 YES  Other (Specify)  DESCRIBE HOW  LOCATION (Street City or Town, State	N AUTOPSY RMED? 2 2-NO thJURY OC	24b	Approximate Interval Batw Onset and Do 2 - 3 d
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturat 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  E. Contributing to deal  B contributing to deal  28a. DATE OF INJ  (Month, Day, V  28a. PLACE OF IN  building, stc.	PAR AS A CONSE	DOUENCE OF SOURC	OTHER	26. PL 2: sing Hom 28c. NJ 1	ACE OF DI  ACE OF DI  S 5 Re  URY AT  RK7  ES 2  and place, eath occur  29c. LICE	EATH (Chaidence) NO and due and at the	Part  Part  28d.  28f.  to the	i. 24a. WAS AI PERFO 1 YES  Other (Specify) DESCRIBE HOW  LOCATION (Street City or Town, State	N AUTOPSY RMED? 2 2-NO thjury oc and Numbe )	24b  CURED  or Or Rural F	Approximate Interval Batw Onset and Do 2 - 3 d
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Neturat 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  28 contributing to deal  1	PAR AS A CONSEI  A I D  R AS A CONSEI  A I A	DUENCE OF COURSE	or Here  OTHER  A D-Mun  E OF  URY  M  Introduction, to my o	26. PL 2: sing Hom 28c. NJ 1	ACE OF DI  ACE OF DI  S 5 Re  URY AT  RK7  ES 2  and place, eath occur  29c. LICE	EATH (Chiaidence) NO and due ed at the	Part  Part  28d.  28f.  to the	i. 24a. WAS AI PERFO 1 YES  Other (Specify) DESCRIBE HOW  LOCATION (Street City or Town, State	N AUTOPSY RMED? 2 2-NO thjury oc and Numbe )	24b  CURED  or Or Rural F	Approximate Interval Batw Onset and Dr. 2 - 3 d



the second state of the country of t	ite has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit		
2	the the		
2	as t		
ğ	Se		
5	00		
ğ	pg pg		
2	achie		
2	det		
5	2		•
200	pinc		
200	Sh		
9	6 5		
a de	pag		
	or,		4
2	rec		
5	P		i
	ner		Ì
3	e fu	J.	-
2	#	DOVA	3
2	5	Tem	3
3	Pa	6	i
1	Ē	100	4
	tely	mat	9
	Jpfe.	Cre	
3	8	nal.	-
2	and	2	100
2	an	7 70	
2	ysic	윱	1
	듄	ene	9
3	ding	Ž	1
19	tten	la]	
5	3e 3	Nen	1
	th K	B	-
3	Pa	h a	i
2	ign	ealt	1
2	en s	Of H	-
	P	04.	and the state of t
3	has	O	
	ife	ate	-

								9	36463
		1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIF	RTMENT OF	F HEALTH AND	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
_		Ernestine N. 4. SOCIAL SECURITY NUMBER		SARD			12 1	7 19	91 6:05P M
( 1	1	The state of the s		TE (In yrs. lest birthday) TS YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
€ L		220 34 8592  90. FACILITY NAME (If not institution, give str	**	7.5	96. CITY, TOY	VN OR LOCATION OF DI			Vest Virginia
likeni	TOR	Doctors' Communit	y Hospital		Lanha	am Marylan	đ		ce Georges
and the same of th	ECT	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	OCATION			10d. INSIDE CITY
. <u>F</u>	DIRE		Arunde1	E	dgewate	er			1 YES 2XXNO
physician. burial-transit permit. Page	FUNERAL	100. STREET AND NUMBER  27 Brick Church R	1			101. ZIP CODE			N OF WHAT COUNTRY?
cian. Ftrans	JNE	11. MARITAL STATUS	Oad  12. WAS DECEDENT EVE	RINII S ARMEN	12 986	21037	NIC ORIGIN? (Specify Ye		ted States
		1 Never Married 2 Merried	FORCES? 1 YE	ES 2 NO	If yes	s, specify Cuben, Mexica YES 2 X NO Specif	n, Puerto Rican, etc.)	6 OF NO 14	. RACE — American Indien, Bleck, White, etc. Specify:
attending se as the	Э ВУ	3 X Widowed 4 Divorced		No			No		White
	ETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a, DECEDENT'S (Give kind of life. Do NOT us	work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUS	TRY
spital o	PLE	Elementery/Secondary (0-12)	College (1-4 or 5+)	Homema	·		Own 1	Home	
the hospital or detached for u	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
3 E &	BE	Smith Scott				Lydia I			
5 should notified	2	190. INFORMANT'S NAME (Type/Print)  Ronald J. Bussaro	1				Route Number, City or Tow Edgewater		
may be or, page		20e. METHOD OF DISPOSITION 1   Burlel 2 □ Cremetion 3 □ Remo		20h PLACE AND DATE	OF DISPOSITION	M/Name of	DATE 200 LC	CATION - CI	or Town State
Page 6 ma Il director, I		4 Donation 5 Other (Specify)		Lakemont	Memoria	al Gardens	12/21/91	Davids	sonville Md.
eath. funera		21. SIGNATURE OF FUNERAL SERVICE LICE	E PO	Para	Beal		uneral Hom		
after of the moval.		23. PART I. Enter tha diseasea, or co	omplications that cause	seld the death. Do	7, 1600	00 Annapol	is Rd. Bow	rie Mar	yland 20715
nour or r		shock, or heart feilure. L	lat only one ceuse on	aech line.	not enter the	mode of dying, add	n as cardiac or rasp	ratory arres	t, Approximate interval Between Onset and Death
within 24 pletely fille cremation, rent, the		disease or condition resulting in death)	acu	la mi	XX-Ca	rais	instar	CAR	>   Sinus, and Basin
B 2 - 9			DUE TO (OR A	S A CONSEQUENCE	- 0	1		(10	
and o bur	NO O	Sequentially list conditions, b	DUE TO (OR A)	S A CONSEDUENCE OF	010.	200			
sician prior t	CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							
n certificate nding physi Hygiene pri or other to	I	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):				
atten ttal H	CERTIFICATION	d d	•						
the of the od Me		PART II. Other significant conditions	contributing to death	but not resulting	In the undari	ying ceuse given in	Pert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
es that gned by alth an	Dic	- Tale the	Celia	une	1/ 1	)		No	COMPLETION OF CAUSE OF DEATH?
9 9 0 5	PHYSICIAN: MEDICAL	- Chrome	Klua	X	fall	me	_	`	1 - YES 2 - NO
has the Dept	AN	25. WAS CASE REFERRED TO MEDICAL			1 20	. PLACE OF DEATH (Ch	eck only one)		
E 88 E	SIC	EXAMINER?	HOSPITAL:	autpatient 3 DOA	OTHER:	Home 5 Aeeldence			
PHYSICIA this certif with the rked, or	РНУ	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TIM		INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUP	RED
DING PHYSI After this c death with s marked,	ВУ	1 Nstural 5 Pending 2 Accident Investigation			M 1	YES 2 NO			
TTEND TOR: A after of	OE .	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, : pecify)	street, factory, o	office	28I. LOCATION (Street City or Town, State)	end Number or	Rurel Route Number,
	PLE	29e. CERTIFIER Check only	IAN: To the best of my kn	owledge, dasth occurr	ed at the time.	data and piece, end dua	to the cause(s) and me	nner ee stated	
THE HOSPITAL THE FUNERAL flied within 72 PORTANT: If	COMPLET								ause(a) and mennar as stated.
TO THE HOSPI TO THE FUNEF Be filed within	BE C	296, SIGNAPURE AND TITLE OF CERTIFIER	0. 2			29c. LICENSE NUI	ABER	29d. DATE S	IGNED (Month Day, Year)
2 2 3 W	5	30-NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) /5/00	. Print) -	1)26	177	17	1/8/7/
		Riad Dak h	0014	000 Mit	1/2/15	villa Pal	, Bowe	2 2	0716
		The Dall	ee,	000 /4/11	LURIT	111/2/101	1 20		



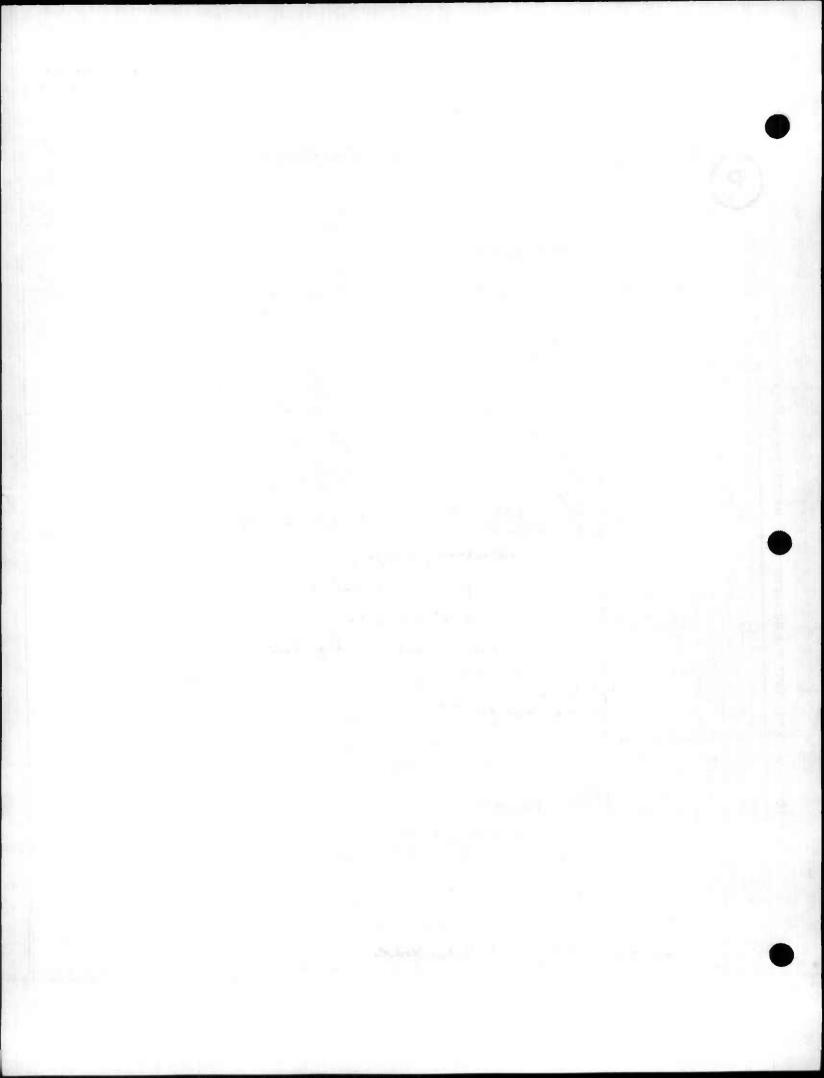
31. DATE FILED (Month, Pay Year)

N.

9 1916 West Virginia	April 29			75	x	34 8592	220
Prince georges	and	am Maryl	Lanh	tāl	ommunity Hospi	tors' Co	Doc
XX		פר	Edgewat		Anne Arundel	ylard	Mar
United States	77	2103			nurch Road	Brick Ch	27
		l lie	X				
White	No	X	No				X
Home	Own		Homemaker	make asino		12	
	a Hupp	Lydi			t	Lth Scot	Smd
r Maryland 21037	ad Edgewate	urch Ro	27 Brick Ch		Bussard	ald J.	Ror
. Davidsonville Md.	ns 12/21/91	al garde	emont Memoria	Lak			×
ome, P.A.	Funeral Ho	11-Evans	Poss Bear		+ F FIRM	Rohon	`

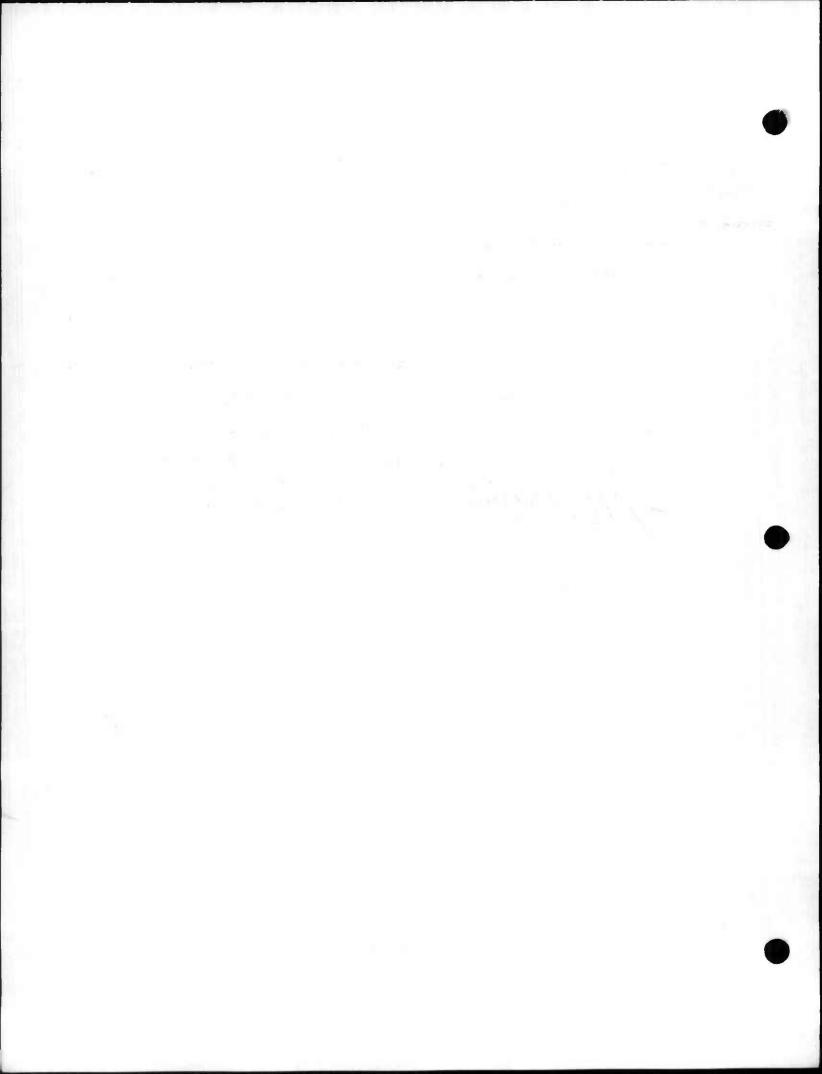


	1. DECEDENT'S NAME (First, Middle, Li	nst)		FICATE O		2. DAT	REG. NO		3. TIME OF DE
	A.	NNIE.	BRIN	SON		MON	TH O	8	7/ 1055
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday	MONTHS DAYS			E OF BIRTH		8. BIRTHPLACE (State or a
1	577-46-7676	1 □ M 2XXF	69 YRS.	MONTHS DATS	HOURS MIN.		-27-22		Fayettevi
l <sub>c</sub>	9e. FACILITY NAME (If not institution, gi	ive street end number)	epital	9b. CITY, TOWN	OR LOCATION OF	DEATH			TY OF DEATH
8	RESIDENCE OF DECEDENT	my carra 1+0	stun	Ch	non			Par	nce Geor
DIRECT	10e. STATE 10b. COU			ITY, TOWN OR LOC	ATION				10d. INSIDE CIT
		ince George's	3 03	con Hill					1 X YES 2
FUNERAL	100. STREET AND NUMBER			1	IOI. ZIP CODE			10g. CITIZI	EN OF WHAT COUNTRY?
JNE	1000 Marcy Ave	12. WAS DECEDENT EVER	IN U.S. ADMED	1 40 1110 11	20745				S.A.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 2NO	tr yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2XXNO Spec	cen, Puerta	N? (Specify Yes Ricen, atc.)	or No 1	14. RACE — American Ind Black, White, etc. Specify: BLACK
9	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a. DECEDENT	S USUAL OCCUPAT	TION	16	b. KIND OF BUS	SINESS/INDU	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)					
COMPL	12th 17. FATHER'S NAME (First, Middle, Last)		Li	censed 1	Practica]				1
	Archie McDonal				18. MOTHER'S N			Sumeme)	
BE	190. INFORMANT'S NAME (Type/Print)	u	T 10h MAIL IN	C ADDRESS (Street	Add16		tague		
2	Judy L. Jamerso	n/daughter			reet, S.E.				
	20a METHOD OF DISPOSITION 1 Duriel 2 Cremetton 3 R	20	D. PLACE AND DATE	E OF DISPOSITION (	Name of	DA			Ity or Town, State
	4 Donation 5 Other (Specify)	temoval from State	Harmon	y Memori	ial Park				er, Md.
	21. SIGNATURE OF PUNERAL SERVICE		1	22 NAME	AND ADDRESS OF E	ACILITY			
	* chare/	- Nend	10 86	6 1661	ert G. Ma	ne R	runera.	L HOMe E. W:	e, inc. ash.,DC 200
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e Respec	sunly ins	Cuffing	node of dyling, sur	ch es cer	diec or reepi	ratory arres	Approximinterval E Onset an
正川	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF A CONS	configuration for the second of the second o	node of dying, sur	ch es cer	diec or reepi	ratory arres	st, Approxim
CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  C.  DUE TO (OR AS	A CONSEQUENCE OF A CONS	configuration of the second of	hij Lis			ratory arres	st, Approxin interval E Onset an
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condit	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  C.  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR	A CONSEQUENCE OF A CONS	configuration of the second of	hij Lis		24a. WAS AN PERFORI	AUTOPSY MED?	st, Approxim
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condit	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  Chree  Ions contributing to death	A CONSEQUENCE OF A CONS	confficient forther fo	hij Lis	Part I.	24s. WAS AN PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY F ARILBLE PRIOR COMPLETION OF OF DEATH?
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condit	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO	A CONSEQUENCE OF A CONS	OF):  Peut foel  OF):  Pele! =  OF):  **Cetim &  In the underlyle  26. F  OTHER:  4   Nursing Ho	ng ceuse given in	heck only on	24a. WAS AN PERFORI 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY AMILABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condit  The sequence of the sequence o	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  Lines contributing to death  SILO  HOSPITAL:  1   Inpetient 2   ER/Out  280. DATE OF INJURY  (Month, Day, Year)	A CONSEQUENCE OF A CONS	OF):  Peut foel  OF):  Pele 1  OF):  In the underlyli  In the underlyli  A Nursing Ho  ME OF 28c. IN  WHY  WHY  WHY  WHY  WHY  WHY  WHY  WH	PLACE OF DEATH (C) THE S Residence SURY AT ORRY?	heck only on	24s. WAS AN PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY AMILABLE PRIOR COMPLETION OF OF DEATH?
BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condit  The sequence of the sequence o	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  Chrc.  DUE TO (OR AS  Chrc.  I Chrc.  DUE TO (OR AS  Chrc.  DUE TO (OR AS  Chrc.  1 Chrc.  1 Due To (OR AS  Chrc.  20 DUE TO (OR AS  Chr	A CONSEQUENCE OF A CONS	OF):  Peut foel  OF):  Peut foel  OF):  Peut foel  OF):  Peut foel  OF):  Peut foel  OF):  Peut foel  OF):  OF):  OF):  Peut foel  OF):  O	PLACE OF DEATH (C) THE S   Residence UJURY AT ONLY YES 2   NO	hock only o	24a. WAS AN. PERFORI 1 YES 2  TO YES 2  TO YES 1  TO Specify)  SCRIBE HOW IN	AUTOPSY MED?  NO	24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condit the condition of the co	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. Chrc.  Ions contributing to death  SIUN  HOSPITAL:  1   Inpetiant 2   ER/Out  280. DATE OF INJURY (Month, Day, Vear)  De be PLACE OF INJURY  De pullding, etc. (So	A CONSEQUENCE OF A CONS	OF):  Peut foel  OF):  Peut foel  OF):  Peut foel  OF):  Peut foel  OF):  Peut foel  OF):  Peut foel  OF):  OF):  OF):  Peut foel  OF):  O	PLACE OF DEATH (C) THE S   Residence UJURY AT ONLY YES 2   NO	heck only other	24a. WAS AN. PERFORI 1 YES 2  TO YES 2  TO YES 1  TO Specify)  SCRIBE HOW IN	AUTOPSY MED?  NO	24b. WERE AUTOPSY AMILABLE PRIOR COMPLETION OF OF DEATH?
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condit  PART III. Other eignificant condit  LEVAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not to determined  290. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  Chrc.	A CONSEQUENCE OF A CONS	OF):  Pert force  OF):  Pert force  OF):  Pert force  OF):  Pert force  A   Nursing Ho  ME OF   28c. IN  JURY M   1    atreet, fectory, offi	PLACE OF DEATH (C) THE S PROJURY AT ONK? YES 2 NO The end piece, and due	8 Other 28d. DE:	24s. WAS AN PERFORI 1 YES 2  IN (Specify)  SCRIBE HOW IN  CATION (Street as or Town, State)	AUTOPSY MED?  NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY AMBLABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 RED
COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condit  PART III. Other eignificant condit  LEVAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not to determined  290. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  Chrc.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  Chrc.  DUE TO (OR AS  DUE TO (OR AS  Chrc.  DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF):  Pert force  OF):  Pert force  OF):  Pert force  OF):  Pert force  A   Nursing Ho  ME OF   28c. IN  JURY M   1  atreet, fectory, offi	PLACE OF DEATH (C) THE S PROJURY AT ONK? YES 2 NO The end piece, and due	heck only of 8 Other 28d. DE:	24s. WAS AN PERFORI 1 YES 2  IN (Specify)  SCRIBE HOW IN  CATION (Street as or Town, State)	AUTOPSY MED?  NO NO NO NUMBER or or attended if due to the d	24b. WERE AUTOPSY AMBLABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 RED
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICAL	IMMEDIATE CAUSE Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condit  PART II. Other eignificant condit  LAST  PART II. Other eignificant condit  LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  Chrc.	A CONSEQUENCE OF A CONS	OF):  Depty for the property of the property o	PLACE OF DEATH (C. The 5   Residence  SURRY AT ORK? YES 2   NO The end place, and duty death occurred at the  29c. LICENSE NU	Part I.  S Other  281. LOC  City  to the case time, date	24a. WAS AN PERFORI 1 YES 2  Per (Specify) SCRIBE HOW the CATION (Street as of Town, State)  use(e) end mention and piece, end	AUTOPSY MED?  NO NO NO NUMBER or or attended if due to the d	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF DEATH?  1  YES 2  RED  Red Red Red Red Red Red Red Red Red Re
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE Find disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condit the condition of the cond	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE	A CONSEQUENCE OF A CONS	OF):  Corp.:	PLACE OF DEATH (C)  The S   Residence  JURY AT  ONK?  YES 2   NO  The end place, and due  death occurred at the  29c. LICENSE NU  D 25	Part I.  8 Othe 28d. DE: 28f. LOCChy a to the case time, date	24a. WAS AN. PERFORI 1 YES 2  IN (Specify) SCRIBE HOW IN  EATION (Street a or Town, State)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF DEATH?  1  YES 2  RED  Red Red Red Red Red Red Red Red Red Re



REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO	0.	
1. DECEDENT'S NAME (First, Middle, Las	t)			2. DATE OF DEATH		3. TIME OF DEATH
RICHARD	MORRIS	BLAKE		December	12.199	1 9:42 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreig
577-60-1207	1 TyM 2   F	9 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) May 23 1	C	ountry)
9a. FACILITY NAME (If not institution, give			Y, TOWN OR LOCATION OF		9c. COUNTY C	entucky
r l	14			DEATH		
Doctors Commun	ity Hospital	1	Janham		Princ	e George's
100. STATE 10b. COUN	ITY	10c. CITY, TOWN	OR LOCATION			10d, INSIDE CITY
Maryland Pr	ince Georges	Touch				LIMITS?
	The Georges	Lanh	10f, ZIP CODE			1 K YES 2 NO
2	Chanal DJ		100			OF WHAT COUNTRY?
5618 Whitfield			2070		U.S	.A.
1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES		WAS DECENDENT OF HISP It yes, specify Cuben, Mex	ANIC ORIGIN? (Specify Vicen, Puerto Rican, etc.)	ee or No 14. F	RACE - American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES 2 NO Spe			Cauc.
	I .					
15. DECEOENT'S ED (Specify only highest grade)  Elementary/Secondary (0-12)	de completed)	16e. DECEDENT'S USUAL Of (Give kind of work done)	during most of working	16b. KIND OF BI	USINESS/INDUSTF	₹Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use retired.)				
UNKNOW	N	Word Pr	ocessor	Govt.	Printi	ng Office
UNKNOW  17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maide	n Sumeme)	
Harry Joseph Bl	ake Sr.		Marga	ret Lynn N	oel	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Run			)
David Blake			field Chape			
20e. METHOD OF DISPOSITION	200	PLACEAND DATE OF DISPOS			OCATION — City of	
1 XBuriel 2 Cremation 3 Re 4 Donetion 5 Other (Second)	moval from State cer	netery, crematory or other place! t. Lincoln C	SITION (IVallie UI			
21. SIGNATURE OF PURERAL SERVICE I	CorQues P			12/19 Br	entwood	,Maryland
1001	1/2	22.	NAME AND ADDRESS OF Rendon/Hale	Funeral H	ome	
( schol	//acrum		9013 Annapo			MD 20706
disease or condition resulting in death)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	b. OUE TO (OR AS A OUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):	idial m	fact alase,	sever	
	one contributing to death i	but not requising in the con-	deduke es es es el es			
	onlineding to sealing	or not resulting in the ur	noerlying cause given		RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- OTHE	26. PLACE OF OEATH (	Check only one)		
YES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4 Nur	R: sing Home 5 ☐ Residenc	6 Other (Specify)		
27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJURY AT	26d. DESCRIBE HOW	INJURY OCCURE	0
Pending		INJURY M	WORK?			
0.0.014	260. PLACE OF INJURY	— At home, term, atreet, fect	lory, office	28t. LOCATION (Street	and Number or Ru	ral Route Number
4 Homicide determined	building, etc. (Spec	cify)		City or Town, State	)	The state of the s
	SICIAN: To the best of my know					
S MEDICAL EXAMINE	NER: On the basis of examination	n end/or investigation, in my o	opinion, death occured at ti	ne time, dete and piece, e	and due to the ceu	se(e) end menner ee stat
296. SIGNATURE AND TITLE OF CERTIFI	ER	^	29c. LICENSE N			NED (Month, Day, Year)
Lola He	rover in.	Di	D35522	.7	▶Dec.	13, 1991
30. NAME AND ADDRESS OF PERSON W					1	
8205 Consett Cou			1, 1,			
	re, bevering h	aryrana zrr				
31. DATE FILED (Month, Day, Year)						



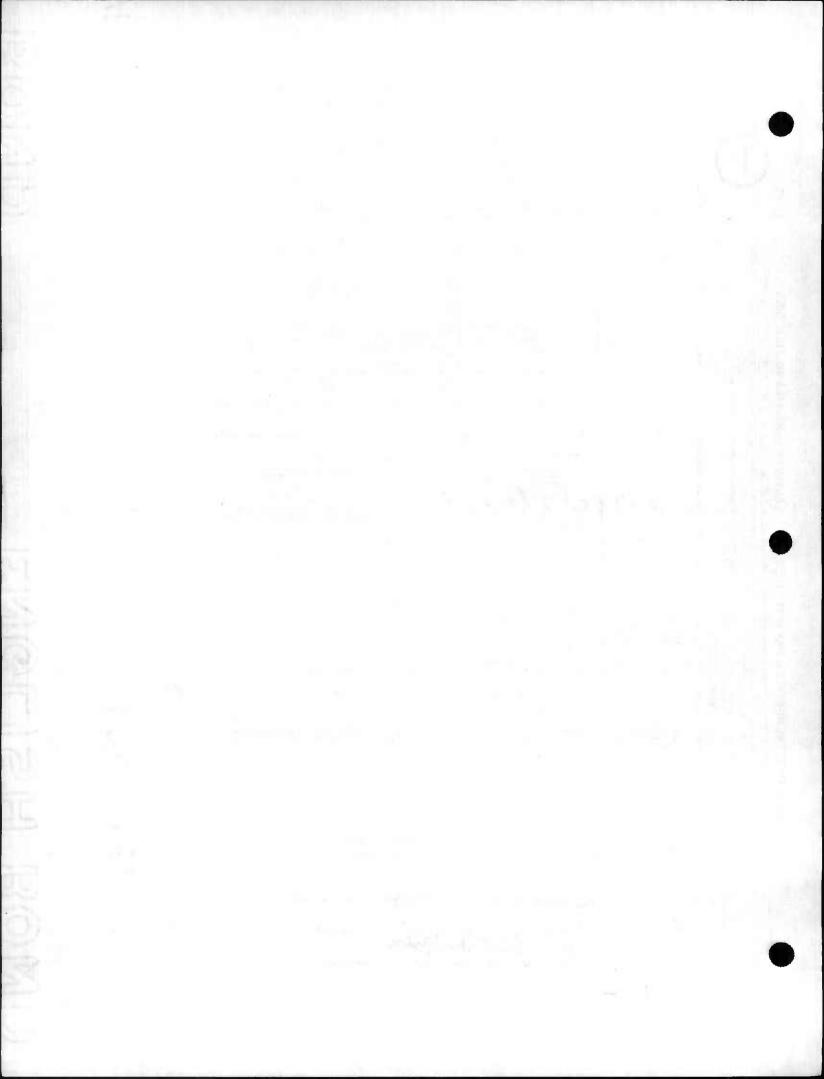


20,2	witten:	2,	-	
		Pages 1		-
		permit.		
020	ohysician.	claim and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		
215-00	attending p	ise as the		
BALTIMORE, MARYLAND 21215-0020	be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tached for L		ICE.
ARYLA	ained by the	hould be de		aumatic event, the medical examiner must be notified at once.
RE, M	may be reti	it, page 5 s		ist he not
TIMO	th. Page 6	eral directo		miner m
BAL	's after dear	by the fur	removal.	dical era
	24 hour	filled is	ion, or	he me
,09	d within	mpletely	, cremat	event. t
X 68760,	executer	n and co	or to burial, cremation, or removal.	matic
0	20	.00	5	ē

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO		
- 4	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEAT
		t Beach				12 19	5 91	1640
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIFTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Fo
	577-18-8719	1 □ M 2 ★ F	72 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 7	1919	Virginia
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
CTOR	Physicians M	emorial Ho	spital	LaP1	ata		Ch	narles
5	RESIDENCE OF DECEDENT						- 01	
DIRE	10a. STATE 10b. COUNT		10c. CF	TY, TOWN OR LO				10d. INSIDE CITY LIMITS?
		arles		Newbur				1 YES 2 X
₹	10e. STREET AND NUMBER				101. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	Route 1, Box 94H4	+3			20664			J.S.A.
ا ۾	11. MARITAL STATUS	12. WAS DECEDENT EVER			ECENDENT OF HISPA specify Cuban, Maxico	NIC ORIGIN? (Specify Ye	a or No- 14.	RACE — American India Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Specifi			White
		1					!	
	15. DECEDENT'S ED (Specify only highest grad		18a. DECEDENT'S (Give kind of	work done during	TION most of working	16b. KIND OF BU	ISINESS/INDUST	TRY
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	67	ise retired.)	T D 4		1 0	
M	12		Super	visor	F.D.A.		al Gove	rnment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider	No colle	
BE	John A. Payne					e Eldene l		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
-	Turner T. Beach		Rte.	1, Box	94H43, Ne	ewburg, Md		
	20a. METHOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremation 3 🗆 Res	moval from State	0b. PLACE ANO OAT	E OF OISPOSITI	ON (Name	OATE 20c. LO	OCATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	0.	Fort Lin	icoln Ce	emetery 1	12/18/91 B	rentwoo	od, Marylar
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE //		22. NAME	AND ADDRESS OF FA	alas Funera	al Home	3
	I Tops no	2 Xalla	, )	616	onge i. ka	ill Rd. Ox	on Hill	Md 207/
-	23. PART I. Enter the diseases, or	complications that save	ad the death. On					·
		. Liet Dnly Dne ceuse on		not onto the	mode of dying, au	on ee condict or 100p	matory officer	Interval B
	IMMEDIATE CAUSE (Final disease or condition	1 +	_ 0	0	1 1/2			Onset and
	recuiting in death)	a Shile	acun	al l	Mudeum	-		
		OUE TO (OR AS	A CONSEQUENCE	OF:	TA -	7		
2	Sequentielly list conditions,	a	onbola	per -	I huge	1		
CERTIFICATION	if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE	<b>2</b> ):	1 00-	914	_	
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Uleu	A CONSEQUENCE	your	deal <	maule	42	
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (	OFIN		O		
111	Total and a doubly Exot	d						i
	PART II. Other aignificant condition	one contributing to death	but not resulting	in the underly	/ing cause given in	Part I. 24a, WAS A		24b. WERE AUTOPSY F
MEDICAL							RMED?	AVAILABLE PRIOR COMPLETION OF
						1 🗆 YES	2 [J] NO	OF DEATH?
								1   YES 2
Z								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	neck only one)		
YS	1 TYES 2 NO	1 () Inputient 2 ER/Ou		4 - Nursing i	fome 5 🗆 Rasidence			300
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. Ti	JURY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUP	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 [	YES 2 NO			
0	3 Suicide 6 Could not b	28a. PLACE OF INJUF building, etc. (Sp	RY — At home, farm.	, street, factory, o	ffice	261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
ETE	4 Homicide detarmined							
٦	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kno	wiedge, death occu	rred at the time.	date and place, and du	a to the cause(a) and m	enner as stated.	The same of the sa
COMPL	anal control only	NER: On the basis of examinat						
BE	29b. SIGNATURE AND TITLE OF CERTIF	1 \/	31		29c. LICENSE NU	IMBER	29d. DATE S	IGNED (Month, Day, Year)
0		Hm01	July 4	2	1 10	1004	10	7-12-4
	30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE OF E	DEATH (ITEM 27) (Typ	oe, Print)				•
		Burke 115-	-A LaGra	ange A	ve. POB	591 LaP1	ata.	Md. 2064
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAB'S SIG	MATURE Randol	2				
	DEC 18 1991	guna villa	1301 -1 -10-00					

DHMH-16 Rev 1/89



year) 1991

31. DATE FILED (Month, Day, DEC 1

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, ASAN SAL

32. REGISTRAR'S SIGNATURE
July Davidson-Randsle

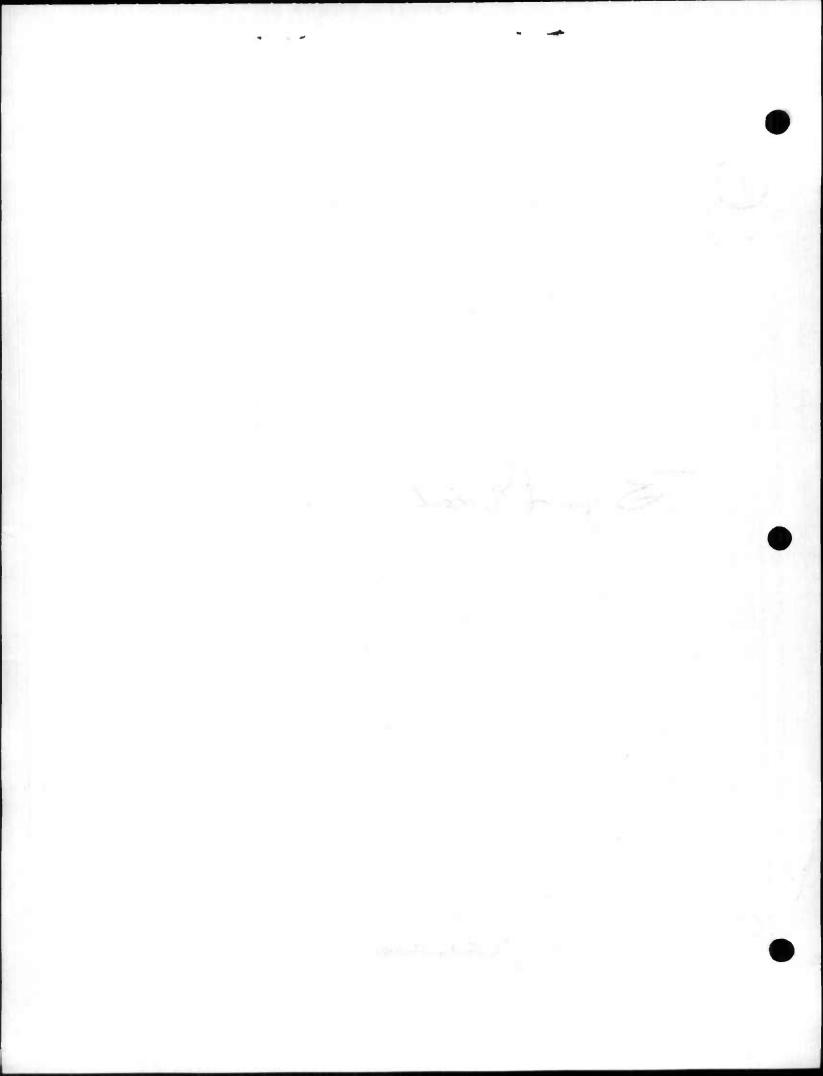
FOR	CTAYE OF	IFA DVI AND						9	1 38	5467
1 - STATE REGISTRAR		MARTLAND /	ERTIF	ICATE	OF D	EATH	MENTAL HYGIE REG. NO			
1. DECEDENT'S NAME (First, Middle, Las	INE P.	RURK	2				2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME	OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia		IF UNDER 1	YEAR I	F UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE	State or Foreign
214-18-8071	1 M 2 XXF	83	YRS.	MONTHS	DAYS H	DURS MIN.	May 2, 190	8	Marylar	ıd
90. FACILITY NAME (If not institution, give		1	LOL T	9b. CITY, T	es 1 .	OCATION OF E		-	TY OF DEATH	2
RESIDENCE OF DECEMENT	TND T	tospir.	796		-11	NTON		PAI	NCE G	EORG
Monard Drin	ce George			Y, TOWN OR					10d. IN:	SIDE CITY WITS?
Maryland Prin	ce George	S	DIS	trict		CODE				ES 2 NO
6504 Halleck St	•				20	0747			S.A.	UNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN	T EVER IN U.S. AF	AMED NO	13, WA	S DECENE	ENT OF HISPA	ANIC ORIGIN? (Specify Young, Puerto Ricen, etc.)	e or No—	14. RACE — Ame Black, White,	ricen Indien,
3 Widowed 4 Divorced	IF YES, GIVE V	MR OR DATES				NO Speci			Specify: whi	te
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	18e. DE	CEDENT'S	USUAL OCC	UPATION	Lundin	16b. KIND OF BI	JSINESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5	''		work done dur	mg most o	working	T 1 1	0		
17. FATHER'S NAME (First, Middle, Last)		I OI	perat	or	40	MOTHERICAL	Telepho		pany	
Commelvin Have	nner				10	Anna	Loehman	n Surneme)		
19a. INFORMANT'S NAME (Type/Print)							Route Number, City or To			
Joseph A. Burges:	S				~		trict Heig	_		
1 XBuriel 2 Cremetion 3 Rei	movat from State	cemetery, cre	and date of	her place)	ON (Name o	Comoto	DATE 20c. LO ery12/20/9	OCATION — CI	ty or Town, State	(ID
T. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	MADITAL	16 0011	22. NA	ME AND A	DDRESS OF F	ACILITY			
Dura	AM	echou	1	Robe	ert I	E. Will	nelm,Inc.		uitland	
23. PART i. Entar the diseases, pr shock, or hear failure	complications tha	t caused the da	ath. Do n	ot antar th	a moda	of dying, suc	ch as cardiac or reap	olratory arres	st, A	proximate
IMMEDIATE CAUSE (Final disease or condition	,	1	0 -	Ede	0.					tarval Betwe neet and Dar
resulting in dasth)	. Au	(OR AS A CONSE	,		~~	-9				
and the same of th	, (2	2000		F	6.	aA	06i950	Cer	25-1	
Sequantially list conditions, if any, lasding to immediata cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	DUENCE OF	1:1-		C1	1 (-1	01		
CAUSE (Disease or injury that initiated evants	C. DUE TO	OR AS A CONSEC	DUENCE OF	0:		SIM	vice (VI	4)		
resulting in death) LAST	d. ()	050	my	Cen	Q(L	16	2014		į	
PART II. Other significant condition	na contributing to	death but not r	esulting i	n the unde	riving ca	use alven in	Part I. 24s. WAS AF	ALITOREY	Total Mene at	TODAY FINANCE
	aui	e15	-		,	acc given in	PERFO	RMED?	AVAILAB	JTOPSY FINDING LE PRIOR TO TION OF CAUSE
	- va	one	18	1			1 TYES	2   NO	OF DEAT	H? S 2 □ NO
	Some	165	4	حب	1					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 (NO	HOSPITAL:	EDIO 1. III.		OTHER:		DF DEATH (C)				
27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF	INJURY	28b. TIME	OF 28	c. INJURY		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation	(Month, De	ny, 19ar)	INJU		WORK?	2 NO				
3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At horatc. (Specify)	me, ferm, a	reet, factory,	offica		28f. LOCATION (Street City or Town, State	end Number or	Rural Route Num	ber,
29e. CERTIFIER (Check only one) 1 DERTIFYING PHYS	SICIAN: To the best of ER: On the basic of ex	my knowledge, de	ath occurre	d at the time	, date end	place, and due	to the cause(e) end ma	nner ee stated	Couse(s) and mar	ner ee stated
296. SIGNATURE AND TITLE OF CERTIFIE		241	- 0-			LICENSE NUI			BIGNED (Month, D	
20 NAME AND ADDRESS OF PERSON HIS	h	700		)				12	2.18-	5/

DHMH-16 Rev 1/89

0

woo

in

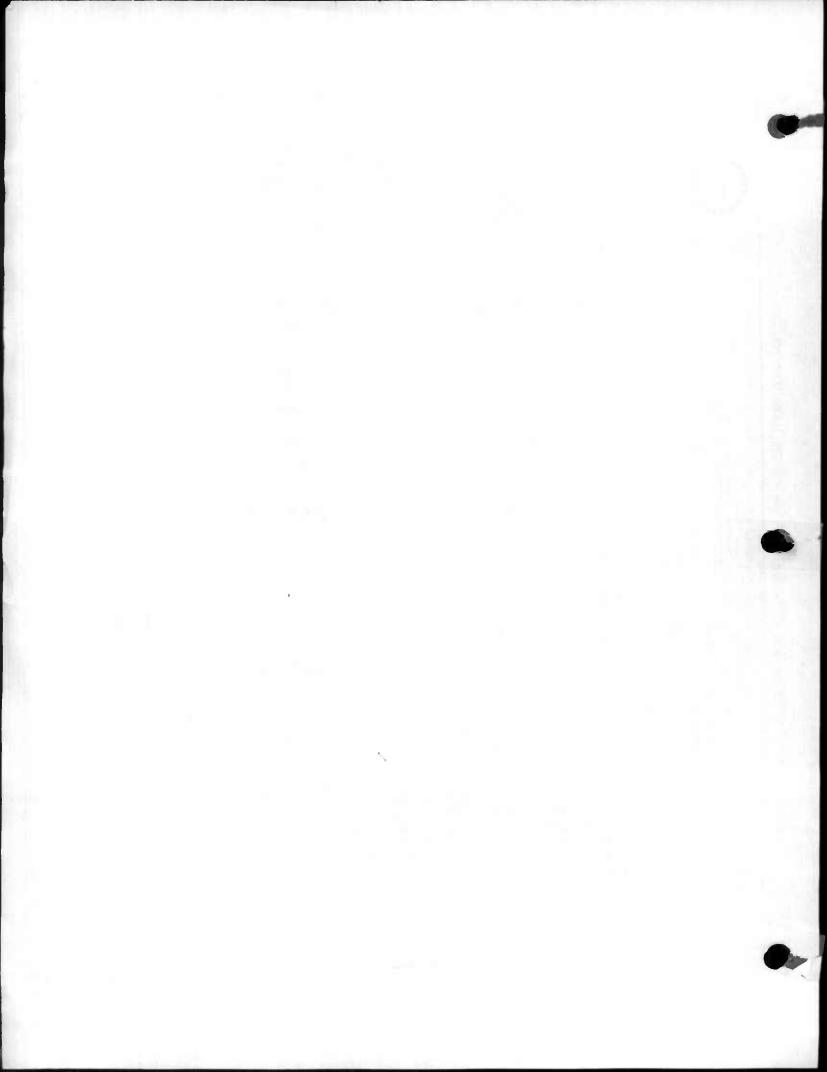


DHMH-18 Rev 1/89

	4
90,	urithin
BOX 68760,	avantar!
ŏ	ha
.O.	MENNE SERVICIAN. The law consists that the death configure he executed unities
C,	doneh
Ö	the
H C	4644
ION OF VITAL RECORDS, P.O. I	Continue
_	1000
IA	The
5	IAM.
OF	DIAMEIO
0	PINION

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)  Trances	Lee	Crol1			2. DATE OF DEATH	AY 159A	1 3. TIME OF DEATH P. 11:00 P.
O HO	4. SOCIAL SECURITY NUMBER 215-12-3973	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry)
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH  Easton  Talbot				
and a	RESIDENCE OF DECEDENT							
DIREC	Maryland C	10e. CIT	Denton				10d. INSIDE CITY LIMITS?  1 XYES 2 NO	
FUNERAL	401 South Second Street				101. ZIP CODE 21629		10g. CITIZEN OF WHAT COUNTRY? U.S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 - YES IF YES, GIVE WAR OR	2 NO	It yes, s	CENDENT OF HISPAN Decify Cuben, Maxica 5 2 MO Specify	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	S	tACE — American Indian, Black, White, atc. Specify: aucasian
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of side. Do NOT us	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND OF BUS		
MP	11 HS grad	2 yrs.	Н	omemak	er		Home	
CO	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (First, Middle, Meiden Surname)					
BE	Ernest Greene		Frances Crouse					
0	George W. McC		19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)  31 Crest Road, Rowayton, Connecticut06853					
	20a. METHOD OF DISPOSITION  1							r Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Moore Funeral Home, P.A.  Drawer B, Denton, Maryland 21629  23. PART I. Enter the diseases, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiretory arrest,  Approximate							
	shock, or haart fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respiration	A CONSEQUENCE OF	triest	,,,,,,,			interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. Choophalm ts  Due To (or AS A CONSEQUENCE OF):  C. OUS phalm ts  Due To (or AS A CONSEQUENCE OF):  OUE TO (or AS A CONSEQUENCE OF):  d. G. I tract obstructus 10 lymphama  Week.							
AN: MEDICAL	PART II. Other algorificant conditions contributing to death but not reaulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   1 DESTRUCTION OF CAUSE OF DEATH?							
SICIA	25. WAS CASE REFEREND TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:							
ETED BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	4 Nursing Hon IE OF 28c. IN.	JURY AT DRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURE	D
	2 Accident Investigation 3 Suicida 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, building, atc. (Specify)			street, tectory, office 28t. L		281. LOCATION (Street a City or Town, State)	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attend.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  1 296. DATE SIGNED (Month, Day, Year)							
	Ann H. Webb, M.D., 607 Dutchmen's Lane, Easton, MD 21601							
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	66
	notified
	þe
	must
l.	i 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
remova	edical
6	Ē
Ition.	the
. crema	event,
to burial	matic
Dio	traf
yglene p	other
E H	0
d Ment	injury,
th and	any
s after death with the State Dept. of Health and Mental Hyglene prior to buris	Shows
Dept	23
State	item
the	9
with	ked,
death	mar.
after	28 14

												91	3	6469	
	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND / Ce		RTMENT				MENTAI	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIR	NE OF DEATH	_
	Allan A	A. Car	ney						Тес	. 10	AY . 19	91	1	:23P M	A
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	,	0. BIRTH	IPLACE	(State or Foreign	_
1	578-42-3895	1 🖳 M 2 🗌 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont) 05	1, Day, Year) 29 1	901	Count	dia	m =	
1	9a. FACILITY NAME (If not institution, give str	2.5	90		9h CITY	TOWN OF	LOCATIO	ON OF DE		29 1		NTY OF D		IIa	_
Pe 1			~ .		30. Citi,				MIN		1				
2	Wesleyan Health	1 Care	Center	r Denton							Ca	rol	ine		_
FUNERAL DIRECTOR	10e. STATE District Of Columbia			10c. CITY, TOWN OR LOCATION Washington									L	NSIDE CITY IMITS? YES 2 NO	1000
	10e, STREET AND NUMBER				Mar		ZIP CODE				10g, CIT	IZEN OF	4		-
8	1827 23rd 8	Street,	NI TAT	20008								U.S	71.		
Z	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	13 V				IIC OBIGIN	1? (Specify Ye				arican Indian	-
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES 2 NAR OR DATES	10	11		offy Cuba	n, Maxica	n, Puerto i	Alcan, atc.)	a or 110—	Spec	clfy:	sian	
	15. DECEDENT'S EDUC	ATION	18a, DE	CEDENT'S	USUAL OC	CCUPATION	N		18b	KIND OF BU	SINESS/IN		uca	STAIL	_
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	ive kind of Do NOT u	work done dise retired.)	during most	t of workin	g							
2		one	Se	1 f _ c	emp1c	Con	tga	ctp.	rng		P	ain	tin	ď	
8	17. FATHER'S NAME (First, Middle, Last)	)IIC	DC.	T T C	-mpre	Jyea				Middle, Maider		GIII	CIII	.9	_
	Franklin Car	ney								v.	,	no			
BE	19a, INFORMANT'S NAME (Type/Print)	ricy	140	- MARIN	O ADDRESS	/Stenet on				ber. City or Toy					-
9														00000	
	Magenta Yglesi	Las							NW,					.20008	_
1 Pauriel 2 Cremetion 3 Removal from State other place)															
	4 Donation 5 Other (Specify)		<u>   IGate</u>	of										g, MD	_
	21. SIGNATURE OF PINERAL SERVICEALIC	20	loon		12.	NAME AND	RE	F. +	\$7.   P	Der	aru	ارا	ng	,	
	23. PART I. Enter the diseases, or c shock, or heart fallers. I	omplications the	at caused tha da	ath. Do	not enter	the mod	a of dyl	ing, auc	h aa car	diac or reap	iratory a	rreat,		Approximate Interval Batween	1
d	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)		OR AS A CONSECUTION								_			Onaat and Death	1
		A L	(OR AS A CONSE	OUENCE C	OF):	110	. 1	•							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSE	-		114							$\dashv$		_
3	cause. Enter UNDERLYING CAUSE (Disease or Injury														
	that initiated events	DUE TO	(OR AS A CONSE	OUENCE (	OF):										
E	resulting in daeth) LAST	1													
	PART II. Other eignificant conditions		death had not		In the con			-tt	D. A.I.						_
PHYSICIAN: MEDICAL	Congest		teant	-	Eu, L	,	Cause !	Aisen in	rant I.	24a. WAS AI PERFO	AMED?	24	COMP	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE	
입										1 1 123	100			EATH? YES 2 NO	
Σ									_				' '	TES Z   NO	
A	25. WAS CASE REFERRED TO MEDICAL					00 PI				L					_
Image: Control of the control of the	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (U/	eck only o	ne)					_
YS	1 YES 2 NO		ER/Outpatient 3	_	1	sing Home		sidence	Y						
표	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TII	IJURY	28c. INJU WOF	JRY AT RK?		28d. DE	SCRIBE HOW	INJURY O	CCURED			
BY	2 Accident Investigation				М	1 🗌 Y	ES 2	NO							
	3 Suicide a Could not be	28e. PLACE (	OF INJURY — At he , etc. (Specify)	ome, ferm,	atreet, fact	lory, office				or Town, State		er or Rural	Route N	lumber,	
TE	4 Homicide determined														
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best o	f my knowledge, de	eath occur	red at the ti	ime, data	and place	, and due	to the ca	use(a) and mi	nner aa st	ated.			_
M	one) 2 MEDICAL EXAMINE												(a) and	manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1									_				_
BE	TOTAL SIGNATURE AND THE OF GERTRIEF		1	m	2		290. LICI	ENSE NU	7/	0	Zwd. DA	1 2	Mont	Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Stree Print)										_				

NEW MED

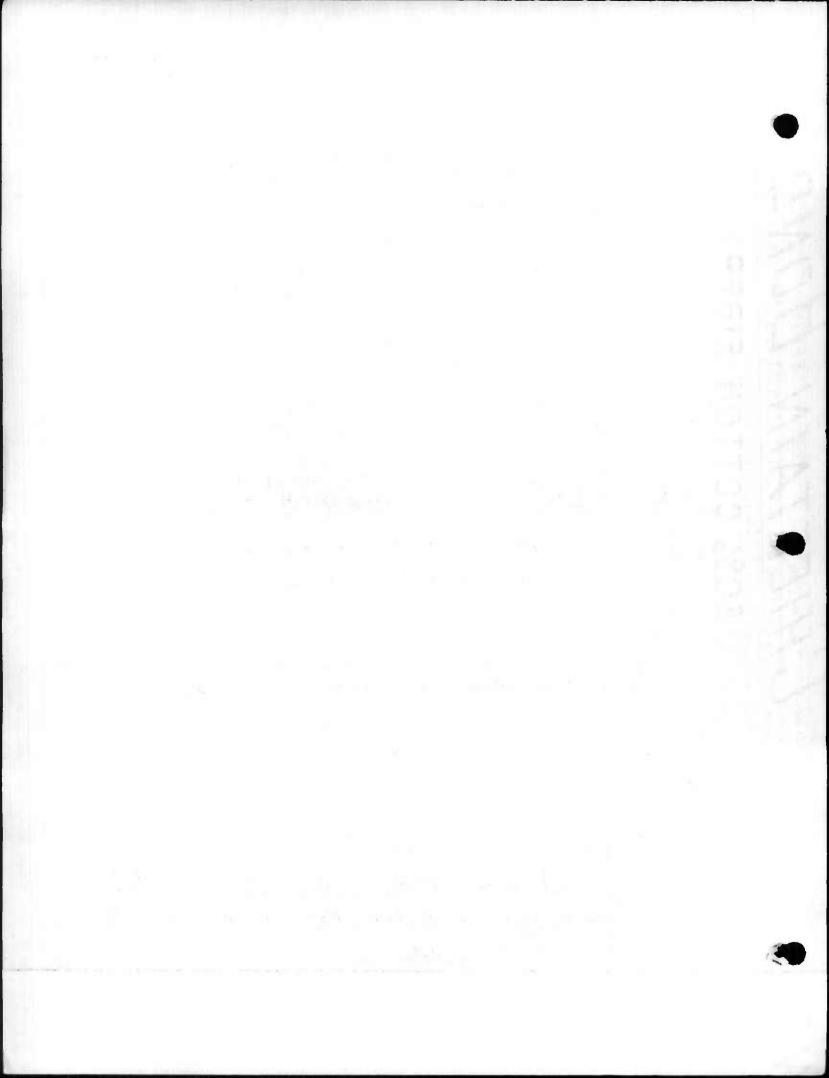
660

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

T. CORWIN M.D. PU.B. 6

91

32. REGISTRAR'S SIGNATURE
Lika Davidson-Randale



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (Fin	st, Middle, Last)								2. DATE OF D	DEATH		3	TIME OF OEATH
	SARAH MARTE									DECEM	DAY	8, 1	991	05:02
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	,,	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Den	NRTH v. Year)	- 1	8. BIRTHPL/	ACE (State or Foreig
	214-74-657		1 □ M 2 💢 F	88	YRS.		1.75	35345		June 1	0, 19	03	1	laryland
œ	9a. FACILITY NAME (If not							OR LOCATI			- 1		TY OF DEAT	Н
DIRECTO	CALVERT MEM	ORIAL	HOSPITAL			PRI	NCE	FRED	ERIC	K, MD		CALV	ERT	
REC	10a. STATE	10b. COUNT			10c, CIT	Y, TOWN	OR LOCA	ATION					10	d. INSIDE CITY
- 44	Maryland	Ca	lvert		Ow	ings	3						1	LIMITS?
¥.	10e. STREET AND NUMBER						10	of. ZIP COD	E		- 3	10g. CITIZEN OF WHAT COUNTRY?		
NER	300 Skir	ners ]						2073	36				US	A
BY FUN	11. MARITAL STATUS  1 Never Married 2   3 X Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED ∑NO		If yes, s	CENDENT Copecify Cuba S 2 NO	n, Maxica	IIC ORIGIN? (Sp n, Puarto Rican :	pecify Yea or , etc.)	No- 1	Black, W	American Indian, hita, atc. Black
9	15. DE (Specify or	CEDENT'S EDU	CATION COMPOSITION	16a. I	DECEDENT'S	USUAL O	CCUPATI	ION	-	16b. KINI	D OF BUSIN	ESS/INDU	STRY	
COMPLETE	Elementary/Secondary		College (1-4 or 5		(Give kind of a life. Do NOT us	se retired.)			10					
₽ B	7					Но	use	wife						
8	17. FATHER'S NAME (First, I	Viddle, Last)	Charles	771						ME (First, Middle		name)		
BE	10- (NEOM1117)	7	Charles							lla Jo				
9	Alice Austi				300 S	ADDRES	S (Street	Tunner	or Rural I	Route Number, Ci	ity or Town, S	State, Zip C	Code)	
	20e. METHOD OF DISPOSIT			001 0110		_			. DA		_			
	Burial 2 Cremati	on 3 Rem	ioval from Stata	cemetery, c	E AND DATE O	ther place	h-	Com	10/	0ATE	20c. LOCAT	ION — CH	ty or Town,	Seach, l
	21. SIGNATURE OF FUNER		CENSEE	- DE.	Edillo	22	NAME A	NO ADDRES	12/					
	Spen	040	6							0	ewell			Home
CERTIFICATION	immediate cause (Fi disease or condition resulting in deeth)  Sequentielly list conditions, leading to immediates. Enter UNDERLY CAUSE (Disease or injutat initieted events reculting in death) LAS	EOUENCE OF						Onset and I						
CALC	PART II. Other significa	ent condition	s contributing to	death but not	resulting i	n the un	derlyin	g cause g	iven in	Pert i. 24s.	WAS AN AUT	TOPSY	24b. WE	RE AUTOPSY FIND
음										10	YES 2		CO	ILABLE PRIDE TO MPLETION DF CAU
ME										_   '-	1123 2			DEATH? YES 2 NO
										_				20 2
SICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF O	EATH (Che	ck only one)				
HYS	1 TYES 2 NO		1 Inpetient 2		3 DOA	OTHER		ne 5 🗆 Re	sidenca	B Other (Spe	c(fy)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 2 Accident	28a. DATE OF (Month, D	28b. TIME INJU	URY M	1 🔲 '	YES 2	NO NO	28d. OESCRIBI	E HOW INJU	RY OCCU	REO			
ETED	3 Suicide 4 Homscide  8 Could not be determined  28a. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)  28a. LOCATION (Street and Number or Rural Route Number, City or Town, State)											Number,		
	29a. CERTIFIER (Check only one) 1 CERT 2 MED	ICAL EXAMINE	CIAN: To the beat of R: On the basis of ex	my knowledge, d	leath occurre	d at the ti	me, data pinion, d	and place,	and dua	to the cause(a) time, data and p	end manner place, and du	as stated.	cause(a) end	f manner aa state
WOO CO				the same of the sa										
w ()	29b. SIGNATURE AND TITLE		- 6	25~	9	E~	5	29c. LICE	NSE NUM		29	d. OATE S	SIGNEO (Moi	nth, Day, Year)
O BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	0 -	25~	9	-5~	5	29c. LICE	NSE NUM	255	19 1	d. OATE S	2 -18	3-01
O BE		OF CERTIFIER	0 -	SE OF OEATH (ITI	EM 27) (Type,	Print)	2	29c. LICE	SE NUM		1 97	d. OATE S	2 -18	3-9()
TO BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	O COMPLETEO CAUS	EE OF OEATH (ITI	ЕМ 27) (Туре,	Print)	5	29c. LICE	NSE NUM		1 97 29	d. OATE S	SIGNEO (Moi	3-91)

PERSONAL PROPERTY.

YEAR

3. TIME OF DEATN

1, 2, 3

Pages

permit.

n and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to burial, cremation, or removal.

notified at

pe

must

examiner

medical

the

event,

traumatic

other

Injury, or

shows any

Item

0

marked,

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

24 hours after death. Page 6 may be retained by the hospital or attending physician.

requires that the death certificate be executed within

HOSPITAL OR ATTENDING PHYSICIAN: The law

the attending physician Mental Hygiene prior to

been signed by the

Dept.

certificate h

this with

After death

FUNERAL DIRECTOR: Att within 72 hours after des TANT: If item 28 is n

TO THE P TO THE P De filed w

IMPORTANT: If item

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

STATE REGISTRAR	OF H	DEAT	AND TH	MENTAL HY	GIENE 3. NO.	:				
DECEDENT'S NAME (First, Middle, Last) Theodore		CABELL					2. DATE OF DEA	ATN DAY		1
228-42-0659	5. SEX 1 XM 2 F	6. AGE (In yrs. lest birthday 57 YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, ) 2/18/	TN		_
FACILITY NAME (If not institution, give s			9b. CITY,		OR LOCATI		EATH	$\Box$	9c. CO	) C

991 7:14P 8. BIRTHPLACE (State or Foreign Virginia UNTY OF DEATH Prince George's Doctor 's Hospital Lanham RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Capitol Heights 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 420 Abel Avenue 20743 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 1 YES 2X NO Specify 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) 12th Grade Engineer Private 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Hattie Cabell Sadie Greene 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shirley Cabell 420 Abel Ave., Capitol Hgts., MD. 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE "Harmony" Memorial Park 12/9 Other (Specify) Landover, Maryland 21. SIGNATURE OF FUNERAL SERVICE Stewart Funeral Home 4001 Benning Rd., N.E. Wash. D.C. Ш Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List Dniy one cause on each line. Interval Batween iMMEDIATE CAUSE (Final disease of condition Oneat and Death condition Haemorrhagic Shock reaulting n death) DUE TO (OR AS A CONSEQUENCE OF): carcino matosis Cancer Colon DUE TO (OR AS A CONSEQUENCE OF):

Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated avents

resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF)

PART II. Other algnificant conditions	contributing to death	but not resulting in the	e underlying cause given in Part I.
	hal the		

24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO

27. MANNER OF DEATN

29e. CERTIFIER

28. PLACE OF DEATN (Check only one) OTHER: ne 5 - Reeldence 8 - Other (Specify)

Inpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY

5 Pending Investigation Natural М 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide a Could not be 4 Nomicide

28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED 1 YES 2 NO

1 CERTIPTING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

29c. LICENSE NUMBER 334

91 2/6

7227-B Hanover

1 6 1991

296. SIGNATURE AND TITLE OF CERTIFIER

32. REGISTRAR'S SIGNATURE Pandale



TO BE COMPLETED BY FUNERAL DIRECTO

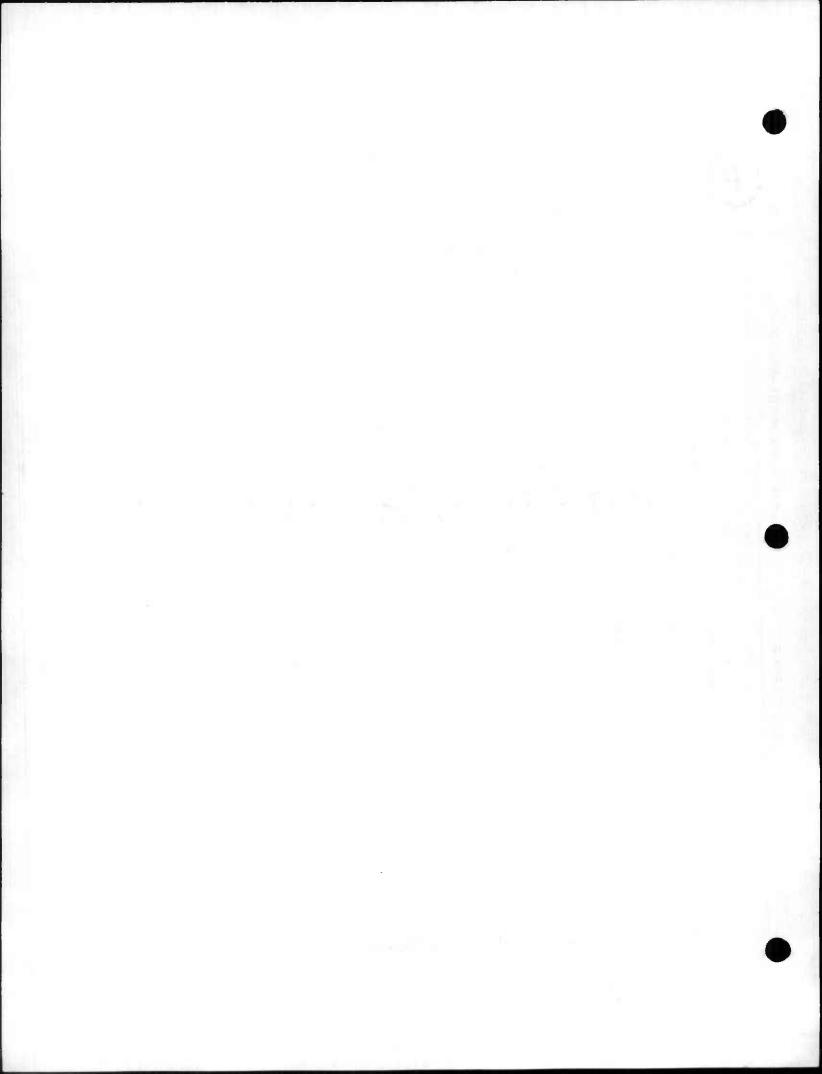
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TTEMS: IUe, I	3, TAD E
G-683 1/28/	92 cm
FOR STATE	
REGISTRAR	
1. DECEDENT'S NAME (First	, Middle, Last)
ARTURO E	CASTIL
4. SOCIAL SECURITY NUME	BER
439 32 6249	
9e. FACILITY NAME (If not in	stitution, give stre
PRINCE GEOR	GE'S HO
RESIDENCE OF DEC	EDENT
10e. STATE	10b. COUNTY
Maryland	Prince
10e. STREET AND NUMBER	
2801 Bar	barry 1
11. MARITAL STATUS	
1 Never Merried 2 20	Married

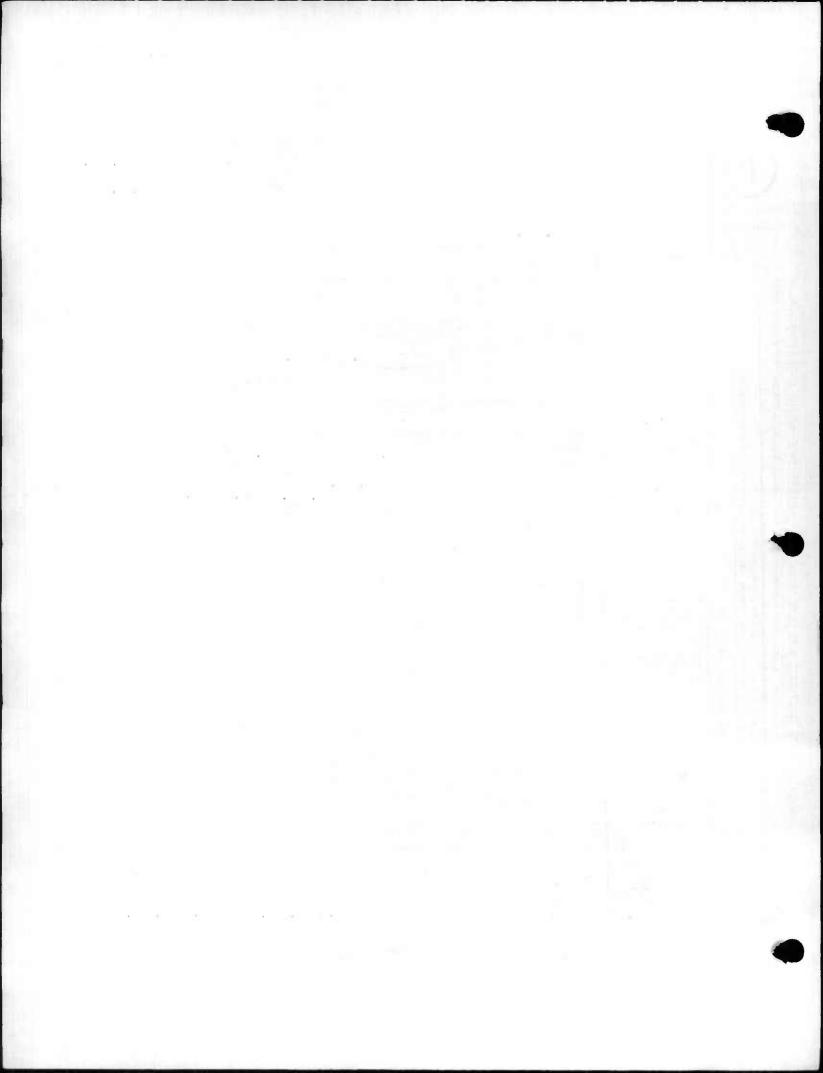
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First,	Adictritio ( part)											
		110							2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	NY.	YEAR	3. TIME OF DEATN
	CASTI								12 17	7	91	4:30 P:M M
4. SOCIAL SECURITY NUMB	-2.0	5. SEX	6. AGE (In yrs		MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTN (Month, Day, Year)		Countr	IPLACE (State or Foreign
439 32 6249		1 M 2 F	66	YRS.	1000		255,311	- 1	March 25	1925	Brit	tish Hondura
9e. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATN	EATN		
PRINCE GEORG	GE'S H	OSPITAL	CENTER		CHE	VER	LY			PRI	NCE	GEORGE'S
RESIDENCE OF DEC	10b. COUNTY				Y, TOWN	00.100						
Maryland		e George			wie	OH LOCA	ATION				i	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	FITHC	e George	5	DO	wie							1 YES 2 NO
	horry	Lane Ba	vh ovvi	Tana		1	of. ZIP COD	_		_		VHAT COUNTRY?
11. MARITAL STATUS	Dalty		-46					715			ted	States
1 Never Merried 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	ARMED NO		If yes, s	pecify Cube	m. Mexices	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE Black	— American Indian, c, White, etc.
3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR DATES			1.YE	S 2 NO	Specify	No		Speck	
15. DECI	EDENT'S EDUC	CATION	160	DECEDENT'S	IICUAL O	CCUBAT	1401		16b. KIND OF BUS			
(Specify only Elementary/Secondary (0	highest grade	completed)		(Give kind of a	work done	durina m	ost of working	ng	Enviror			
Elementary/Secondary (o	-12)	College (1-4 or 5	5+	Chemi	S. A. S. C.				Protect			CV
17. FATHER'S NAME (First, Mi	iddle, Last)			OHOME			] in	UEDIO			**8E11	~ J
Santiago Ca	-111	0							ME (First, Middle, Meiden  la Price	Sumeme)		
190. INFORMANT'S NAME (7)				105 1844 0:-	ADDOO	0.40:						
Janice S. (		10		2801	Bank	TEN S	apa Number	an Bural F	owie Maryla	n, State, Zij	Code)	
20a. METNOD OF DISPOSITI		10	2000	CE AND DATE				He DC				
1 Surial 2 Cremetion 4 Donation 8 Other	n 3 🗆 Remo	eval from State	cemetery	cremetory or of	ther plecal				1		City or To	
21. SIGNATURE OF FUNERAL		ENSEE	Lake	emont	Memo	ria.	L Gar	dens	12/21/91	Davi	dson	ville Md.
000	1 0	6		D					uneral Hon	e. P	. A.	
nown		· Cla	no	Tres	2 1	6000	0 Ann	аро1	is Rd. Bow	rie M	arv1	and 20715
iMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	disease or condition as the chair and an acad citation at the chair and an acad citation at the chair and acad citation at t									Interval Between Onset and Death		
CAUSE (Disease or injurthat initiated events resulting in deeth) LAS1	y	DUE TO	(OR AS A CON	SEQUENCE OF	F):							
PART il. Other eignificat				t resulting i	in the ur	nderlyin	ng ceuse g	iven in i			24b.	WERE AUTOPSY FINDINGS
	Pne	UMONIO	2				H		PERFOR  1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					28. P	LACE OF D	EATH (Cho	ck only one)			
EXAMINER?		HOSPITAL:	FR/Outnations	3 🗆 🗠	OTHER	R:						
27. MANNER OF DEATH		28e. OATE OF		28b. TIMI			JURY AT	eldenca	3 Other (Specify)	I III DY AA	CUREA	
1 Natural 5 🗆 F	ending	(Month, D		INJ	URY	W	ORK?	ON T	28d. DESCRIBE HOW IN	BURT UC	COREO	
3 Suields	nveatigation	28e. PLACE O	F INJURY — At	home farm a	treel fact			110	204   00471011 (011-	- 1 24 5 -	0 10	
	Could not be letermined	building,	etc. (Specify)			ory, orne			28f. LOCATION (Street e City or Town, State)	na Number	Or Hurai Pa	oute Number,
2 MEOIC	CAL EXAMINER	IAN: To the best of	my knowledge, termination end/	death occurre	n, in my o	lme, date	e end place, death occur	end due t	to the cause(s) end men ime, date end place, end	ner ee stat	led. le ceuse(s)	end manner ea stated.
296. SIGNATURE AND TITLE		0-1	n.O.					NSE NUM		29d, DAT	E SIGNED	(Month, Day, Year)
1000	(.45	) /							50	12	- /	8-91
30. NAME AND ADDRESS OF GEORGE	C. Ha		E OF OEATH (I	TEM 27) (Type,	Print)	For	rbes	310	id Lanha	m,	wd	20706
31. OATE FILEO' (Month, Day, N	9 1991	32. REGISTRA	R'S SIGNATURE Davidson									



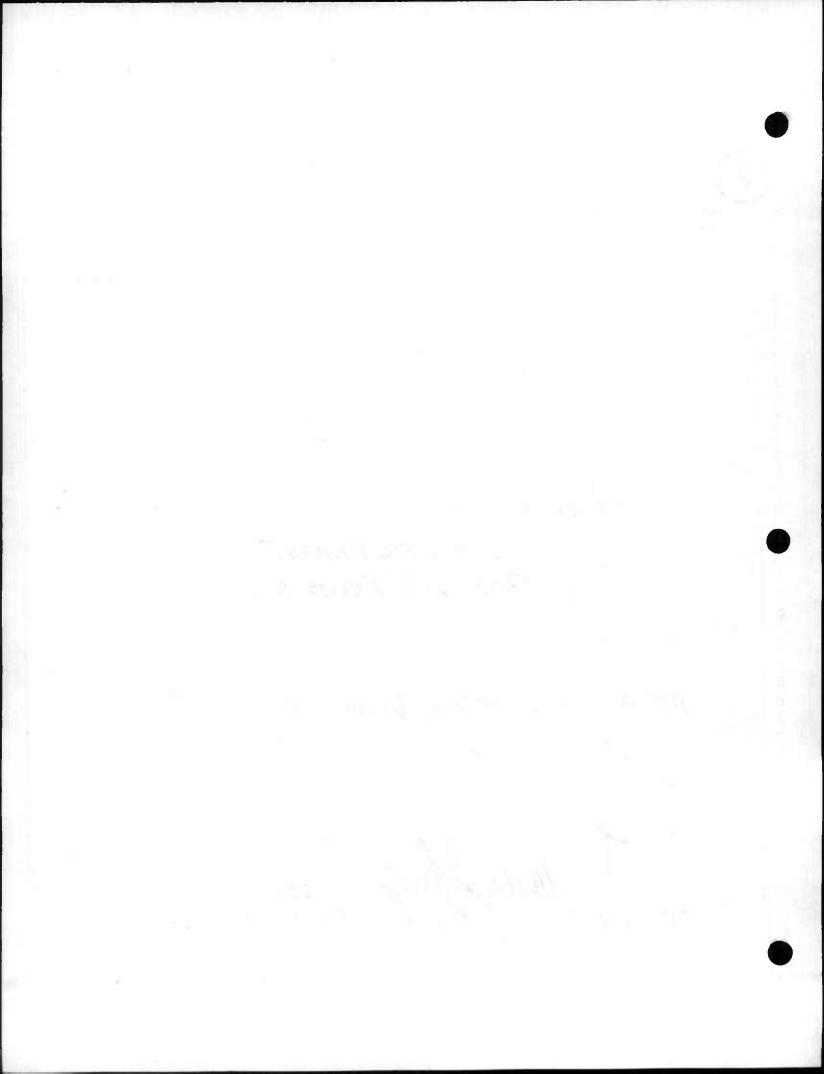


	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last b		NDER 1 YEAR	IF UNDER		12	TH.	91 8. BIRTHI	PLACE (State or Foreig
	210-28-1441	1 □ M 2 😾 F	70	YRS.	THS DAYS	HOURS	MIN.	09-2	2-192	8. BIRTHI Country	S. C.
HOL	98. FACILITY NAME (If not institution, give 5902 - 31st	Avenue		9b.	CITY, TOWN		CSV1		9c. COL	P.	G.
DIREC	*10a, STATE 10b, COUNT	P. G.		10c. CITY, TO	WN OR LOCA	yatt:	svil:	le			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100 STREET AND NUMBER 1915	Avenue			10	of. ZIP CODE	• 0748		10g. Cl		HAT COUNTRY?
BY FUI	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR			If yes, s		in, Mexican,	C ORIGIN? (Spec Puerto Rican, e		14. RACE Black Specif	- American Indian, White, atc.
COMPLETED	15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 2 t n		(Give	kind of work of NOT use reti	fone during m red.)	ost of working		16b. KIND (	OF BUSINESS/IN		ernment
ш	17. FATHER'S NAME (First, Middle, Last) Grant Hol:	mes				18. MOT	HER'S NAME Hat	E (First, Middle, A tie Ch	Maiden Symame) narles		
TO B	199. INFORMANT'S NAME (Type/Print) Susie Bush			lob1.L	e, A.	Labai	ma	3661	-8		
	20sr METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	20b. PLACE OF other place	DISPOSITION Ft					oc. LOCATION - Brentw	rood,	Md
	21. SIGNATURE OF FUNERAL SERVICE L  JOHN SAMUE		n . No.	0	22. NAME / E 320	M. D	udle I.	y Funday	eral H Mt. F	Home Raini	ier, MD
		DUE TO (O	C Arre	ENCE OF):	cino	me					
RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	вы <u>Squamo</u> вые то (о	R AS A CONSEOU	ENCE OF):  1 Car ENCE OF):	cino	ma					
EDICAL CERTIFIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Squamo oue to (o	R AS A CONSEOU  R AS A CONSEOU	ENCE OF):  1 Car ENCE OF):  ENCE OF):			given in P	P	WAS AN AUTOPS' ERFORMED? YES 2 \( \subsection \text{NO}	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAR OF DEATH?
MEDICAL CERTIFIC	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions to the condition of the condition of the cause of	DUE TO (O DUE TO (O DUE TO (O d	R AS A CONSEOU  R AS A CONSEOU	ENCE OF):  1 Car ENCE OF): ENCE OF):	e underlyl	ng cause	given in P	_ 10	ERFORMED?	Y 24b	WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
YSICIAN: MEDICAL CERTIFIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions to the conditions of the cause of the conditions of the cause	b. Squamo oue to (o	R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU  Bath but not rea	ENCE OF):  1 Car ENCE OF):  ENCE OF):	26. P HER: Nursing Ho 28c. P	ng cause	DEATH (Checilesidence 8	_ 10	ERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
BY PHYSICIAN: MEDICAL CERTIFIC	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions to the conditions of the cause of the conditions of the cause	DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O	R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU  Beath but not received by the consecution of the consecution	ENCE OF):  1 Car ENCE OF):  ENCE OF):  Builting in the car DOA 4 DOA 4 DOA 4 DOA 1 D	26. P  28. P  28. P  M 1	ng cause  PLACE OF E mme 8 - R NJURY AT YORK? YES 2 [	DEATH (Checolesidence 8	ck only one)	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
LETED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions to the conditions of the cause of the conditions of the cause	DUE TO (O  DUE TO (O	R AS A CONSEOU  ILS Cel  R AS A CONSEOU  R AS A CONSEOU  Beath but not red  ER/Outpatient 3  ER/Outpatient 3  INJURY  Veer)  Veer)  Very	ENCE OF):  1 Car ENCE OF):  ENCE OF):  Builting in the open control of the occurred at the open control of the occurred at the	26. P HER: Nursing Ho 28c. P M 1 t, factory, off	PPLACE OF E	DEATH (Check steeldence 8 NO NO NO NO NO NO NO NO NO NO NO NO NO	ck only one)  3 Other (Special OESCRIBE  28f. LOCATION City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	OCCURED  over or Flural II	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions to the conditions of the con	DUE TO (O  DUE TO (O	R AS A CONSEOU  LIS Cel  R AS A CONSEOU  R AS A CONSEOU  Besth but not real  ER/Outpatient 3  LIJURY  Year)  INJURY — At home  C. (Specify)  y knowledge, deat mination and/or in	ENCE OF):  1	26. IN Later your the time, da my opinion,	PLACE OF E TIME 8 RAJURY AT YORK? YES 2 [ Itee  te and place, death occu	DEATH (Checo 8 lesidence 8 lesidence 8 lesidence 8 lesidence 8 lesidence 8 lesidence 1 les	Dick only one)  B Other (Special OESCRIBE  281. LOCATION City or Town to the cause(e) e time, date end pl	// YES 2 NO  //	occured before or flural to tested.  The cause(example stated) 12/1	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO

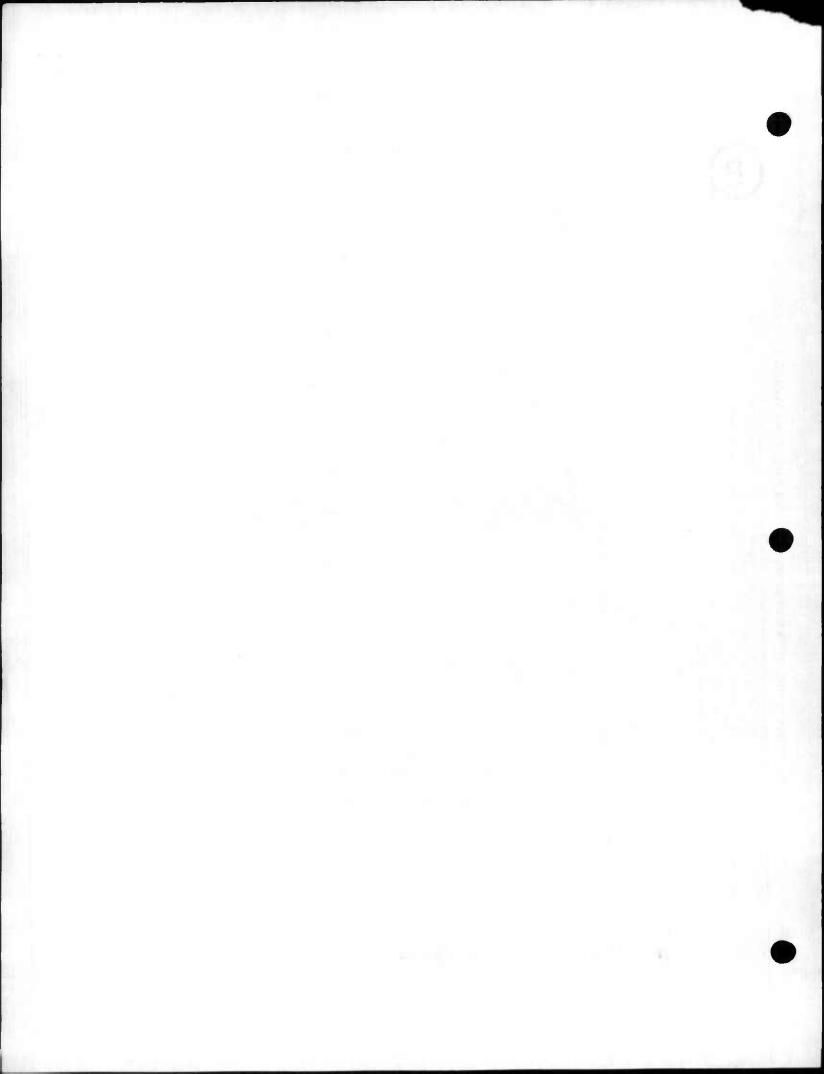


BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physic	lled in by the funeral director, page 5 should be detached for use as the buria, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical programs.	10 THE FUNEXAL UNECTURN: After this certificate has been signed by the afferding physician and competely filled in by the funeral director, page 5 should be detached for use as the burla be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFIC	CATE OI	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Lest) Malva	Theresa	Cunni	ngham		2. DATE OF DEATN	AY YEAR	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	1		IF UNDER I YEAR	1	12 1	7 91				
578-20-9728	1 [] M 2 X F	84 YRS.	ONTHS DAYS	HOURS MIN.		9 1907 V	other or Foreign Pashington, DC			
90. FACILITY NAME (If not institution, give s Southern Maryland RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Prir 100. STREET AND NUMBER 12200 Deka ROS 11. MARITAL STATUS 1 Namer Maryland 2 Maryland			clin	or location of bi	EATH	9c. COUNTY OF Prince	George's			
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	10c CITY	TOWN OR LOC	TION						
Maryland Prin	nce George		inton			10d. INSIDE CITY LIMITS? 1 TYES 2 ANO				
100. STREET AND NUMBER 12200 Deka Roa	ad		1	DI. ZIP CODE 207.	35	U.S.A.				
11. MARITAL STATUS  1 Never Married 2 Married  3 Never Married 2 Married  3 Never Married 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade  Elementary/Secondary (0-12)  12th  17. FATHER'S NAME (First, Middle, Last)	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	2 NO If yes, specify Cuben, Markean, Puerto Rican, etc.)  1 YES 2 NO Specify:							
15. DECEDENT'S EDU	CATION	18a, DECEDENT'S US	SUAL OCCUPAT	ION	16b. KIND OF BUS	I Cat	ıcasian			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	rk done during n retired.)	ost of working						
12th	N/A	Bookkeer	er		Metropo	liten Po	oultry &Seafo			
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden		Jarary about			
William McKer	nzie			Blanc		ooniand)				
19a. INFORMANT'S NAME (Type/Print)	1010	19b. MAILING A	DDRESS (Street		Route Number, City or Town	- Co-t- 71- C- 4-1				
John Davis			as 10		noole Nomber, City or low	n, State, Zip Code)				
20a. METNOD OF DISPOSITION										
1 Burial 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE OF cemetery, crematory or other Cedar Hi	DISPOSITION (A		1	CATION City or				
4 Donation 5 Other (Specify)	antinani	Cedar Hi			2 19 9 Su	itland M	Maryland			
I SULAD OF FORESAL SERVICE DE	45	5		ADDRESS OF FA	Lee Fur ander Ferry		me, Inc.			
23 PART I Enter the disease of	omplication 1		10033	OLG MICAL	aider rerry	Tut.,CI	Tittoii, Pat.			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, abock, or heart feiture. List only one ceuse on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  DUTE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.										
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other aignificant condition	s contributing to dee	th but not resulting in	the underlyle	a sever street	Don't law was					
AMIBLABI		,	eine		Part i. 24e. WAS AN. PERFOR 1 TYES 2	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL				1 105 05 05 15 15 10						
EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Che						
27. MANNED OF DEATH	1 Inpatient 2 LR	JRY 28b, TIME C	F 28c. IN	JURY AT DRK?	8 Other (Specify)  28d. DESCRIBE NOW IN	JURY OCCURED				
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, farm, stre		YES 2 NO	28f. LOCATION (Street a	nd Number or Rure	Route Number,			
4 Nomicide determined					City or Town, State)					
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of examin	knowledge, death occurred a nation/and/or an atigation, i	n my opinion,	e and place, and due leath occured at the	to the ceuse(e) end man time, data and place, and	ner ea stated, I dua to tha ceuse	(a) and menner se stated.			
296. SIGNATURE AND TITLE OF CERTIFIER	munals	Den S	_	290. LICENSE NUM D 2-49	BEH 9 45		(Month, Day, Year) Mbc 17, 1991			
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	FORTH (ITEM 27) (Type, Pri	59 C	miton	Ma, i					
31. DATE FILED (Morith, Day, Yber) DF C 1 9 1991	32. REGISTRAR'S	SIGNATURE Pandels		-/						



	1 - STATE REGISTRAR	STATE OF M		/ DEPAI					MENT	AL HYGIEN	Ε		
***	1. DECEDENT'S NAME (First, Middle, Last)  Margare		nagan						MON	E OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I	ast birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	De 7. DAT	E OF BIRTH			PLACE (State or Foreign
	221-09-9351	1 M 2 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.		25 19		Country)	aware
1	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	0 /	23 13	9c. COUNT		
FUNERAL DIRECTOR	Wesleyan Healt	h Care (	Center		D	ento	n				Ca	rol	ine
HE	10a. STATE 10b. COUNT			10c, CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
IL DI	Delaware New 10e. STREET AND NUMBER	Castle				New	ark				LIMITS? 1 ☑ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?		
ER/	22 D-3 Golf Vi	lew Driv	е			19702						S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMEO	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIG	IN? (Specify Yes		4. RACE -	- American Indian
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES	INO			elfy Cuba 2 □XNO			Rican, atc.)	c	Specify	white, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	N .		16	b. KIND OF BUS			
Ш.	(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)												
M M	12 yrs	None	C	rew	Dis	patc	her			Railr	oad		
	17. FATHER'S NAME (First, Middle, Last)						16. MOTH			Middle, Maiden	,		
BE	Matthew Oldh	am		_						Hami			
2	190. INFORMANT'S NAME (Type/Print) Patricia Muld									nber, City or Town			
	20a. METHOD OF DISPOSITION	oon						rive					E 19720
	1 XBurlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cametery cu	AND DATE	ther placel				1		CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LIS	CENSEE	IA11	Sain	ts (	Ceme	tery	V T	12/	24   Wil	ming	ton	Delawar
	6 Janah	MANOS	102							Home,	P.A		
-	- Jamoega	10010			T	)raw	er I	3 T	ant	on M	2 27 1	5 n c	21629
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other eignificent condition	e contributing to d	leath but sat		- 41								
PHYSICIAN: MEDICAL			Jan Dut Hot	resulting i	n the ur	iderlying	ceuee g	iven in	Pert I.	24a. WAS AN A PERFORI 1 TYES 2	AED?	C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00.01	05.05.05					<u></u>	
Sic	EXAMINER?	HOSPITAL:	ER/Outnotlant 1		ОТНЫ	<b>f</b> :	CE OF DE						
¥	27. MANNER OF DEATH	28a. DATE OF IN	JURY	26b. TIMI		26c. INJU		idenca		SCRIBE HOW IN	IIIII occur	350	
	1 Natural 5 Pending	(Month, Day,	( Year)		URY M	WOR	IK? ES 2 🗌	NO	200. DE	SCHIDE HOW IN	JOHY OCCUP	TEU	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, at	INJURY — At he	ome, ferm, a	treet, fact				26f. LOC	CATION (Street ar or Town, State)	nd Number or	Rurai Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of m	y knowledga, da	eth occurre	d at the t	me, data a	ind place,	and dua t	to the ca	use(s) and mann	or as stated.		
OM	one) 2 MEDICAL EXAMINE	R: On the basis of axa	mination and/or	Investigation	n, in my o	pinion, de	ath occure	d at the t	ime, data	and place, and	due to the c	ause(a) a	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			M	1		29c. LICE			7/	29d. OATE S		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED DAUSE	OF DEATH (ITE	M 27) (Type	Print)		1	7	10	160	11	- 1	-) [/
	Jamos	Sible	35	80	)	20	X 4	19		Den	te	31	M
	DEC 27 '91	32. REGISTRAR	s signature	ndell		7							



BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	we may write it from 28 its marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											9		36471	6
	FOR STATE REGISTRAR	STATE OF	MARYLAND C	DEPAR	RTMEN	IT OF I	HEALTH DEA	AND	MENTAL	HYGIEN		•		
	1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE	OF DEATH	AY		3. TIME OF DEATH	Н
	VIRGINIA JOSE	PH		DA	VIS				Decen		1,199	YEAR	2359	y- M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)		ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	, , ,	6. BIRTH	IPLACE (State or For	reign
1	900-20-8214	1 🗌 M 2 🖫 F	7	74 YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)		Count	TSVILLE	
1	9a. FACILITY NAME (If not institution, given	e street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D		LI I/	9c. COU	INTY OF D		M
DIRECTOR	PENINSULA GE	NERAL HOS	PITAL			SAI	ISBU	RY				ICOM		
EG	10a. STATE 10b. COU	NTY		10c. CIT	Y. TOWN	OR LOCA	TION	_				-	10d. INSIDE CITY	
HIG	MD WICC	MICO											LIMITS?	
	10e. STREET AND NUMBER	MICO		SALISBURY  101. ZIP CODE								1 TES 2 X	40	
FUNERAL	The state of the s				10		-			l .		WHAT COUNTRY?		
N N	206 PACIFIC AVE.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.						2180					.S.A		
5	1 Never Married 2 Merried	12. WAS DECEDER	NT EVER IN U.S. A	RMED	13	WAS DEC	ENDENT (	OF HISPAI	NIC ORIGIN	(Specify Yes	or No-	14. RACI	E — American Indian	n,
ВУ	3 Widowed 4 Divorced		MAR OR DATES	K.		1 YES 2 NO Specify			en, Puerto Rican, etc.) fy:			Specify:		
	A												WHITE	
TED	15. DECEOENT'S E (Specify only highest gn	oucation ade completed)	- /0	ECEDENT'S Give kind of a	work done	during me		na	18b.	KINO OF BU	SINESS/IN	DUSTRY		
4	Elementary/Secondery (0-12)	College (1-4 or 5	+)	e. Do NOT us	se retired.	)		_						
₽	12		1	ledic.	al A	ssis	tant			Medic	al			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			AN - Within			18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Surname)			
BE (	WILLIAM FRANK	JOSEPH					н	ESTE	R MTI	DLETO	N TO	SEPH		
	19a. INFORMANT'S NAME (Type/Print)		16	b. MAILING	ADDRES	SS (Street a				er, City or Tow				
2	FRANK JOSEPH D	AUTC											10022	
			20b.PLACE					. AP	OATE		CATION		10023	
	20a METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	cemetery, cri	ematory or o	ther place	)			1					
	21. SIGNATURE OF FUNCTUAL SERVICE	(CENTER)	PI	TSVI						1// Р	ITTS	VILL	E, MD.	
	Alson 1	Selle	va -		22		OWAY			HOME	501	SNO	W HILL RI	D.
	23. PART t. Enter the diseasea, o	r complications the	t caused the d	eath. Do r	not ente	r the mo	de of dy	ing, auc	h as card	ac or reapl	ratory at	LISB	Approxime	te
- 1	shock, or heart failur	e. List only one car	use on each line	е.							, , , , , , , , , , , , , , , , , , , ,		interval Bel	tween
- 1	disease or condition		200		0		7	- 17					Onset and	Death
ŀ	reaulting in death)	a. Oue m	OR AS A CONSE	ge	-4	La	10	200	er_				Hae	'e
		13	(OH AS A CONSE	OBENCE OF	r): /	2		10					, ,	
8	Sequentially list conditions,	b. Olle m	(OR AS A CONSE	Ce	med	20	a.c.	Un	202	*			Na.	
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	3	(OH AS A CONSE	ODENCE OF	-):		/	7-		1	1		0/	
5	CAUSE (Disease or injury	c. Com	(OR AS A CONSE	Ne	00	00	-		e-f	Lack	9		You	-
Ē	that initiated events reaulting in death) LAST	Co 2.1	2	OUENCE D	4.	1	1	,	, 0	01	7-			
H H		d. all	evve	- le	5	Can	e de	06	10°	VI	Sec		Se	
- II	PART II. Other significant conditi	ons contributing to	death but not	resulting i	n the u	oderlylo	7 684100 6	alvee le	Don't I	04- 1400 444	***********	1.00		
MEDICAL	1)2.1.	O Me	000	,			y coude g	given in	rant i.	24s. WAS AN PERFOR		240.	WERE AUTOPSY FIN AVAILABLE PRIOR TO	O
O	- Asserte	2 (2	The state of the s							1 - YES 2	NO	-	COMPLETION OF CA OF DEATH?	USE
Σ	Const	- Co	day 1	Le									1 - YES 2 - NO	0
ä														No.
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. Pt	ACE OF D	EATH (Ch	eck only one	)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE Nu		. 5 ∏ Re	aldence	8 🗆 Other	/Sano(4.)				
È	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIMI		28c. INJ		oldelic e		RIBE HOW II	LILIEV OCC	CHRED		
	1 Dietural 5 Pending	(Month, E	hay, Year)	INJ	URY	WO	RK?	I NO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100111 000	CONED		
BY	2 Accident Investigation 3 Suicide B Could not b	28a, PLACE C	F INJURY — At he	ome form s	tract for			,	201 1 004					
ED	4 Homicide 8 Could not b	building,	etc. (Specify)		troot, rat	tory, orner		- 1	City o	TION (Street a Town, State)	na Number	or Hural F	loute Number,	
COMPLET	200 CERTIFIER													
ם	(Check only	SICIAN: To the best of	my knowledge, de	ath occurre	d at the	time, date	and place,	and dua	to the caus	e(s) and men	ner aa atat	ed.		
8	one) 2 MEDICAL EXAMI	NER: On the basis of e	xamination and/or	Investigation	n, In my	opinion, d	eath occur	ed at the	time, date e	nd place, an	d due to th	a cause(s	) and manner as ata	ted.
100	296. SIGNATURE AND TITLE OF CERTIF		0				29c. LICE							
BE	( than )	500	A - C	2 5			awi. Little	) ~ ~	29d. DATE SIGNED Month, Day, 16			(Month, Day, Year)		
2	30. NAME AND AODRESS OF PERSON V	THO COMPLETED CAN					L	1UX	ULL	2	- /	-/1	1/9	

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GARYGREEN QUINCY & LOCUST ST. SALIS BURY Md 21801

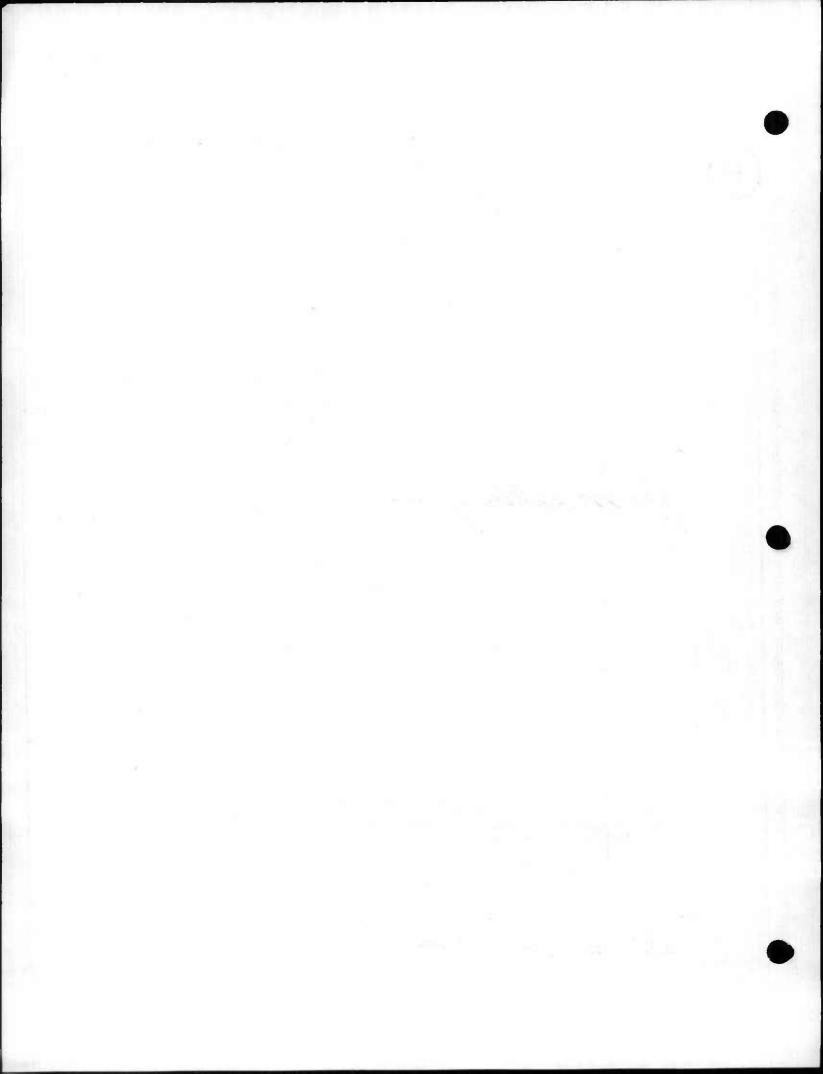
DATE FILED (Month, Day, 1861)

J. 82. REGISTRAR'S SIGNATURE

DEC 1 8 1991

J. 82. REGISTRAR'S SIGNATURE

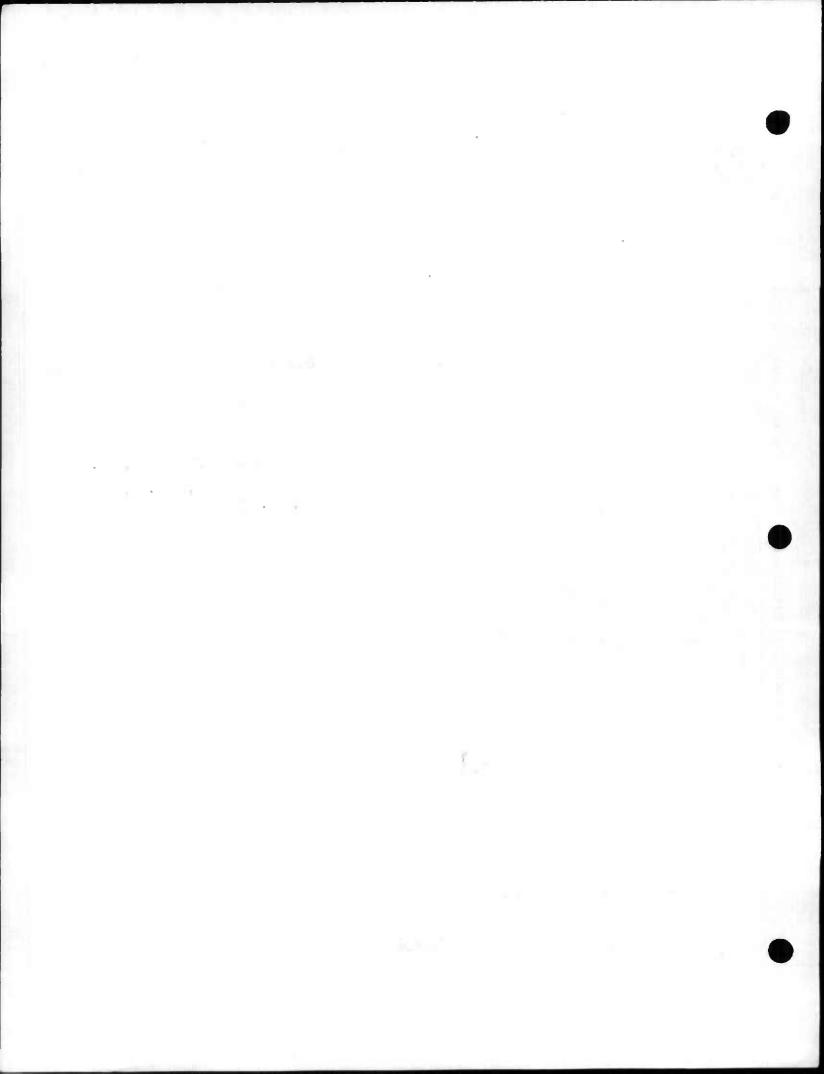
31. DATE FILED (Month, Day, Year) DEC 18 1991



			CERTI	FICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,		1			MONT		AY	YEAR 3	. TIME OF DEATN
	Nathani  4. SOCIAL SECURITY NUMBER	61 5. SEX	6. AGE (In yrs. lest birthday,	shiell	IF UNDER 24 HRS.	12	- 10 OF BIRTH			08:00
)	218-20-5635	1 M 2 🗆 F	67 YRS.	MONTHS DAYS	HOURE MIN.	12-	th, Day, Year)		Country)	ACE (State or Foreign DELA SPRIN
OB	99. FACILITY NAME (If not institution, give 1507 Spring H		d		or Location of D	EATN		9c. COUNT	Y OF DEA	TN
ECTO	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT			ITY, TOWN OR LOCA				MIC	omi	
L DIRE	MD. W	ICOMICO	100.00	SALISBUE	RY					Dd. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL		7 SPRING	HILL RD.	10	21801				IN OF WHA	AT COUNTRY?
BY FUI	11. MARITAL STATUS  1 Never Married 2 Merried  3 Divorced	FORCES?	NT, EVER IN U.S. ARMED 1 X YES 2 NO WAR OR DATES	If yee, a	CENDENT OF HISPA pecify Cuberr, Maxico S 2 NO Specifi	nn, Puerto	N? (Specify Yes Ricen, etc.)	or No-	Black, V Specify:	- American Indian, White, etc.
ED	16. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S	S USUAL OCCUPAT work done during m	ION	161	b. KIND OF BUS	SINESS/INDUS		Black
IPLET	Elementary/Secondary (0-12) 10th	College (1-4 or 5		use retired.)	D Order L		DEERIS	HEAD	STAT	TE CENTER
COMPL	17. FATNER'S NAME (First, Middle, Last)	REN JAMIN	DASHIELL		18. MOTNER'S NA	ME (First,	Middle, Maiden	Sumame)		IL CENTER
BE (	19e, INFORMANT'S NAME (Type/Print)	DEMOVISE		G ADDRESS (Street	end Number or Rural		NIE DA			
٩	ORNETTA DASH	IELL		E AS ABC		TOOLO TYDIN		n, State, ZIP C	ode)	
	20a. METNOD OF DISPOSITION  1 💢 Buriel 2 🗆 Cremetion 3 🗀 Ran  4 🗀 Donation 5 🗀 Other (Specify)	noval from State	20b. PLACE AND DATE cometery, or Care E. N.	ACRES ME	MORY PAR	DAT	Έ 20c. LOC	CATION — CH	y or Town,	, Stata
	STEET NOTES THE JOHN JAL LOUIST AND LOUIST A									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 920 SALISBURY, MD. 21801									
	23. PART i. Enter the diseeses, or shock, or heart fellure.	complications the	et clused tha deeth. Do	SALIS	BURY, MD	. 218	801			Approximate
ERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure.  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisily liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. Arter DUE TO  DUE TO	ioscleroti (OR AS A CONSEQUENCE O	SALIS not enter the me	BURY, MD	• 218	801 diac or respin	ratory srree		
CERTIFIC	iMMEDIATE CAUSE (Finei disease or condition recuiting in death)  Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Arter DUE TO  b. DUE TO  c. DUE TO	ioscleroti (OR AS A CONSEQUENCE O	C Card  OF):	BURY, MD ode of dying, auc	. 218	Disea	AUTOPSY MED?	24b. WE AW	Approximate interval Between Onset and Deeth Onset and Deeth Interval Between Onset and Deeth Interval Between Onset and Deeth Interval Between Onset Interval Between Interval
MEDICAL CERTIFIC	iMMEDIATE CAUSE (Finei disease or condition recuiting in death)  Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Arter DUE TO  b. DUE TO  c. DUE TO	ioscleroti (OR AS A CONSEQUENCE O	C Card  OF):	BURY, MD ode of dying, auc	. 218	B01 diac or respin	AUTOPSY MED?	24b. WE	Approximate interval Between Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth
CIAN: MEDICAL CERTIFIC	iMMEDIATE CAUSE (Finei disease or condition recuiting in death)  Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Arter  DUE TO  C. DUE TO  d	ioscleroti (OR AS A CONSEQUENCE O	SALIS not enter the me C Card DF): DF): in the underlyin	BURY, MD ode of dying, auc	. 218 h ss card lar  Pert i.	Disea  24a. WAS AN / PERFORI 1 USES 2	AUTOPSY MED?	24b. WE	Approximate interval Between Onset and Deeth Onset and Deeth
SICIAN: MEDICAL CERTIFIC	iMMEDIATE CAUSE (Finei disease or condition reculting in death)  Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  5XX YES 2 \( \subseteq NO	a. Arter  DUE TO  C. DUE TO  d. HOSPITAL:  1   Inpatient 2	ioscleroti ioscleroti (OR AS A CONSEQUENCE C (OR AS A CONSEQUENCE C (OR AS A CONSEQUENCE C death but not resulting	OF):  or the underlyin  in the underlyin  26. Pf  OTHER:  4 \( \text{Nursing Hom} \)	BURY, MD ode of dying, suc i OVASCU g ceuse given in	eck only on	Disea  24a. WAS AN / PERFORI  1 YES 2	AUTOPSY MED?	24b. WE	Approximate interval Between Onset and Deeth Onset and Deeth
PHYSICIAN: MEDICAL CERTIFIC	iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentisily liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	a. Arter  DUE TO  C. DUE TO  d	i OSCleroti (OR AS A CONSEQUENCE O  (OR AS A CONSEQUENCE O  death but not resulting	SALIS not enter the me C Card OF):  OF):  In the underlyin  26. Pi OTHER: 4   Nursing Horn JURY WC	BURY, MD ode of dying, suc i OVASCU g ceuse given in	eck only on	Disea  24a. WAS AN / PERFORI  1 YES 2	AUTOPSY MED?	24b. WE AWY CO OF 1 [	Approximate interval Between Onset and Deeth Onset and Deeth
TED BY PHYSICIAN: MEDICAL CERTIFIC	iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentisily liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	a. Arter  DUE TO  b. DUE TO  c. DUE TO  d	i OSCleroti (OR AS A CONSEQUENCE O  (OR AS A CONSEQUENCE O  death but not resulting	SALIS not enter the me C Card OF):  OF):  In the underlyin  26. Pi OTHER: 4   Nursing Horn JURY M 1   1	BURY, MD  pde of dying, succitors of the second sec	eck only on	Disea  24a. WAS AN / PERFORM 1 YES 2	AUTOPSY MED?	24b. WE AWA	Approximate interval Between Onset and Deeth Onset and Deeth
MPLETED BY PHYSICIAN: MEDICAL CERTIFIC	iMMEDIATE CAUSE (Finei disease or condition recuiting in death)  Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation   1 Natural 5 Could not be detarmined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	a. Arter  DUE TO  b. DUE TO  c. DUE TO  d	i OSCleroti (OR AS A CONSEQUENCE O  (OR AS A CONSEQUENCE O  (OR AS A CONSEQUENCE O  death but not resulting  ER/Outpattent 3 DOA  INJURY 28b. TIN IN.	SALIS not enter the me C Card OF):  OF):  in the underlyin  26. P:  4 \( \text{Nursing Horn} \)  ### OF 28c. INJ JURY M 1 \( \text{Street, fectory, office} \)  red at the time, data	BURY, MD  ode of dying, suc  iovascu  g ceuse given in  LACE OF DEATN (Cho  to 5 % Rasidence  URY AT  MRY  YES 2 \( \) NO  e  end place, and due	eck only on 6 □ Other 28d. DES	Disea  24a. WAS AN / PERFORI 1 YES 2:  CRIBE NOW IN  ATION (Street ar or Town, State)	AUTOPSY MED?  Y NO  JURY OCCUP and Number or	24b. WE AND OF 1 [	Approximate interval Between Onset and Deeth Onset and Deeth Deeth Onset and Deeth Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset O
CIAN: MEDICAL CERTIFIC	iMMEDIATE CAUSE (Finei disease or condition reculting in death)  Sequentially liet conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  5 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 4 Homicide CERTIFYING PNYS	a. Arter  DUE TO  b. DUE TO  c. DUE TO  d	i OSCIETOTI (OR AS A CONSEQUENCE O  (OR AS A CONSEQUENCE O  (OR AS A CONSEQUENCE O  death but not resulting  ER/Outpettent 3 DOA  INJURY 28b. TIM (sy. Vear) 28b. TIM (sy. Vear) 28b. TIM (sy. Vear) 18c. (Specify)  my knowledge, death occurr xemination end/or investigation	SALIS not enter the me C Card OF):  OF):  in the underlyin  26. P:  4 \( \text{Nursing Horn} \)  ### OF 28c. INJ JURY M 1 \( \text{Street, fectory, office} \)  red at the time, data	BURY, MD  ode of dying, suc  iovascu  g ceuse given in  LACE OF DEATN (Cho  to 5 % Rasidence  URY AT  MRY  YES 2 \( \) NO  e  end place, and due	Pert i.  Pert i.  28d. DES  28f. LOC. City  to the cautime, data	Disea  24a. WAS AN / PERFORI 1 YES 2:  CRIBE NOW IN  ATION (Street ar or Town, State)	AUTOPSY MED?  X NO  JURY OCCUP  The as stated, due to the c  29d. DATE S	24b. WE AMICO OF 1 [	Approximate interval Between Onset and Deeth Onset and Deeth

32. REGISTRAB'S SIGNATURE
GWAA Davidson-Randelle

DHMH-16 Rev 1/89



## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

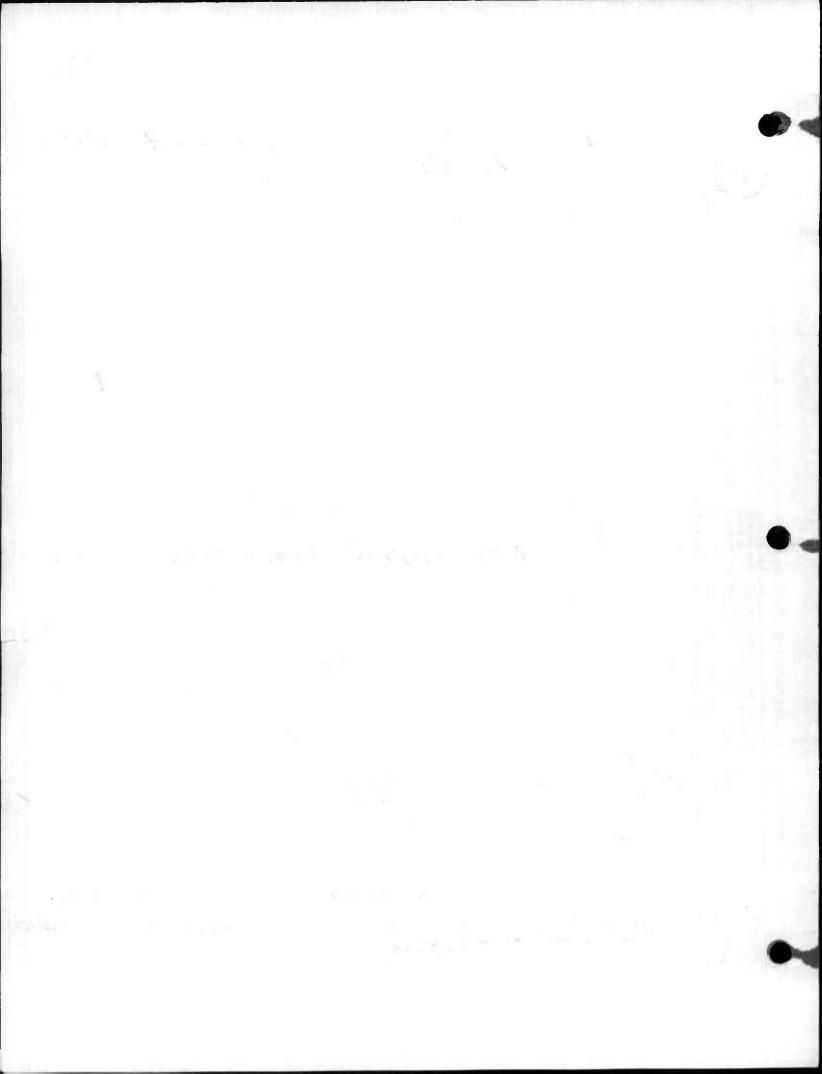
TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE REG. N		
DECEDENT'S NAME (First, Middle, Lest) ANNIE	MAY	DAVIS				DAY YI 12 91	ar 7:20 A
SOCIAL SECURITY NUMBER	5. SEX 8. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	В.	BIRTHPLACE (State or Foreign Country)
216-14-2404		93 YRS.	JATES DATE	HOURS MIN.	7-17-98		MARYLAND
FACILITY NAME (If not institution, give		9	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
LISBURY NURSING	HOME		SALISB	URY, MD.		WICOM	ICO
. STATE 10b. COUN	ry	10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY
MD W1	COMICO	PAI	RSONSBU	RG			LIMITS?
STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
RD# 2				21849		U.	S.A.
MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DEC	CENDENT OF HISPAN ecity Guban, Maxical 2 1 NO Specify	IC ORIGIN? (Specify ) n, Puerto Rican, atc.)	fes or No— 14.	. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ED	LICATION	16a. DECEDENT'S US	I OCCUPATI	OM	165 KIND OF B	USINESS/INDUS	
(Specify only highest grad	(completed)  College (1-4 or 5+)	(Give kind of wor	k done during me		ISO. NATO OF B	COUNTEGUNIOUS	
12 Years	Conege (1-4 or 5+)	SEAMTRI	ESS		SHIR	T FACTO	RY
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malde	en Surname)	
JOHN H. ADKINS				MARTHA .	JANE TOWN	SEND AD	KINS
INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural F	Route Number, City or To	own, State, Zip Co	ode)
GRACE LAYTON		708 EI	OGAR DR	. SALIS	BURY, MD	21801	
METHOD OF DISPOSITION  Burlel 2 Cremation 3 Rei  Donation 6 Other (Specify)		cemetary, crematory or ERUSALEM			1	RSONSBU	y or Town, Stata URG, MARYLAND
SIGNATURE OF PUMERAL SERVICE L	tellower	_	HOLL 501	SNOW HIL	ERAL HOME L RD SAL	ISBURY,	
ARM I. Enter the disesses, Dr shock, pr heert fellure MEDIATE CAUSE (Finel sease or condition suiting in death)	e. DUE TO (OR AS A	CONSEQUENCE OF):	ry f	Muce	2		Interval Betwee
equentially list conditions, sery, leeding to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		Ro er	touba	,	
ART II. Other significant condition.	ons contributing to deeth be		the underlying	g cause given in	PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2
WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		Nursing Ho	ne 5 🗆 Rasidence	6 Other (Specify)		
MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK?	28d, DESCRIBE HOV	W INJURY OCCUI	RED
2 Accident Investigation 3 Suicide 6 Could not b	26s. PLACE OF INJURY			YES 2 NO	281. LOCATION (Stre City or Town, Sta	et and Number or	Rural Route Number,
const. only	SICIAN: To the best of my know						
b. SIGNATURE AND TITLE OF CERTIF	ER			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)
1111		Tuns		1299	313	<b>&gt;</b> /	11-17-91
NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	rint)	12710	,,,	- /	1 1 0 - 11
nichael An	11:	104 HEALTI		TVE CAT	TCDITON M	D. 2180	11
1. DATE FILED (Month, Day, Year) NOV 1 2 1001	32. REGISTRAR'S SIGN	ATURE		- LOVE DALL			

V 1

	1. DECEDENT'S NAME (First, Middle,	Last) DAMDTOTA UD		FICATE OF	DEATH	REG. NO	).	2 71115 05 05 05
	DEAN.	PATRIC	14.	DEAN			6 9	3. TIME OF DEATH  9:18 /
	4. SOCIAL SECURITY NUMBER 578 48 5108	5. SEX 6. AGE	E (In yrs. lest birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 1-9-1937		BIRTHPLACE (State or Foreign Country) MD
8	98. FACILITY NAME (If not institution, University of				or LOCATION OF D 1timore		9c. COUNT	Y OF DEATH
Ector	RESIDENCE OF DECEDEN							
DIR	MD	Kent	10c. C	Milling				10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	Rt. 291 Box 3	13		10	21651		10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	a or No—	RACE — American Indian, Black, White, atc. Specify: White
LETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4 or 5+)	(Give kind o		ost of working	16b. KINO OF BU		
COMPL	17. FATHER'S NAME (First, Middle, Las John Bernard H		Switch	board Op		AME (First, Middle, Malden		Rendall
TO BE	19a. INFORMANT'S NAME (Type/Print) Joseph N. Dean,		19b. MAILIN			Route Number, City or Tox	m, State, Zip Co	174
	20s. METHOD OF DISPOSITION 1 1 Buriet 2 Cremation 3 C	Ramovat from State Co	emetery, crematory or	EOF DISPOSITION (Na				y or Town, State (Calv) MD
	21. SIGNATURE OF FUNERAL SERVICE	10	outhern		ND ADDRESS OF FA		ings,	
	disease or condition	ch the	/					Otiset end Di
ERTIFICATION	reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE	OF):	hem	orrha	92.	84
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	b	A CONSEQUENCE	OF): OF):		0	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDI
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant cond	bDUE TO (OR AS cDUE TO (OR AS d	A CONSEQUENCE  A CONSEQUENCE  but not resulting	OF):  In the underlying  26. PL  OTHER:	g cause given in	Part I. 24s. WAS AN PERFOI 1 YES :	I AUTOPSY RMED?	OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1  YES	b. DUE TO (OR AS c. DUE TO (OR AS d. d. HOSPITAL: 1 Thertiant 2 ER/Ou 28s. OATE OF INJURY (Month, Day, Year)	A CONSEQUENCE  A CONSEQUENCE  but not resulting	OF):  26. Pt  OTHER: 4 Nursing Nom  ME OF  JURY  OF:  28c. INJ  JURY  WO	g cause given in	Part 1. 24a, WAS AN PERFOI	AUTOPSY RMED? ? NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1 YES 2 NO
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant cond  25. WAS CASE REFERRED TO MEDICAEXAMINER?  1 YES 2 100  27. MANNING OF DEATN	DUE TO (OR AS  c	but not resulting	OF):  26. Pt  OTHER: 4   Nursing Nom  ME OF MUST WO M 1   1	g cause given in	Part I. 24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED?  E   NO  NJURY OCCUR  and Number or	24b. WERE AUTOPSY FINDI AMALLABLE PRIOR TO COMPLETION OF CAU- OF DEATN? 1 YES 2 NO



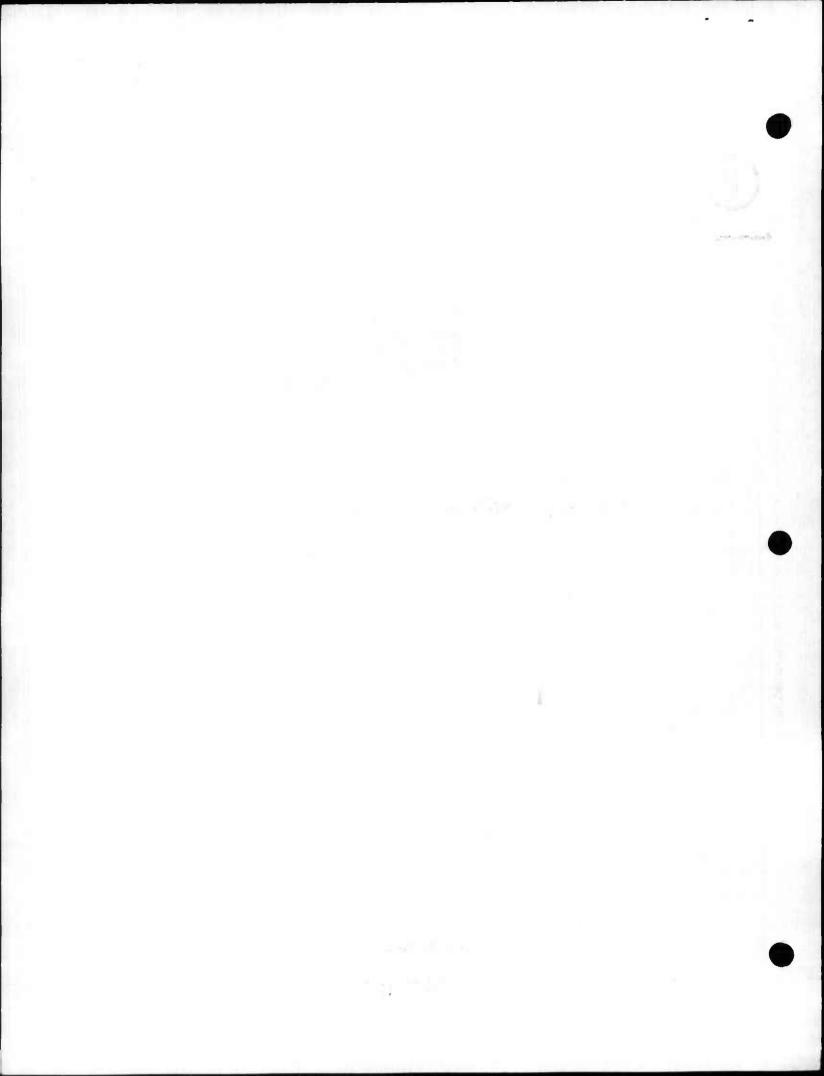
	0	
	e notified	
	9	
	must	
ai.	examiner mus	
or remova	nedicai	
n.		
Jatio	=	
I. Crem	event	
nua	2	
0 0	E	
LIOL	Ē	
ygiene p	other traumatic eve	
E E	0	
T Ment	tem 28 is marked, or item 23 shows any injury, or other	
and	=	
неапп	E SW	
ō	훏	
Dept.	1 23	
State	iten	
E E	0	
MILE	rked	
Gean	S ma	
arre	8	
NIS.	E	
9	=	
7/	딃	
AICH	A	
8	동	
9	7	
Ó		

31. DATE FILED (Month, Day, Year)

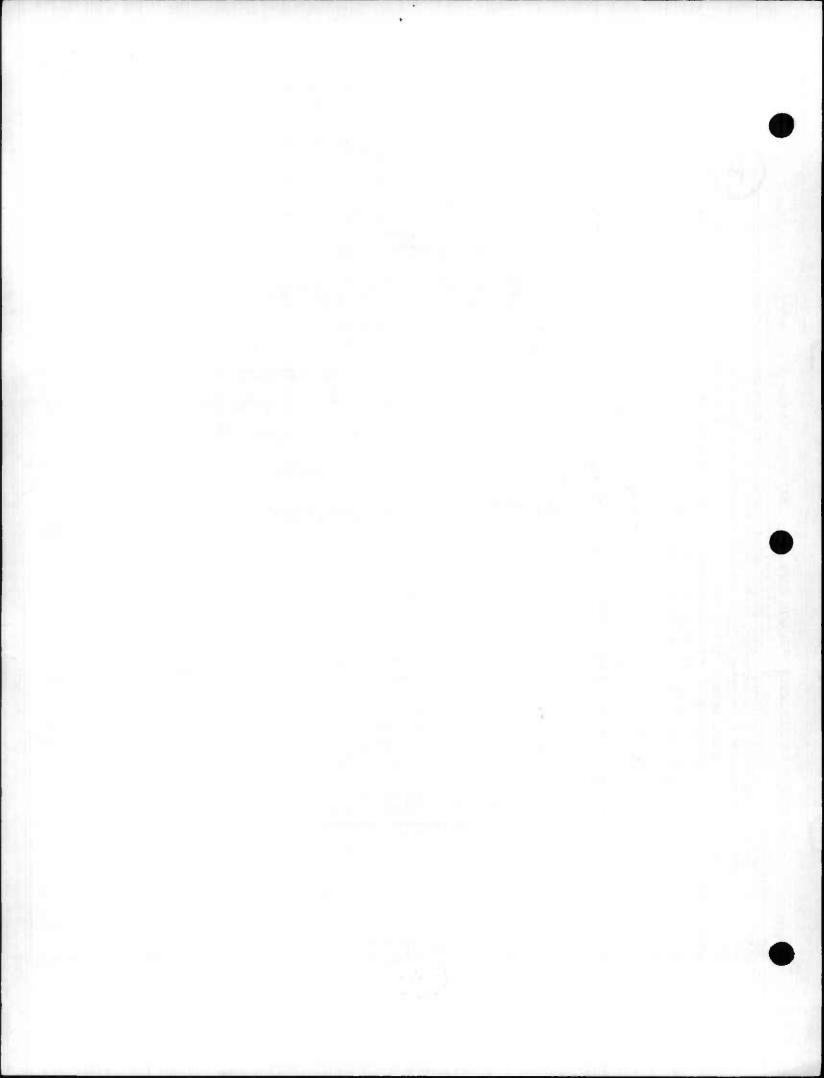
DFC 16 1991

									C		36480
_	1 - STATE REGISTRAR	STATE OF M	ARYLAND / D	EPART RTIFIC	MENT OF	HEALTH AN	ID ME	NTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATN			3. TIME OF DEATH
	Kenneth	Allen			Dea	in.		MONTH D	AY	YEAR	0710 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	-	IF UNDER 1 YEA	R IF UNDER 24 HF		DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	429-30-6072	1 X M 2 - F	72	YRS.	IONTHS DAY	B HOURS MI		(Month, Day, Year)		Counti	γ)
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY. TOW	N OR LOCATION O				INTY OF D	City, Ark.
E .	Washington Advent		tal			na Park				ntgo	
E.	10e. STATE 10b. COUNT			10c. CITY.	TOWN OR LO	CATION				_	10d. INSIDE CITY
alla.		ince Georg			nn Dal						LIMITS?
FUNERAL	10e. STREET ANO NUMBER					10f. ZIP COOE			10g. CIT	IZEN OF Y	VHAT COUNTRY?
Ü	9923 Martin Avenu	ie				20769			T	J.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME	D	13. WAS 0	ECENDENT OF NIS	SPANIC O	RIGIN? (Specify Yes		14. RACE	- American Indian.
BY F	1 Never Merried 2 Merried	IF YES, GIVE WA	XYES 2 NO		If yea,	specify Cuben, Me ES 2 X NO Sc	exicen, Pu	erto Ricen, etc.)		Speci	c, White, etc.
	3 Widowed 4 Divorced	W	WII				Joury.			Speci	White
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECE	DENT'S US	SUAL OCCUPA	TION		16b. KIND OF BUS	SINESS/INI	DUSTRY	***************************************
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use	retired.)	most of working					
귤	Unknown	Unknown	Auto	Sa1	esman			Norn	nan F	ord	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				***	18. MOTNER'S	NAME (	First, Middle, Malden	Sumamal		
O	Charles J. Dean					Edna			ournanne)		
B	19e. INFDRMANT'S NAME (Type/Print)		105.6	AAH ING A	DODESS (O-			Number, City or Town			
5	Charlene Dean										1 00760
	20e. METNOD OF DISPOSITION						GTE	nn Dale,			
	1 XBuriel 2 Commetten 3 Rem	oyal from State	20b. PLACE AND	DATE OF tory or othe	OISPOSITION: r place)	(Neme of		OATE 20c. LO	CATION —	City or To	wn, State
	4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNETIAL (SERVICE U)	10 /	Marylan	d Na	t'1 Me	em. Park	12/	17/91 I	aure	1, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE IN	CENSEE	/		22. NAME	AND ADORESS OF	F FACILIT	Sons Fur			
	1/ West /7	Broke	1.		4720	Poltino	n s	Sons Fur	ierai	Hom	e, PA
	23. PART I. Enter the diseases, or	complications that	coursed the death	Do not	4/39	baltimo	re F	venue, r	iyatt	SVII	le, MD 2078
	wlock, or heart fellure.	List only one ceus	on each line.	i. DD IIO	enter the r	node or dying, i	sucn es	cardiec or reepi	retory an	reet,	Approximate interval Between
	iMMEDIATE CAUSE (Fine) disease or condition	CV	A 1.10	4 1	OW						Onset and Death
	resulting in death)	· · ·	H WI	15 (	_0 m	ma					
		DUE TO (D	R AS A CONSEDUE	NCE DF):							
Z	Secure Meller Heat are distance	b									
윤	Sequentially list conditions, if any, leading to immediate	DUE TO (D	R AS A CONSEDUE	NCE DF):							
8	cause. Enter UNDERLYING CAUSE (Disease or injury	C.									
CERTIFICATION	that initiated events	OUE TO (D	R AS A CONSEDUE	NCE DF):							
E	resulting in death) LAST	d.									
ö											
A	PART II. Other significent condition				the underly	ing ceuse given	in Part	I. 24a. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS
MEDICAL	O HOUTE	1700	HR DIAL	- (	MA	RCIO	10	1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
副	(1) RENALI	FAILUR	E					10.10	~		DF DEATH?
-	(a) SEPSIS										1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH	(Charles				
5	EXAMINER?  1   YES 2   NO	HOSPITAL:			THER:						
¥	27. MANNER OF DEATN	1)9-Inpatient 2 E				ome 5 - Residen	-				
ā	12 Natural 5 Pending	26a. DATE OF IN (Month, Day,		6b. TIME C	Y	NJURY AT VORK?	28d.	DESCRIBE HOW IN	JURY OC	CUREO	
BY	2 Accident Investigation					YES 2 ND					
	3 Suicide 6 Could not be	28e. PLACE DF I building, etc	NJURY — At home, c. (Specify)	ferm, stre	et, fectory, of	fice	281.	LOCATION (Street e. City or Town, State)	nd Number	or Rural R	oute Number,
E	4 Homicide determined							.,, orand/			
COMPLETED	29e. CERTIFIER Check only	CIAN: To the best of m	knowledge, death	occurred a	at the time. de	te end place and	due to th	Councie) and man	DOT OF 14-1	ad	
N	one) I MEDICAL EXAMINE	R: On the beele of exer	nination end/or inve	atigation.	In my opinion	death occurred at	the time	data and nicce on	rer va stat	in course	end menner ee stated,
	296. SIGNATURE AND TITLE OF CERTIFIER		-1		,			vira prace, enc	- www 10 171	cause(e)	wind minimiser ee stated,
BE	AVAJWE OF CERTIFIES	,				29c. LICENSE	NUMBER		29d. OAT	E SIGNED	(Month, Day, Year)
2	20 1011 000 1000					17229	110			1211	4/9/
-	30. NAME AND ADDRESS OF PERSON WHI	DRI UTA	OF DEATH (ITEM 27	(Type, Pr	J 160	uce e	2	C-11/s	80	Due	14, 2174

32. REGISTRAR'S SIGNATURE Pandale



			CERTIF	-ICALE C	F DEATH		REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)	il a				2. DATI		YEAR	
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthday)	_	AR IF UNDER 24 HRS	. 7. DATE	2 18 OF BIRTH	9 1	195 F
1	577-22-8403	1 x M 2 □ F 71	YRS.	MONTHS DAY	R HOURS MIN		th, Day, Year)	Cour	
/	9a. FACILITY NAME (If not institution, give			96. CITY, TOV	VN OR LOCATION OF			COUNTY OF	
CTOR	Leland Memorial H	lospital		Rive	rda1e		Princ	ce George¹	
DIREC	10a. STATE 10b. COUNT	TY	10c, Cf	TY, TOWN OR LO	CATION				10d. INSIDE CITY
		ce George's	Co	llege l					N YES 2 □ NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		100		WHAT COUNTRY?
N N	4711 Berwyn House	2 Koad 12. WAS DECEDENT EVER IN	U.S. ARMEO	13, WAS	20740		N? (Specify Yea or N		S . A . CE — American Indian.
13	1 Never Married 2 Married	FORCES? 1 X YES IF YES, GIVE WAR OR OA	2 NO	If yes	yes 2 NO Spe	dcan, Puerto		Bie	ock, White, etc.
Ř	3 Widowed 4 Divorced	WWII							White
ETED	15. OECEOENT'S ED (Specify only highest grad	de completed)	16a. OECEDENT' (Give kind of life. Do NOT	work done during		16	b. KINO OF BUSINES	SS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechani		).)		Sports C	hevro	let
COMP	17. FATHER'S NAME (First, Middle, Last)			(2.00)	<del></del>		Middle, Meiden Surna		
BE C	James Byron Dixon	1			Ida Hu	tchin	son		
2	19a. INFORMANT'S NAME (Type/Print)						nber, City or Town, Sta	10.	
	Edna Dixon	Tan			House Ro				Maryland 2
	1 N Buriel 2 Cramation 2 Red 4 Donation 5 Other (Specify)	movaj/frogr State	other place)	and the second	CONTRACTOR OF THE PARTY OF THE			DN — City or	Maryland
	21. SIGNATURE OF JUNEBAL SERVICE L	ICONFEE [	/ Linco						
	1 / K. 14 /	22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral 4739 Baltimore Ave., Hyattsvi							
	IMMEDIATE CAUSE (Final	Liat only one cause on ea							
- 4	disease or condition resulting in death)	B. DUE TO (DR AS A	A-C /	AKRY	THOUA				
z	disease or condition resulting in death)	a. ARDI  DUE TO (DR AS A  CORON	AC ACONSEQUENCE OF ACTION ACTI	AKRY ARTE	THOUARY D	) SE	ASE		
MOIT	disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate	a. DUE TO (DR AS A CO VRO A OUE TO (DR AS A			THOUARY D	) SE	ASE		
FICATION	disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A	CONSEQUENCE	0F):	THOUARY D	) SE	ASE		
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE	0F):	THOUARY D	) SE	ASE		
OI	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (DR AS A	CONSEQUENCE	OF):				npev 2	Onset and
AL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (DR AS A	CONSEQUENCE	OF):			24a. WAS AN AUTO PERFORMED	77	Onset and  4b. WERE AUTOPSY FIN AVAILABLE PRIOR TI COMPLETION OF CA.
EDICAL	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.  DUE TO (OR AS A  d.  Does contributing to deeth by	CONSEQUENCE	OF):			24s. WAS AN AUTO	77	4b. WERE AUTOPSY FIN ANALABLE PRIOR TI COMPLETION OF CA OF DEATH?
MEDICAL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.  DUE TO (OR AS A  d.  Does contributing to deeth by	CONSEQUENCE	OF):			24a. WAS AN AUTO PERFORMED	77	4b. WERE AUTOPSY FIN ANALABLE PRIOR TI COMPLETION OF CA OF DEATH?
MEDICAL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A  DUE TO (DR AS A  d.  Does contributing to deeth by  SEPSIS	CONSEQUENCE	OF):  In the under		in Part i.	24a. WAS AN AUTO PERFORMED 1   YES 2   I	77	4b. WERE AUTOPSY FIN ANALABLE PRIOR TI COMPLETION OF CA OF DEATH?
SICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause of the conditions of the cause o	OUE TO (OR AS A  C.  DUE TO (DR AS A  d.  DOE CONTributing to deeth by  SE /S/S	CONSEQUENCE of the consequence o	OF):  OF):  In the under  OTHER:  4   Nursing	lying ceuse given s. PLACE OF DEATH Home 5 $\Box$ Reelden	in Part i.	24s. WAS AN AUTO PERFORMED 1 YES 2 1 Done)	NO	4b. WERE AUTOPSY FIN ANALABLE PRIOR TI COMPLETION OF CA OF DEATH?
PHYSICIAN: MEDICAL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	OUE TO (OR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due TO (DR AS A  d.  Due To (D	CONSEQUENCE of CONSEQ	OF):  2 OTHER: 4 Nursing ME OF UNITY 280 UNITY	lying ceuse given	in Part i.	24s. WAS AN AUTO PERFORMED 1 YES 2 1	NO	4b. WERE AUTOPSY FIN ANALABLE PRIOR T COMPLETION OF CA OF DEATH?
D BY PHYSICIAN: MEDICAL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Accident  3 Suicide 6 Could not be	OUE TO (OR AS A  DUE TO (DR AS A  d.  DOE CONTributing to deeth by  SE SS S  HOSPITAL: 1) Inperient 2 □ ER/Outp  28e. DATE OF INJURY (Month, Dey, Year)	a CONSEQUENCE of CONS	OF):  OF):  In the under  OTHER: 4   Nursing  ME OF 28c  NJURY 1	lying couse given  S. PLACE OF DEATH  Home 5   Residen  INJURY AT  WORK?	in Part i.  (Check only once 6 Ott	24s. WAS AN AUTO PERFORMED 1 YES 2 1 Done)	NO NO RY OCCURED	4b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA
ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OUE TO (OR AS A  c.  DUE TO (DR AS A  d.  DOE TO (DR AS A  d.  DOE TO (DR AS A  d.  HOSPITAL: 1) Alepatient 2 = ER/Outp  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special	a CONSEQUENCE of CONS	OF):  OF):  OF):  OF):  OTHER: 4   Nursing  ME OF NURY M   26c  10, street, factory,	lying ceuse given  5. PLACE OF DEATH  Home 5   Residen  INJURY AT  WORK?  YES 2   NO	in Part i.  (Check only one 6 Ott 28d, Di	24s. WAS AN AUTO PERFORMED  1 YES 2 1  Ner (Specify)  ESCRIBE HOW INJUF  CATION (Street and In yor Town, State)	NO OCCURED	4b. WERE AUTOPSY FIN ANALABLE PRIOR T COMPLETION OF C/OF DEATH?  1 YES 2 N
ED BY PHYSICIAN: MEDICAL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DE DEATH  2 Accident  3 Suicide 4 Homicide  29a. CERTIFIER (Check only)  1 CERTIFYING PHY	OUE TO (OR AS A  c.  DUE TO (DR AS A  d.  Date to (DR AS A  d.  Da	consequence of conseq	OF):  2 OTHER: 4 Nursing ME OF NURY M 1 , street, factory,	lying ceuse given  6. PLACE OF DEATH  Home 5   Residen  INJURY AT  WORK?  YES 2   NO  office	(Check only of 28d. Did 28d. D	24s. WAS AN AUTO PERFORMED  1 YES 2 1  Ner (Specify)  ESCRIBE HOW INJUR  CATION (Street and A y or Town, State)	RY OCCURED	4b. WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF CA OF DEATH?  1 YES 2 No.
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are searched by the conditions are searched by the cause of the c	OUE TO (OR AS A  C.  DUE TO (DR AS A  d.  DOBE CONTributing to deeth by  SE SS S  HOSPITAL: 1)**Linpertent 2 □ ER/Outp  26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of conseq	OF):  2 OTHER: 4 Nursing ME OF NURY M 1 , street, factory,	s, PLACE OF DEATH Home 5   Residen INJURY AT WORK?   YES 2   NO office date and place, and on, death occured at	(Check only of the Check only only only only only only only only	24a. WAS AN AUTOPERFORMED  1 YES 2 I	NO NO NO NO NO NO NO NO NO NO NO NO NO N	1 VES 2 No.
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DE DEATH  2 Accident  3 Suicide 4 Homicide  29a. CERTIFIER (Check only)  1 CERTIFYING PHY	OUE TO (OR AS A  C.  DUE TO (DR AS A  d.  DOBE CONTributing to deeth by  SE SS S  HOSPITAL: 1)**Linpertent 2 □ ER/Outp  26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of conseq	OF):  2 OTHER: 4 Nursing ME OF NURY M 1 , street, factory,	lying ceuse given  6. PLACE OF DEATH  Home 5   Reelden  INJURY AT  WORK?  YES 2   NO  office  dete and place, and on, death occured at  29c, LICENSE	(Check only one 6 Other 28d. Did 28d. D	24a. WAS AN AUTOPERFORMED  1 YES 2 I	AY OCCURED  Number or Rura ee stated. ee to the cause d. DATE SIGN	Ab. WERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.
AL C	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are searched by the conditions are searched by the cause of the c	OUE TO (OR AS A  C.  DUE TO (DR AS A  d.  DOE CONTributing to deeth by  SE SSIS  HOSPITAL:  1) Inperient 2 = ER/Outp  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	CONSEQUENCE of CONSEQ	OF):  OF):  In the under  OTHER:  OTHER:  OTHER:  A   Nursing  ME OF  NJURY  M   1  , street, factory,  rred at the time, ition, in my opinic	Iying ceuse given  8. PLACE OF DEATH  Home 5   Reelden  INJURY AT  WORK?  YES 2   NO  office  date and place, and  on, death occured at  29c, LICENSE	in Part I.  (Check only one 6   Otto 28d. Di 28d. Di 28f. Lo Chr due to the c the time, de	24a. WAS AN AUTOPERFORMED  1 YES 2 I	AY OCCURED  Number or Run ee stated, ee to the cause d. DATE SIGN	Ab. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No. 1 No



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

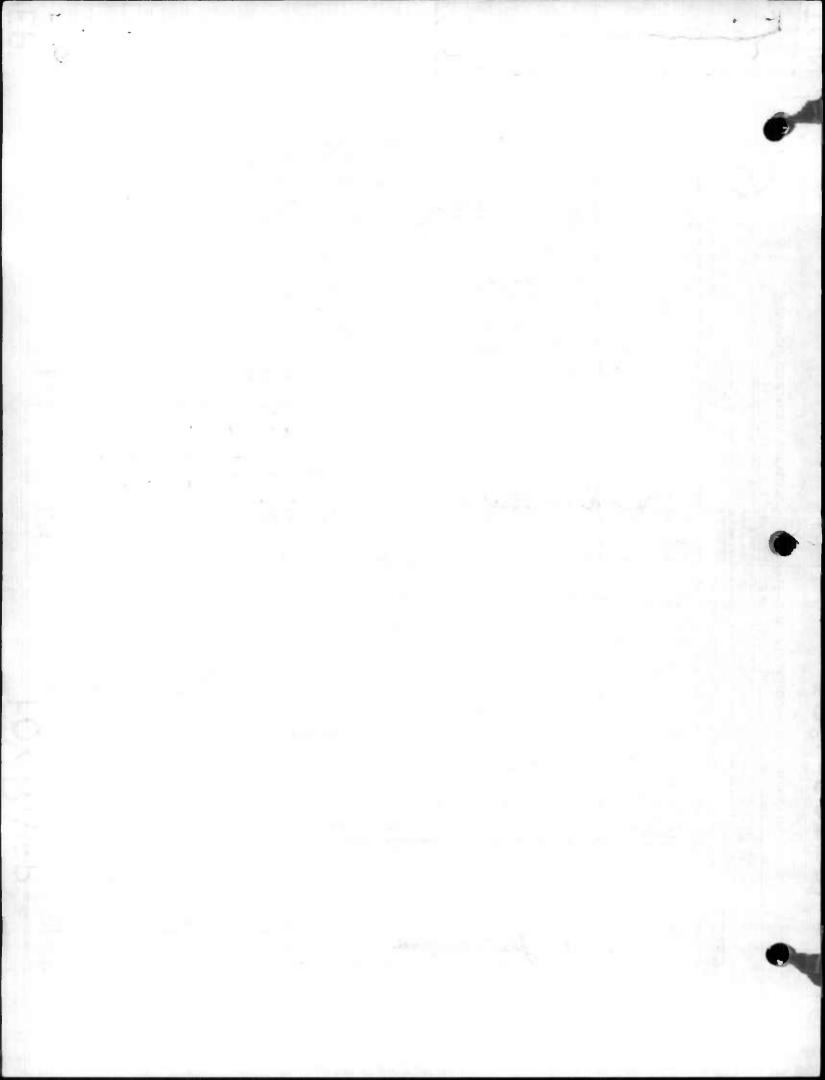
	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTI					MENTAL HYGIEN		J i	30402	
	1. DECEDENT'S NAME (First, Middle, Last)	ALBERT .	IAMES DANI					2. DATE OF DEATH			3. TIME OF DEATH	
	ALBERT DANIELS								7 C	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday	) IF UNDER	1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF BIRTH		6. BIRTH	10:30 A:MM  IPLACE (State or Foreign	
1	578-05-3016	1 X X M 2 □ F	77 YRS.	MONTHS	DAYS	HOURS	MIN.	Feb. 4, 1	914	Counti	nington DC	
1	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY,	TOWN OR	LOCATION	N OF DE			INTY OF D		
BB	PRINCE GEORGE'S	HOSPITAL C	ENTER	CHE	EVERL	_Y					GEORGE'S	
DIREC	10b. COUNTY			TY, TOWN O	R LOCATIO	DN					10d, INSIDE CITY	
1	Maryland Princ	e George's	Co	llege	Parl	k			LIMITS?			
FUNERAL	10e. STREET AND NUMBER				10f. Z	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
ij	3405 Duke Street 20740							United States				
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMED	13. V	MAS DECEN	NDENT OF	HISPAN	IC ORIGIN? (Specify Ye	or No-	14. RACE	E — American Indian, k, White, atc.	
ВУ	1 Never Married 2XX Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			YES 2		Specify:	n, Puarto Rican, atc.)		Speci		
		Yes WW 2				no				whit	:e	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a, DECEDENT' (Give kind o life, Do NOT	f work done a	CUPATION furing most	of working		16b. KIND OF BU	SINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)						1	_	_		
M	17. FATHER'S NAME (First, Middle, Last)		Enginee	r				C & P		phone	2	
		7.0			1			ME (First, Middle, Maiden	,			
BE	Henry James Danie	LS		-				Ann Barn				
0	Marie M. Daniels							loute Number, City or Tow			0.074.0	
	HEAVING THE PROPERTY OF THE PR						OTT	ege Park,				
	20 METHOD OF DISPOSITION	As tryin tideto	etery, crematory or	other place	TION (Name	e of		DATE 20c, LO	CATION —	City or To	wn, State	
	4 Donation & Other (Pocity)		ft. Line	oln C	emete	ery	12-	20-19 <b>9</b> 1 B	renty	vood,	Maryland	
	mgb / Carly Complete	TXI	/					S SONS FU				
	1/ auc 10	1 Duly	Bu	47	39 BA	ALT.	AVE	HYATTS	VTT.T.I	E. MD	20781	
	23. PART i. Enter the diseases, or co	omplications that car	used the deeth. Do	not enter	the mode	e of dying	g, auch	as cerdiec or resp	iratory a	rest,	Approximate	
	hock, or heart failure. L				P			who	1 de	2/101	interval Between Onaet and Deeth	
	disease or condition	acas	10. 1 ca	low	115	tor	34 0	dertio	70	120		
	resorting in death)	disease or/condition resulting in death)  a. Ocate respectatory destress  Due to (or as a consequence of):										
	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. Community organized processingly											
z		OUE TO (OR	AS A CONSEQUENCE	oh:	and a	ur	ed)	Buce	rur	ní	Zej	
TION	Sequentially list conditions, if any, leeding to immediate	coun	AS A CONSEQUENCE	oc	qu	ur	ed	puce	ru	ní	les	
ICATION	if any, leeding to immediate cause. Enter UNDERLYING	COLLEN TO (OR	AS A CONSEQUENCE	, <i>о</i> с	qu	ur	d	pue	eur	não	Ce y	
TIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR	AS A CONSEQUENCE	0F):	qu	ur	d	pue	eur			
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	COLLEN TO (OR	AS A CONSEQUENCE	0F):	qu	ur	d	pue	eur			
L CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST	DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  CCCC	OF):	gu	igu	ed	puce of Lyn	pl	Rose	14=	
AL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  CCCC	OF):	gu	igu	ed	puce of Lyn	AUTOPSY	Rose	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST	DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  CCCC	OF):	gu	igu	ed	Dert 1. 24a. WAS AN	AUTOPSY RMED?	Rose	WERE AUTOPSY FINDINGS	
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST	DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  CCCC	OF):	gu	igu	ed	Part I. 240. WAS AN PERFOR	AUTOPSY RMED?	Rose	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  CCCC	OF):	gue deriying o	) (800 cause giv	e di consideration di c	Part I. 24a. WAS AN PERFOR	AUTOPSY RMED?	Rose	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR Contributing to dea	AS A CONSEQUENCE  CCCC  th but not resulting	OF):	deriying c	) (800 cause giv	e di consideration di c	Part I. 240. WAS AN PERFOR	AUTOPSY RMED?	Rose	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR  DUE TO (OR  Contributing to dea	AS A CONSEQUENCE  CCCC  th but not resulting	OF):  OTHER 4   Nursi	derlying of	CE OF DEA	ven in 8	Part I. 24a. WAS AN PERFORM 1   YES 2	AUTOPSY IMED?	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR Contributing to dea	AS A CONSEQUENCE  AS A CONSEQUENCE  COCC  th but not resulting  Outpstient 3 DOA	OF):  OTHER 4   Nursi	26. PLAC	CRUSE GIV	ven in F	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	DUE TO (OR  DUE TO (OR  Contributing to dea  MOSPITAL: 1 Competient 2 = EN  28e. DATE OF INJU (Month, Day, Ye	AS A CONSEQUENCE  CCCC  th but not resulting  Outpetient 3 DOA  IRY 28b. Ti	OTHER 4 OF JURY M	26. PLAC ing Home 28c. INJUR WORK 1  YES	Cause giv	ven in F	Part i. 24a. WAS AN PERFOI 1 YES 2  Ck only one) 5 Other (Specify) 28d. DESCRIBE HOW I	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	DUE TO (OR  DUE TO (OR  Contributing to dea  MOSPITAL: 1 Competient 2 = EN  28e. DATE OF INJU (Month, Day, Ye	AS A CONSEQUENCE  CCCC  th but not resulting  Outpstient 3 DOA  IRY 28b. Ti	OTHER 4 OF JURY M	26. PLAC ing Home 28c. INJUR WORK 1  YES	CRUSE GIV	ven in F	Part I. 24a. WAS AN PERFORM 1   YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR  Contributing to dea  CONTRIBUTION  CONTRIBUTIO	AS A CONSEQUENCE  COCC  th but not resulting  Outpstient 3 DOA  IRY 28b. Ti  It  Specify)	OTHER 4   Nurse ME OF JURY M	26. PLAC :ing Home 28c. INJUR WORK 1 YES	CE OF DEA	NATH (Check to NO)	Part I. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  3 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  29a. CERTIFIER (Check only)  CERTIFYING PHYSIC (Check only)	DUE TO (OR  DUE TO (OR  Contributing to dea  CONTRIBUTION	AS A CONSEQUENCE  CCCC  th but not resulting  Outpstient 3 DOA  Outpstient 28b. Till  IURY — At home, farm, Specify)  nowladga, daeth occur	OTHER 4 Nursi	26. PLAC ing Home 28c. INJUR WORK 1 YES	Cause giv	ATH (Check NO)	Part I. 24a. WAS AN PERFORM 1 YES 2  Ck only one)  3 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)  to the cause(a) and mar	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRING TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR  DUE TO (OR  Contributing to dea  CONTRIBUTION	AS A CONSEQUENCE  CCCC  th but not resulting  Outpstient 3 DOA  Outpstient 28b. Till  IURY — At home, farm, Specify)  nowladga, daeth occur	OTHER 4 Nursi	26. PLAC ing Home 28c. INJUR WORK 1 YES	Cause giv	ATH (Check NO)	Part I. 24a. WAS AN PERFORM 1 YES 2  Ck only one)  3 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)  to the cause(a) and mar	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRING TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  29a. CERTIFIER (Check only)  CERTIFYING PHYSIC (Check only)	DUE TO (OR  DUE TO (OR  Contributing to dea  CONTRIBUTION	AS A CONSEQUENCE  CCCC  th but not resulting  Outpstient 3 DOA  Outpstient 28b. Till  IURY — At home, farm, Specify)  nowladga, daeth occur	OTHER 4 Nursi	26. PLAC :Ing Home 28c. INJUR WORK 1 Yes ing, office	Cause giv	NO NO I st the t	Part I. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  3 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)  to the cause(a) and martime, data and place, and	AUTOPSY AMED?  IN NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b. 24b. ccureD r or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRING TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 4 Homicide 6 Could not be detarmined  29b. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR  DUE TO (OR  Contributing to dea  CONTRIBUTION	AS A CONSEQUENCE  AS A CONSEQUENCE  COCC  th but not resulting  Outpstient 3 DOA  RY 28b. Ti  If  IURY — At home, farm,  Specify)  Townside, death occur  insting and/or investigat	OTHER  4   Nurse  ME OF  JURY  M  Street, factor	26. PLAC :Ing Home 28c. INJUR WORK 1 Yes ing, office	CE OF DEA	NO NO I st the t	Part I. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  3 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)  to the cause(a) and martime, data and place, and	AUTOPSY AMED?  IN NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b. 24b. ccureD r or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Nourse Number,	
COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Sulcide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO (OR  DUE TO (OR  Contributing to dea  CONTRIBUTION	AS A CONSEQUENCE  AS A CONSEQUENCE  COCC  th but not resulting  Outpstient 3 DOA  RY 28b. Ti  If  IURY — At home, farm,  Specify)  Townside, death occur  insting and/or investigat	OTHER  4   Nurse  ME OF  JURY  M  Street, factor	26. PLAC :Ing Home 28c. INJUR WORK 1 Yes ing, office	CE OF DEA	NO NO I st the t	Part I. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  3 Other (Specify)  28d. DESCRIBE HOW I City or Town, State)  to the cause(a) and martime, data and place, and	AUTOPSY IMED?  NJURY OC  NJURY OC  AND AND AND AND AND AND AND AND AND AND	24b.  24b.  CURED  or Rural R  ted.  ha cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Nourse Number,	



ermit. Pages 1, 2,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit published within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

FOR_	STATE OF MAR	IYLAND / DEPARTI	MENT OF H	FAITH AND N	AFNTAL HYGIFN	9 I	30414
1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC			REG. NO.		3. TIME OF DEATN
		RAMONE EDWA	ARDS		MONTH D		
4. SOCIAL SECURITY NUMBER 222 -60 - 0833	5. SEX 6. A		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	_	PURITY SALISBURY, ME
9s. FACILITY NAME (If not institution, give		gas .	b. CITY, TOWH O	R LOCATION OF DE	5   2 9   6 ATN	9c. COUNTY C	OF DEATN
Mercy Medi	cal Cent	ter	t	Baltin	nore.	BALTO	D. CITY
10s. STATE 10b. COUN	Baltin	100	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	Daicin	0121 01		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
6658 Colli		Rd		21234			USA RACE — American Indian,
11. MARITAL STATUS  1 N Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 (NO	If yes, spe		IC ORIGIN? (Specify Yein, Puerto Rican, etc.)		Black, White, etc.  Specify: Black
15. DECEDENT'S ED (Specify only highest grad	le completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo:	N st of working	16b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12) SEC. 12TH	College (1-4 or 5+)	LABO	RER		MAINTAN	NENCE	
17. FATNER'S NAME (First, Middle, Last)	JOE EDW	ARD		18. MOTHER'S NAI	ME (First, Middle, Meiden ANNA AN		
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A			Route Number, City or Tow		0)
ANNA EDW/	DE TRAINE	20b. PLACE AND DATE CO	F DISPOSITION	(Name	OVER, DEL	CATION — City	or Town, State , MD. 21801
4 ☐ Donetion 5 ☐ Other (Specify)	ICENSEE COLLARS	GREEN AUR	23 NOME 4		CHAPEL		2, BOX 920
23. PART I. Enter the diseases, processes, p	. List only one cause						Approximata interval Between Onset and Desth
Sequentielly list conditions, if any, leading to immediate	b. P. S	AS A CONSEQUENCE OF ):	moth.	orax			
cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):					
PART II. Other significant condition	ons contributing to da	eth but not reaulting in	the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS
					1 PERFO	2 15 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
- 14 - 27 17 43 1							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)		
27. MANNER OF DEATN  1 Natural 5 Pending	28s. DATE OF INJ (Month, Dey,	IURY 28b. TIME	OF 28c. IN.	URY AT DRK? YES 2 NO	28d, DESCRIBE NOW	INJURY OCCURI	ED
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN	JURY — At home, farm, st. (Specify)	reet, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
coel	and the second second	knowledge, death occurred					ouse(e) end manner es stated.
29b. SIGNATURE AND TITLE OF CERTIF	m.o.	JAY (400D	m AN m	DOZI		≥ J2	GNED (Month, Day, Year)
Susan K. Shi				er 301	ST. Paul	2 But	10. 21202
31. DATE FILED (Month, Pay, 19ar) 199		SIGNATURE MONDAIL					
1-107/1							DHMH-16 Rev 1/8



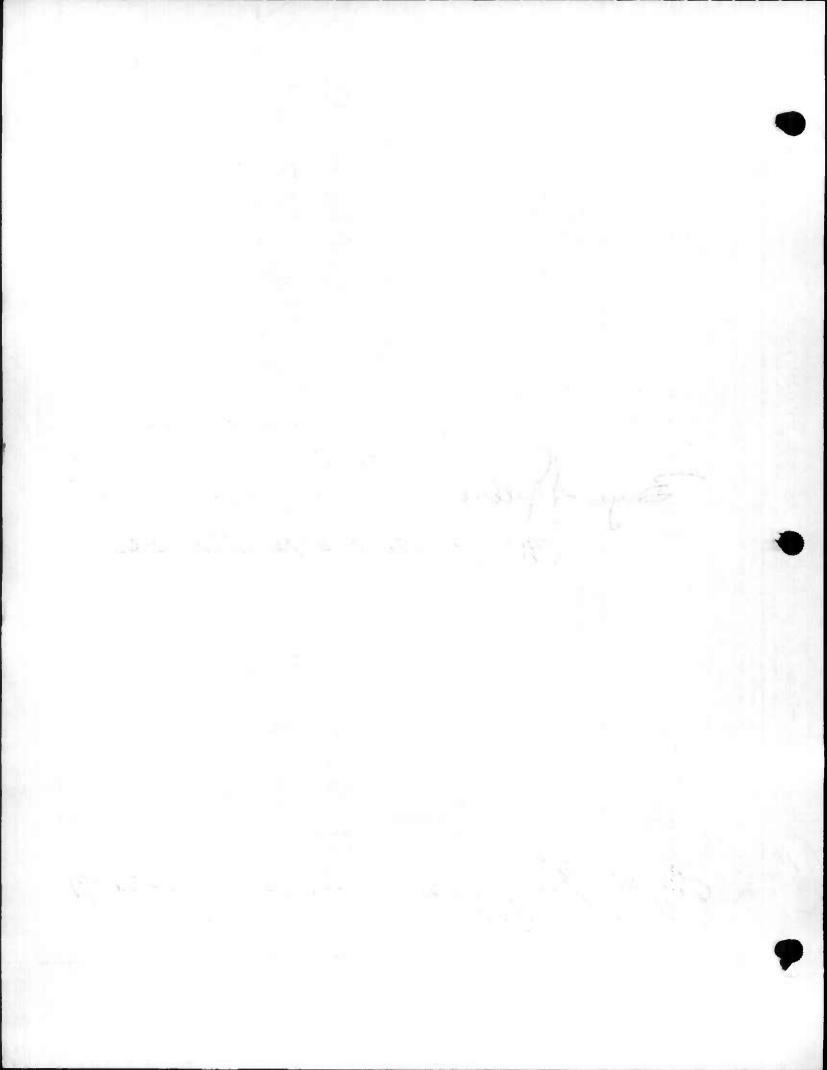
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other tranmatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTO

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	Evangelist				2. DATE OF DEATH DATE OF DECEMber	15,1991	9:30 P
4. SOCIAL SECURITY NUMBER 214-52-4039	5. SEX 8. A	GE (In yrs. last birthday) 104 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept. 3,1	887 I	ATHPLACE (State or Foreign untry) taly
3609 Nearbrook				or Location of D stville	EATH	9c. COUNTY O	e Georges
100. STATE 10b. COUNT Maryland Prin	ce Georges		y, TOWN OR LOCA				10d, INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER 3609 Nearbrook	Ave.			20747		10g. CITIZEN C	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARMEO (ES 2 NO If yes, specify Cuben, Mexicar 1 YES 2 NO Specify  TO DESCRIPTION OF THE SPAN IF YES 2 NO Specify			an, Puerto Rican, etc.)		ACE — American Indian, lack, White, atc. pocify: White	
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)  College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during m se ratired.)	ION ost of working	18b. KIND OF BU		Υ
17. FATHER'S NAME (First, Middle, Last)		Home me	INCI	18. MOTHER'S N	AME (First, Middle, Malden		
Antonio Santil	li			Carme	la Iadise	rnia	
19e. INFORMANT'S NAME (Type/Print)			Andrew College		Route Number, City or Tow		
Alaric Evangelis	T.	20b. PLACE OF OISPO			Forestville	e,MD. Zi	
1 🖾 Burlet 2 🗆 Cremation 3 🗆 Red 4 🗆 Donation 5 🗆 Other (Specify)	moval from State				ery 12/19/		
IL SUCHATURE OF FUNERAL SERVICE L	L. O. G.	, J	22. NAME /	NO AODRESS OF F	ACILITY	4308 Su:	itland Rd. d, MD.20746
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR	AS A CONSEQUENCE (	DF):				
resulting in death) LAST  PART II. Other significant condition	d	th hut not requising	In the underful	ng course given t	n Part i. 24a. WAS Al	N AUTOBĖV I	24b. WERE AUTOPSY FIND
FANT II. Ottor agricultural consultural	one continuently to dea	til but not resulting	, iii tha dhuanyi	ing cause given i		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	Check only one)		
EXAMINER?  1 X YES 2 NO	HOSPITAL:	Outpetient 3 DOA	OTHER:		6 Other (Specify)		
27. MANNER OF OEATH  1 Natural 5 Pending	28e. DATE OF INJI (Month, Day, Y		ME OF 28c. II	VJURY AT VORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	o
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide datermined	26e, PLACE OF IN	JURY At home, farm, (Specify)	, atreet, factory, of	lice	261. LOCATION (Street City or Town, State		ural Route Number,
(Check only	/SICIAN: To the best of my NER: On the beele of exami						use(e) end menner se stat
296. SIGNATURE AND TITLE OF CERTIF	in the second			29c. LICENSE N	UMBER	29d. DATE SIG	RNEO (Month, Day, Year)
Trugusto X	tompre	2 MM		Do123	0	1/2	16-91
Augusto P. Rodri	iguez M.D.				rings, MD.	20748	
31. DATE FILED (Month, Day, Year) DEC 17 1991	32. HEGISTRAR'S	SIGNATURE					



		70
BALTIMORE, MARYLAND 21203-3146	at the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Por and Mental Hygiene prior to burial, cremation, or removal.
	2	E P
		FILE.
IDS, P.O. BOX 13146,	executed within 2	by the attending physician and completely filled in by the fill and Mental Hygiene prior to burlal, cremation, or removal.
õ	te be	sicia
œ	Diffical	ane phy
0	Cert	Hygis
σ.	eath	atte
Ś	he d	Me
0	at th	and and

36485 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH YEAR 91 Edwards ALVIN 150 6 A H 12 6. AGE (In yrs. lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1,52 M 2 | F 4 5 YRS. 230 58 9852 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF OEATH 9b. CITY, TOWN OR LOCATION OF GEATH 3127-75 TO AVENUE 203 PRINCE GEURBE'S DIRECTOR LANDOVER RESIDENCE OF DECEDENT PO . 10c. CITY, TOWN OR LOCATION 10e. STATE IOd. INSIDE CITY RINCE GEORGES MA LANDOVER YES 2 NO 10s. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 3127 -75 AVENUE APT 203 20785 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2-60 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY BLACK 3 Widowed 4 Divorced 11/2/64- 4/28/69 COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (GWe kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (9-4 or 5+)
4Yrs. Captain-Dept. of Correction Govt. (DC) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) injury, or other traumatic event, the medical examiner must be notified at BE John R. Edwards Nellie Wilson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Nellie Edwards (Mother) 2202 Nashville Ave. Portsmouth, Virginia 23704 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 1 Suriel 2 Cremation 3 4 Company 6 Other (Specify) Burlel 2 Cremation 3 Removal from State Lincoln Memorial Cemetery Portsmouth, Virginia 22. NAME AND ADDRESS-OF FACILITY Jenkins Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7474 Landover Rd. Landover, Maryland20785 Luny 23. Pint I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) ARRHYTHMIA CARDIAE minutes DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DIABOTES MELLITUS (INJULA DEPENDENT) 23 shows any 1 TYES 2 NO DIVISION OF VITAL RECOF MORBIO DRESITY 1 | YES 2 | NO certificate has been s h the State Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 ☑ YES 2 ☐ NO 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Donation 2 ER/Outpatient 3 DOA 6 the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED this c marked. Natural 5 Pending investigs L DIRECTOR: After thi 2 hours after death w 1 Item 28 is mark 1 YES 2 NO BY DR ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL DI
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. Derury Medical 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DO 1852 ≥ 12-14-91

31. DATE FILED (Moreth, Day, Year)
DEC 18

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4203 OUTENSBURY

32. REGISTBAR'S CIGNATURE Pandall

2

HYATTSVINE MA 20281

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: it liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
---	--	--

REGISTRAR  DECEDENT'S NAME (First, Middle, Last)		CERI	IFICATE	OF DEAL		. DATE OF D	EG. NO.	a Tues	OF OEATH
HELEN LOUISE EN	1 A CIZT					MONTH	DAY	YEAR	
I. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birtho	day) IF UNDER 1	YEAR IF UNDER		. DATE OF BE		BIRTHPLACE (S	tate or Foreign
578-18-9744	1 🗆 M 2X 🕽 👍	72 YR	IS. MONTHS I	DAYS HOURS	MIN.	(Month, Day,	1-1919	Country) Marvl	and
Da. FACILITY NAME (If not institution, give a	treet and number)	12	9b. CITY, T	OWN OR LOCATIO	ON OF OEAT			Y OF DEATH	and _
Malcolm Grow M	edical	Center	And	rews A	ir F	orce	Base F	rince	Geo.
RESIDENCE OF DECEDENT			CITY, TOWN OR			0100	Dapo -		
								LIM	IDE CITY ITS? IS 2 1 NO
Maryland   Prin	ce Geor	rge's I	Forest	VILLE 10f, ZIP CODE			10g. CITIZE	EN OF WHAT COL	
7310 Malden La	20				2074	7		S. A	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED		AS DECENDENT O	F HISPANIC	ORIGIN? (Sp	ecify Yes or No 1	4. RACE Amer	ican Indian,
Never Married 2 1 Married		I ☐ YES 2 📆 NO MAR OR DATES		yes, specify Cuba		Puerto Rican,	, etc.)	Black, White, a Specify:	rtc.
Widowed 4 Divorced									ite
15. DECEDENT'S EOU (Specify only highest grade		(Give kind	NT'S USUAL OCC d of work done du	CUPATION ring most of working	g	16b, KING	O OF BUSINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	OT use retired.)						
7, FATHER'S NAME (First, Middle, Last)		I HOME	E MAKE				r HOME	-	
George E. Ber	2017						, Malden Surname)		
9a. INFORMANT'S NAME (Type/Print)	ГУ	10h MAI	I ING ACCIDESS O				Rowland.	nofe)	
	1 C								747
william P. Ew	aski. S	r. 173	IU Male	den I.n	- FO	restr	TILD N		
		20b. PLACE OF DIS	SPOSITION (Name	e of cemetery, cren		rest	ville, M		
WILLIAM P. EW  20a. METHOD OF DISPOSITION  1   Burlai 2 \( \times \) Cremation 3   Rem  4   Donation 6   Other (Specify)		20b. PLACE OF DIS	-	e of cemetery, cren		rest		ty or Town, State	
R0a. METHOD OF DISPOSITION	noval from State	20b. PLACE OF DIS	sposition (Name Lee Cre	e of cemetery, cren	natory or		20c. LOCATION - CI Clinton,	ty or Town, State Maryla	and
20a. METHOD OF DISPOSITION    Buriai 2 🗵 Cremation 3   Rem    Donation 6   Other (Specify)	noval from State	20b. PLACE OF DIS	SPOSITION (Name Lee Cre	e of cornetery, crememony ematory AME AND ADDRES	natory or	™ Lee	Clinton, Funeral	Maryla Home,	and Inc.
20a. METHOD OF DISPOSITION    Burlai 2 M Cremation 3   Rem   Donation 6   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LII  22. PART 1. Enter the diseases, or	complications th	20b. PLACE OF DR other place)	SPOSITION (Name Lee Cre	e of comotory, creme ematory AME AND ADDRES	natory or ss of facil Alexa	Jw Lee ander	Clinton, Funeral Ferry Rd.	Home, Clint	and Inc.
20a. METHOD OF DISPOSITION    Burlai 2 M Cremation 3 Rem   Donation 6 Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LI  22. PART 1. Enter the diseases, or shock, or heart failure.	complications th	20b. PLACE OF DR other place)	SPOSITION (Name Lee Cre	e of comotory, creme ematory AME AND ADDRES	natory or ss of facil Alexa	Jw Lee ander	Clinton, Funeral Ferry Rd.	Home, I	and Inc. Con, M oproximate terval Between
20a. METHOD OF DISPOSITION    Burlai 2 M Cremation 3 Rem   Donation 6 Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LI  23. PART 1. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition	complications the	20b. PLACE OF DROWN other place)  of caused the death. use on each line.	SPOSITION (Name Lee Cre  22. NA  66  Do not enter the	e of comotory, creme ematory AME AND ADDRES	natory or ss of facil Alexa	Jw Lee ander	Clinton, Funeral Ferry Rd.	Home, I	and  Inc.  con, M  oproximate terval Between
20a. METHOD OF DISPOSITION    Burlai 2 M Cremation 3 Rem   Donation 6 Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LI  23. PART 1. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition	complications the List only one can a RESPIR.	20b. PLACE OF DR other place)	SPOSITION (Name Lee Cre  22. NA  66  Do not enter the	e of comotory, creme ematory AME AND ADDRES	natory or ss of facil Alexa	Jw Lee ander	Clinton, Funeral Ferry Rd.	Home, I	and Inc.
20a. METHOD OF DISPOSITION    Burlai 2 M Cremation 3 Rem   Donation 6 Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE UN  22. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications the List only one ca	20b. PLACE OF ON other place)  of caused the death. use on each line.  ATORY FAILURE OF ONE OF THE PLACE OF T	SPOSITION (Name Lee Cre  22. NA  66  Do not enter the URE CRE OF):	e of cometery, crem ematory  AME AND ADDRES  33 Old  the mode of dyl	Alexa	I Lee ander	Clinton, Funeral Ferry Rd.	ty or Town, State , Maryla Home, I , Clint st, A in or	and Inc. con, M oproximate terval Between and De
Rea. METHOD OF DISPOSITION    Burlai 2	complications the List only one catalogue To Due To b. SEVERE	20b. PLACE OF DROWN other place)  at caused the death. use on each line.	SPOSITION (Name Lee Cre  22. NA  66  Do not enter the URE CRE OF):  BSTRUCTI	e of cometery, crem ematory  AME AND ADDRES  33 Old  the mode of dyl	Alexa	I Lee ander	Clinton, Funeral Ferry Rd.	ty or Town, State , Maryla Home, I , Clint st, A in or	and Inc. Con, M oproximate terval Between
20a. METHOD OF DISPOSITION    Burial 2 M Cremation 3 Rem   Donation 6 Other (Specify)    11. SIGNATURE OF FUNERAL SERVICE LIFE  23. PART 1. Enter the diseases, or shock, pr heart failure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING	complications the List only one catalogue To Due To b. SEVERE	of caused the death. I use on each line.  ATORY FAILUTE OF OR AS A CONSEQUENCE CHRONIC OF OR AS A CONSEQUENCE OF O	SPOSITION (Name Lee Cre  22. NA  66  Do not enter the URE CRE OF):  BSTRUCTI	e of cometery, crem ematory  AME AND ADDRES  33 Old  the mode of dyl	Alexa	I Lee ander	Clinton, Funeral Ferry Rd.	ty or Town, State Maryla Home, I , Clint st, A	and Inc. con, M opproximate terval Between Between De
Rea. METHOD OF DISPOSITION    Burlai 2	complications the List only one case.  RESPIR DUE TO  SEVERE DUE TO  C. BRONCH	of caused the death. I use on each line.  ATORY FAILUTE OF OR AS A CONSEQUENCE CHRONIC OF OR AS A CONSEQUENCE OF O	SPOSITION (Name Lee Cree 22. NA 66 Do not enter the URE CE OF):  BSTRUCT CE OF):	e of cometery, crem ematory  AME AND ADDRES  33 Old  the mode of dyl	Alexa	I Lee ander	Clinton, Funeral Ferry Rd.	ty or Town, State Maryla Home, I , Clint st, A	and Inc. con, M peroximate terval Between Betw
20a. METHOD OF DISPOSITION    Burlai 2 M Cremation 3 Rem   Donation 6 Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LI  23. PART 1. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition	complications the List only one case.  RESPIR DUE TO  SEVERE DUE TO  C. BRONCH	af caused the death. I use on each line.  ATORY FAILUMENT OF OR AS A CONSEQUENCY OR AS A CONSEQUENCY OF OR AS A CONSEQUENCY OF OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A	SPOSITION (Name Lee Cree 22. NA 66 Do not enter the URE CE OF):  BSTRUCT CE OF):	e of cometery, crem ematory  AME AND ADDRES  33 Old  the mode of dyl	Alexa	I Lee ander	Clinton, Funeral Ferry Rd.	ty or Town, State Maryla Home, I , Clint st, A	and Inc. con, M peroximate terval Between Betw
Rea. METHOD OF DISPOSITION    Burlai 2	complications the List only one case.  a. RESPIR  DUE TO b. SEVERE  DUE TO c. BRONCH:  DUE TO d.	af caused the death. I use on each line.  ATORY FAILUM OF OR AS A CONSEQUENCY OF AS A	SPOSITION (Name Lee Cree 22. NA 66 Do not enter the URE CE OF):  BSTRUCT CE OF):  CE OF):	e of cometery, crementary  AME AND ADDRES  33 Old  the mode of dyl	ss of FACIL Alexa ing, such a	LITY Lee ander es cerdiec	Clinton, Funeral Ferry Rd. or respiratory street	ty or Town, State , Maryla Home, I , Clint st, Ain Or	and Inc. con, P proximate terval Betweet and D  YEARS 9 DAY
10a. METHOD OF DISPOSITION   Burlai 2 M Cremation 3 Rem   Donation 6 Other (Specify)	complications the List only one case.  a. RESPIR  DUE TO b. SEVERE  DUE TO c. BRONCH:  DUE TO d.	af caused the death. I use on each line.  ATORY FAILUM OF OR AS A CONSEQUENCY OF AS A	SPOSITION (Name Lee Cree 22. NA 66 Do not enter the URE CE OF):  BSTRUCT CE OF):  CE OF):	e of cometery, crementary  AME AND ADDRES  33 Old  the mode of dyl	ss of FACIL Alexa ing, such a	ITY Lee ander se cerdiec  EASE	Clinton, Funeral Ferry Rd. or respiratory street	ty or Town, State , Maryla Home, J , Clint st, An On  24b. WERE AN ANALIAN COMPARE COMPARE	and Inc. con, Moreover Between
Oa. METHOD OF DISPOSITION  Burlai 2 M Cremation 3 Rem  Donation 6 Other (Specify)  1. SIGNATURE OF FÜNERAL SERVICE LI  23. PART I. Enter the diseases, or shock, or heart failure.  MMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one case.  a. RESPIR  DUE TO b. SEVERE  DUE TO c. BRONCH:  DUE TO d.	af caused the death. I use on each line.  ATORY FAILUM OF OR AS A CONSEQUENCY OF AS A	SPOSITION (Name Lee Cree 22. NA 66 Do not enter the URE CE OF):  BSTRUCT CE OF):  CE OF):	e of cometery, crementary  AME AND ADDRES  33 Old  the mode of dyl	ss of FACIL Alexa ing, such a	ITY Lee ander se cerdiec  EASE	Clinton, Funeral Ferry Rd. or respiratory street	ty or Town, State , Maryla Home, J , Clint st, An ANALAB COMPLE OF DEAT	and Inc. con, Moreover and Deproximate terval Between and Deproximate terval Between and Deproximate and Depro
Rea. METHOD OF DISPOSITION    Burlai 2	complications the List only one case.  a. RESPIR  DUE TO b. SEVERE  DUE TO c. BRONCH:  DUE TO d.	af caused the death. I use on each line.  ATORY FAILUM OF OR AS A CONSEQUENCY OF AS A	SPOSITION (Name Lee Cree 22. NA 66 Do not enter the URE CE OF):  BSTRUCT CE OF):  CE OF):	e of cometery, crementary  AME AND ADDRES  33 Old  the mode of dyl	ss of FACIL Alexa ing, such a	ITY Lee ander se cerdiec  EASE	Clinton, Funeral Ferry Rd. or respiratory street	ty or Town, State , Maryla Home, J , Clint st, An ANALAB COMPLE OF DEAT	and Inc. con, Moreover and Deproximate terval Between and Deproximate terval Between and Deproximate and Depro
Burlai 2 M Cremation 3 Rem Burlai 2 M Cremation 3 Rem Donation 6 Other (Specify)  In Signature of Funeral Service Life 23. PARP I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finei diseases or condition resulting in death)  Sequentisity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a. RESPIR DUE TO  BRONCH DUE TO  d.  na contributing to	af caused the death. I use on each line.  ATORY FAILUM OF OR AS A CONSEQUENCY OF AS A	SPOSITION (Name Lee Cree 22. NA 66 Do not enter the URE CE OF):  BSTRUCT CE OF):  CE OF):	e of cometery, crementary  AME AND ADDRES  33 Old  the mode of dyl	ss of FACIL Alexa ing, such a	EASE	Clinton, Funeral Ferry Rd. or respiratory street	ty or Town, State , Maryla Home, J , Clint st, An ANALAB COMPLE OF DEAT	proximate terval Between and Do YEARS  9 DAY:  UTOPSY FINDING TO TOTAL OF CAUSTING TO THE PROXIMATE
10a. METHOD OF DISPOSITION   Burlai 2 M Cremation 3 Rem   Donation 6 Other (Specify)	complications the List only one case.  a. RESPIR.  DUE TO b. SEVERE  OUE TO c. BRONCH:  DUE TO d.  HOSPITAL:	af caused the death. I use on each line.  ATORY FAILUM OF OR AS A CONSEQUENCY OF AS A	SPOSITION (Name Lee Cree Cree Cree Cree Cree Cree Cree	e of cometery, crementary  AME AND ADDRES  33 Old  The mode of dyl  IVE LUNG  Certying cause of the cometer of	ss of FACIL Alexa ing, such s	EASE  art I. 24a.  k only one)	WAS AN AUTOPSY PERFORMED?	ty or Town, State , Maryla Home, J , Clint st, An ANALAB COMPLE OF DEAT	proximate terval Between and Do YEARS  9 DAY:  UTOPSY FINDING TO TOTAL OF CAUSTING TO THE PROXIMATE
Rea. METHOD OF DISPOSITION    Burlai 2 Cremation 3 Rem   Donation 6 Other (Specify)	complications the List only one case.  a. RESPIR DUE TO C. BRONCH DUE TO C	20b. PLACE OF OR other place)  of caused the death. I use on each line.  ATORY FAILUATION OF OR AS A CONSEQUENCY OF AS A CONSEQUENCY OF AS A CONSEQUENCY OF AS A CONSEQUENCY OF THE PROPERTY O	SPOSITION (Name Lee Cree Cree Cree Cree Cree Cree Cree	e of cometery, crementary, crementary  AME AND ADDRES  33 Old  The mode of dyl  LVE LUNG  Certying cause of the cometer of the	ss of FACIL Alexa ing, such s  G DIS  given in Pa	EASE  art I. 24a.  to only one)	WAS AN AUTOPSY PERFORMED?	ty or Town, State , Maryla Home, I , Clint st, Ai in Oi  24b. WERE A AMAILAB COMPLE OF DEAT	and Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.
23. PART I. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Finei disesse or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death)  PART II. Other significent conditions are suiting in death)  22. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  23. MANNER OF OEATH  1 Netural 5 Pending	complications the List only one case.  a. RESPIR DUE TO C. BRONCH DUE TO C	20b. PLACE OF DR other place)  of caused the death. I use on each line.  ATORY FAILU D (OR AS A CONSEQUENCY OF AS A CONSEQUENC	SPOSITION (Name Lee Cree Cree Cree Cree Cree Cree Cree	e of cometery, crementary  AME AND ADDRES  33 Old  The mode of dyl  IVE LUNG  Certying cause of the cometer of	SS OF FACIL ALEXA G DIS  G DIS  G DIS  GEATH (Check patience 6	EASE  art I. 24a.  Lichard Control Con	Clinton, Funeral Ferry Rd. or respiratory street	ty or Town, State , Maryla Home, I , Clint st, Ai in Oi  24b. WERE A AMAILAB COMPLE OF DEAT	and Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.
20a. METHOD OF DISPOSITION    Burlai 2	complications the List only one case.  a. RESPIR. DUE TO b. SEVERE  DUE TO c. BRONCH: DUE TO d.  HOSPITAL: 1 X Inpatient 2  28e. DATE 0  (Month,	20b. PLACE OF DR. other place)  of caused the death. I use on each line.  ATORY FAILUAD (OR AS A CONSEQUENCY OF AS A CONSEQUENCY OF AS A CONSEQUENCY OF TAXABLE OF TA	SPOSITION (Name Lee Cree Cree Cree Cree Cree Cree Cree	e of cometery, crementary, crementary  AME AND ADDRES  33 Old  The mode of dys  LIVE LUNG  Certying cause of the cometer of th	SS OF FACIL ALEXA G DIS  G DIS  G DIS  GEATH (Check  Beddence 6	EASE  BY Lee ander  BE cordiec  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY Lee  BY LEE	Clinton, Funeral Ferry Rd. or respiratory street  was an autopsy Performed? Yes 2 X No	ty or Town, State , Maryla Home, I Home, I , Clint st, Ai In Or  24b. WERE AI AMAILAB COMPLE OF DEAI 1   YE	And  Inc.  I
23. PART I. Enter the disesses, or shock, or heart failure.  23. PART I. Enter the disesses, or shock, or heart failure.  24. Signature of Funeral Service Life disesse or condition resulting in death)  25. Equentisity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Placese or injury that initiated events resulting in death)  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending Investigation	complications the List only one case.  a. RESPIR. DUE TO b. SEVERE  DUE TO c. BRONCH: DUE TO d.  HOSPITAL: 1 X Inpatient 2  28e. DATE 0  (Month,	20b. PLACE OF DR. other place)  of caused the death. I use on each line.  ATORY FAILT  OR AS A CONSEQUENCY  OR AS A CONSEQUENCY  O GOR AS A CONSEQUENCY  O death but not result  ER/Outpatient 3 DR  FINJURY  28b	SPOSITION (Name Lee Cree Cree Cree Cree Cree Cree Cree	e of cometery, crementary, crementary  AME AND ADDRES  33 Old  The mode of dys  LIVE LUNG  Certying cause of the cometer of th	SS OF FACIL ALEXA G DIS  G DIS  G DIS  GEATH (Check  Beddence 6	EASE  art I. 24a.  I C  Control one)  Other (Spized, OESCRIE	Clinton, Funeral Ferry Rd. or respiratory street  was an autopsy Performed? Yes 2 X No	ty or Town, State , Maryla Home, I Home, I , Clint st, Ai In Or  24b. WERE AI AMAILAB COMPLE OF DEAI	And  Inc.  I

MALCOLM ANDREWS



CRAIG S. PACKARD

31. DATE FILED (Morit), Day 1897

DEC 1 9 199

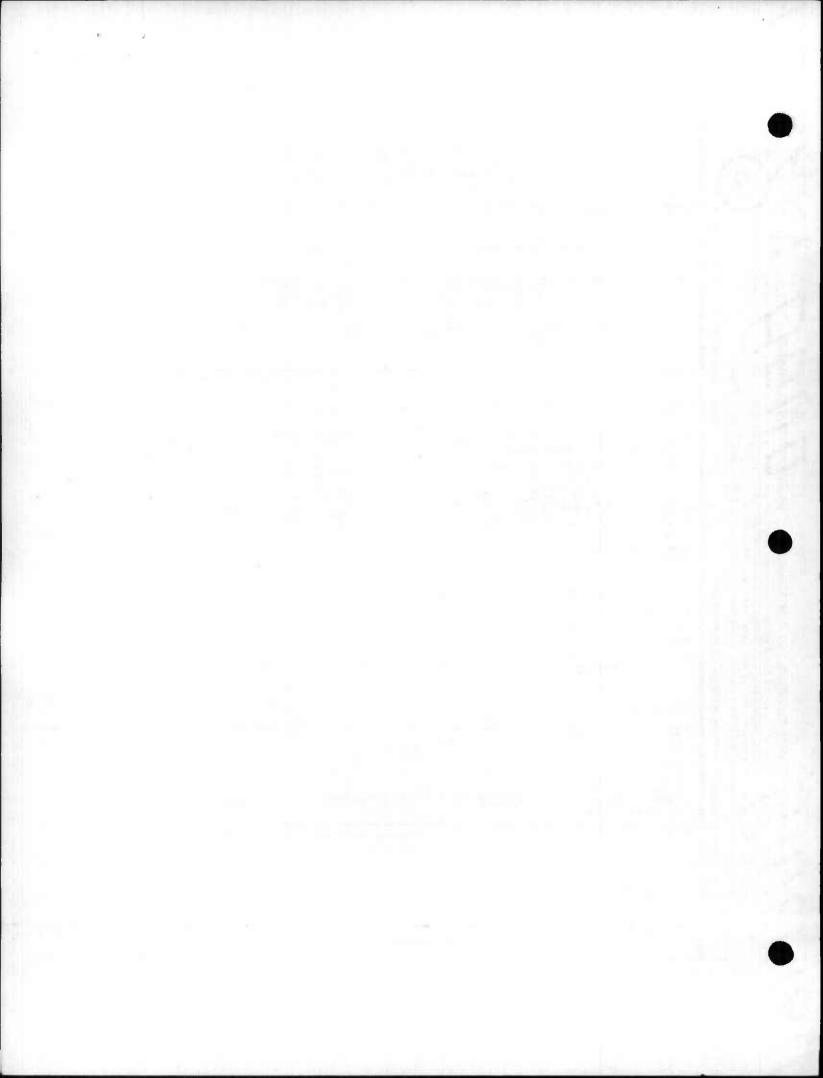
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1991

CAPT. USAF. MC

32. REGISTRAN'S MONATURE
GINA DAM OSON-Randelle

GROW USAF MEDICAL CENTER AFB, MD 20331-5300



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

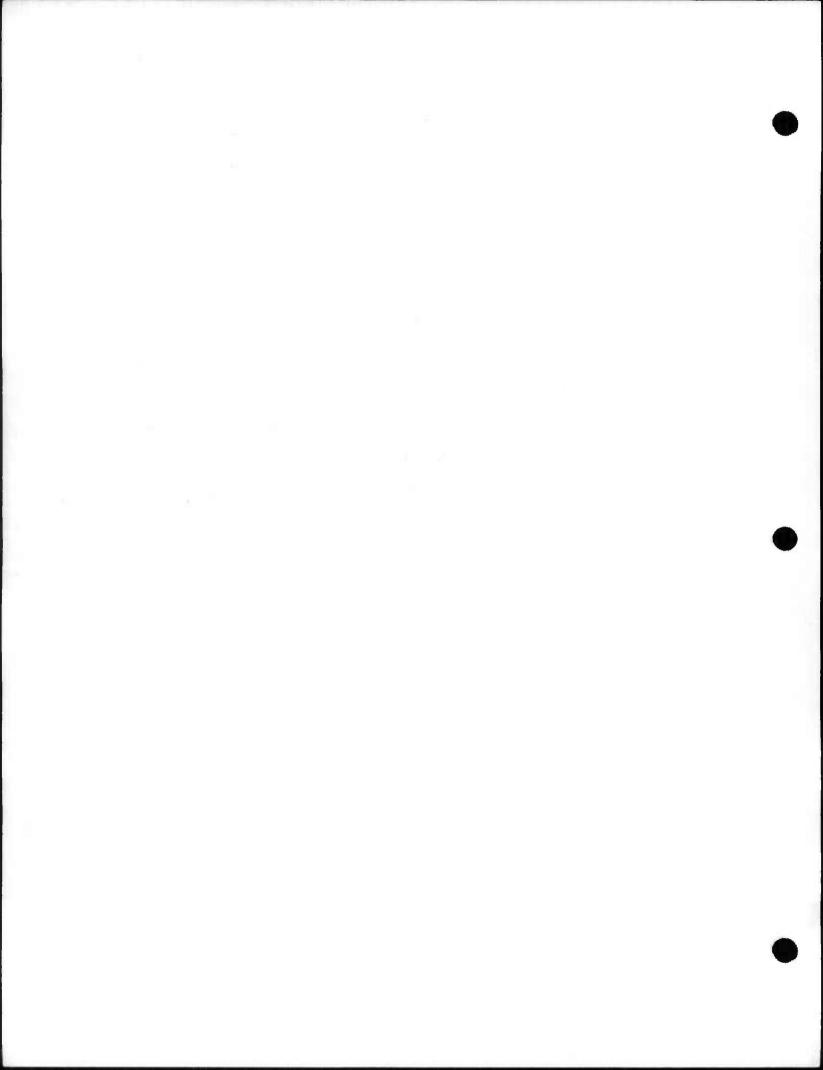
10

FOR

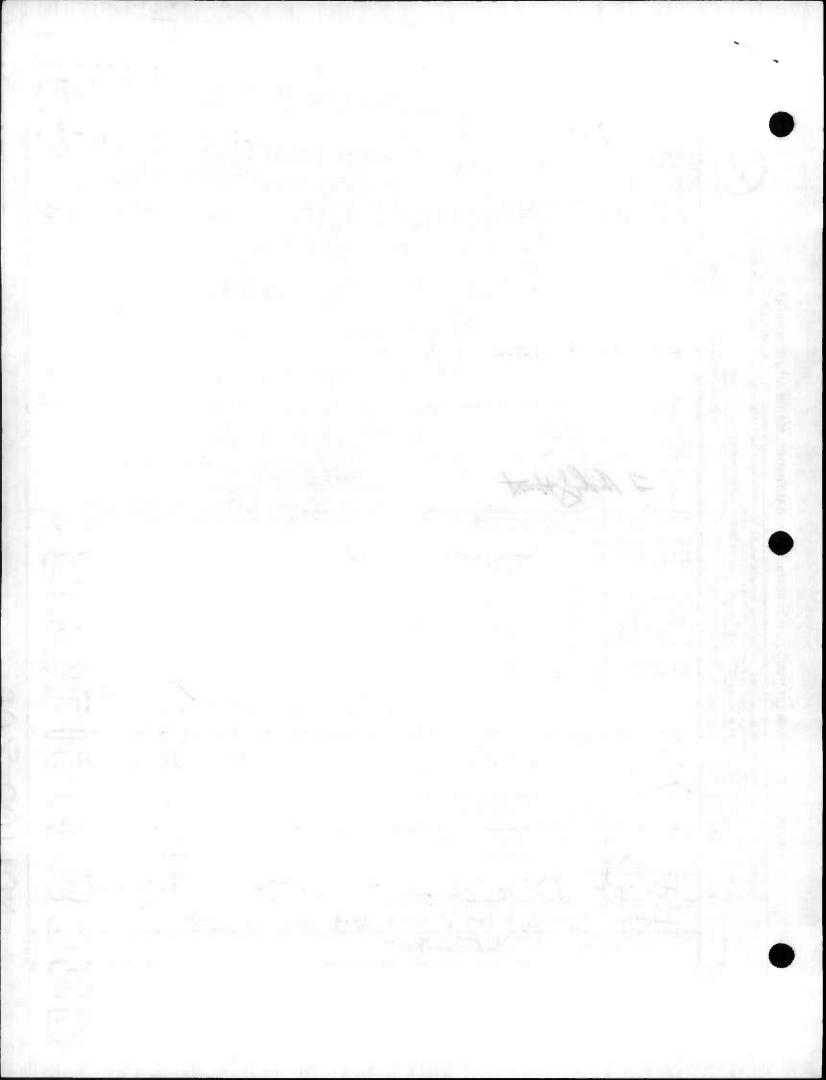
TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	CATE C	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)			790			2. DATE	OF DEATH			3. TIME OF DEATH
6	STEP	HEN ANT	HONY	FRANC	IS		12			1991	4P. m
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs.		IF UNDER 1 YE	AR F UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
176-12-05		1 € M 2 □ F	74	YRS.	ONTHS DA		11	-30-1		PA.	~
90. FACILITY NAME (If not in						WN OR LOCATION OF DE	EATH			NTY OF D	
406 HAYWA		ENUE			FRU.	TLAND			WI	COMI	CO
RESIDENCE OF DEC	10b. COUNTY	,		10c, CITY.	TOWN OR LO	CATION					10d. INSIDE CITY
MD.	WIC	OMICO			RUITI						LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
406 HAYW	ARD A	VENUE				21826			Ţ	J.S.	Α.
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED		DECENDENT OF HISPAI , specify Cuban, Mexica			or No-	14. RACI	E — Americen Indian, k, While, etc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES	GUARD		YES 2 X NO Specifi		riicani, etc.)		Spec	
15. DEC	EDENT'S EDUC	CATION		OECEDENT'S U	SUAL OCCU	PATION	16b	. KIND OF BUS	INESS/IN	DUSTRY	
(Specify onl	y highest grade	College (1-4 or 5+	,	(Give kind of wo life. Do NOT use	retired.)	g most of working					
12				DRIV	ER			G	AS (	co.	
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden	Surneme)		
JOHN F	RANCI	S				ELIZA	BET	H SHE	DLAF	ζ.	
19e, INFORMANT'S NAME (	Type/Print)		T	19b. MAILING	DDRESS (St	set and Number or Rural	Route Num	ber, City or Town	n, State, Zi	p Code)	
LINDA PUC	KETT			109	GURNE	EY DRIVE,	FRU	ITLAN	D.MI	2. 2	1826
20e. METHOO OF DISPOSIT			20b. PLA	CE OF DISPOSI		of cemetery, crematory or				City or To	
10 Burial 2 Crematic		oval from State		RINGH	TT.T. N	MEMORY GA	RDE	NO HE	RPON	T MD	
21. SIGNATURE OF FUNERA		ENSEE /		7		E AND ADDRESS OF FA		NG III	DICOL	N P I I I	
· 4110	ed C	1 /fre	ind	_	BOI	UNDS FUNE	ERAT.	HOME	CAT	TCD	OW VOIT
23. PART i. Enter the d	iseeses, or o	complications that	caused the	death. Do no							Approximate
		List only one cau						а.оо от тоорт	iatory at	1001,	interval Between
IMMEDIATE CAUSE (Fit disease or condition	nai	R			$\circ$	13					Onset and Death
resulting in death)	<b>→</b>	a. 1 M.7.	-	ann	NA	nes					1 may
			0	SEQUENCE OF		rain					2-3
Sequentially list condit	ions,	b Me		SEQUENCE OF		WIN					a mo
if any, leeding to imme cause. Enter UNDERLY		Ca									1 45
CAUSE (Disease or inju		c. DUE TO	OR AS A CON	SEQUENCE OF	:						1, 1,
that initiated events reaulting in death) LAS	т		,	0							1
		d									
PART ii. Other significa	nt condition	s contributing to	death but n	ot resulting in	the under	lying cause given in	Part I.	24a. WAS AN		248	. WERE AUTOPSY FINDINGS
								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 1 163 2	IP 110		OF DEATH? 1 - YES 2 NO
							_				I La z gyno
25. WAS CASE REFERRED 1	O MEDICAL				2	8. PLACE OF DEATH (C)	hack only o	(ne)			
EXAMINER?	,	HOSPITAL:	En/C		OTHER:						
27. MANNER OF DEATH		28a. DATE OF		28b. TIME		Home 5 M Residence		SCRIBE HOW I	MARIEN OC	YHRED	
	Pending	(Month, D	ay, Year)	INJU	IRY	WORK?	200.02	yourse now i	100111 00	JOUNED	
2 Accident	Investigation	200 PLACE C	C IN HIDY A	t home, farm, st	111		201 101	CATION (Street a	and Manh	Di/	Bouts Mumber
3 Suicide 6 4 Homicide	Could not be determined	building,	etc. (Specify)	t nome, tarm, st	reet, mictory,	OTTICE		or Town, State)		or or munat	Houte Number,
an centiere							i				
(Critical Orlly						date and place, and due					
2 <u>MEC</u>	ICAL EXAMINE	R: On the basic of e	xamination and	l/or investigation	i, in my opini	on, death occured at the	e 1ime, date	e end plece, en	d due to t	the ceuse(	e) end menner ee stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIEI	R		· · · · · · · · · · · · · · · · · · ·		29c. LICENSE NU	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
wansol	me	mit	<i>j</i>			D198	290	)	<b>&gt;</b> 1.	1/13	191
MAME AND ADDRESS O	PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type,	Print)	2101	17	20.7		\	21001
31. DATE FILED (Month, Day,	Year)	32. REGISTRA	IR'S SIGNATUR	1E 0//	7	12417	-0	NB24c	M	wa	41KO1
DEC 1 3 19		Luia Davids	on-Aand	200					J		



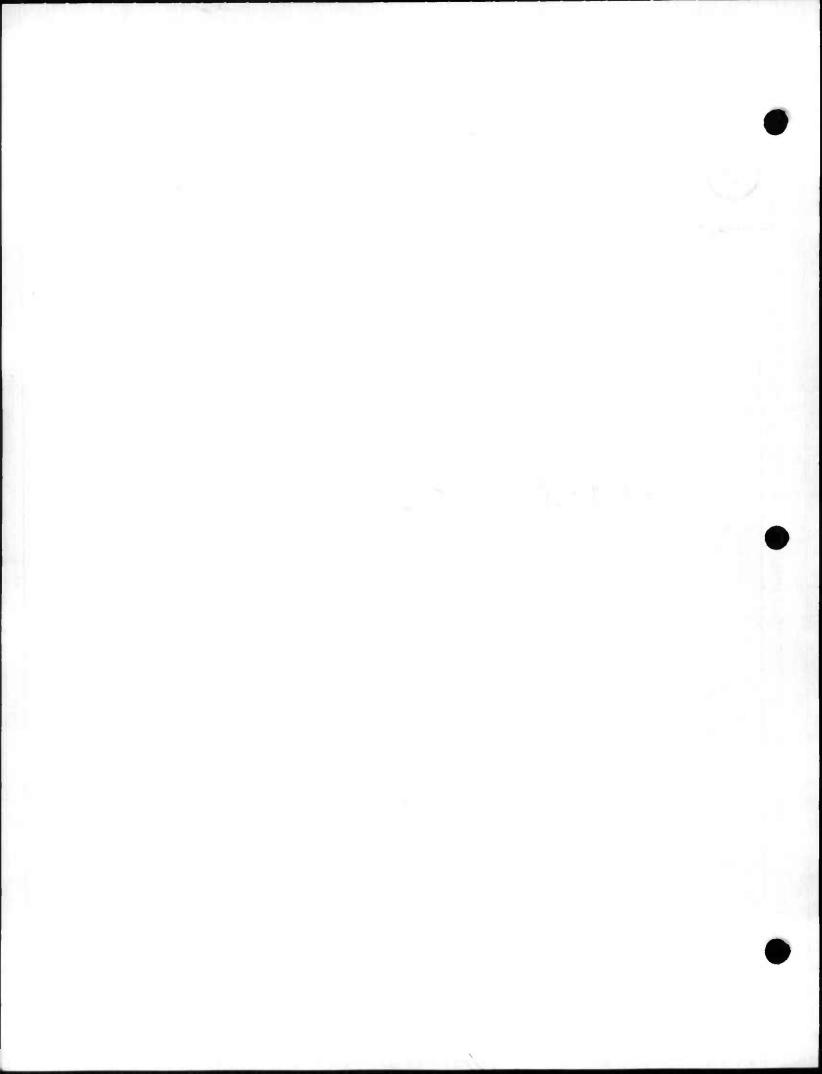
	1. DECEDENT'S NAME (First, Middle, Las	0 /		AIL OI			REG. NO.	_	2	. TIME OF OEATH
	Ros	'	Tasco			MONTI		( a) "	EAR	704P
)	4. SOCIAL SECURITY NUMBER	1X M 2 D F 50		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH 1, Dey, Year) 28-1932		Country)	ACE (State or Foreign
H	94. FACILITY NAME (If not institution, given Physicians Memo			La Plat	R LOCATION OF OE	ATH		9c. COUNTY	of OEA	
RECION	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN		10c. CITY, T	OWN OR LOCATI						Dd. INSIDE CITY
IL DIR	Maryland Char	1.54		Waldor 101.	ZIP CODE	-		10g. CITIZEI		YES 2 XX
FUNERAL	1215 Bannister				20602				USA	
B	1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DA	2 NO		ENDENT OF HISPAN offy Cuban, Mexican XXX NO Specify	n, Puerto		or No.—   14	Black, V Specify: Whi	- American Indian White, etc. †E
COMPLETED	15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re Upholst	k done during mos etired.)	N It of working	16b	Gover		TRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Anthony Fiasco				18. MOTHER'S NAI			Surname)		
20	190. INFORMANT'S NAME (Type/Print) Annabelle D. Fi	.asco			nd Number or Rural F r Circle					2
	20a. METHOD OF DISPOSITION  1X XBurlal 2 Cremetion 3 Re  4 Donation 5 Other (Specify)	emoval from Stata	PLACE AND DATE OF	F DISPOSITION	(Name Cemeter	V.12-	20c. LOC	ation – ch	y or Town	Marylan
	21. SIGNATURE OF FUNEFUL SERVICE			22. NAME AN	Funeral Box 156,	Home	, Inc.			
	IMMEDIATE CAUSE (Finel	e. List only one ceuse on ed	och line.		de of dying, suci	h as cen	diec Dr respir	ratory erres	t,	Interval Be
RTIFICATION	The second secon	a. OUE TO (OR AS A DUE TO (OR AS A	och line.	included in the modern	de of dying, suci	h as cen	diec or respir	ratory erres	rt,	Interval Be
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. OUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	incer			24a. WAS AN PERFORI	AUTOPSY MED?	24b. W	Interval Be Onset and Account of the Conset
MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are sufficient conditions.	a. OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d. One contributing to death by  HOSPITAL:	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in	the underlying		Part I.	24a. WAS AN PERFORM	AUTOPSY MED?	24b. W	VERE AUTOPSY FIN MAILABLE PRIOR TO TOMPLETION OF CASE
MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the condition of the condition of the ceuter of	a. OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetlant 2   ER/Outp	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not reaulting in the consequence of the consequence	the underlying  28. PL  THER:  Nersing Hom  OF 282. INJI	ace of DEATH (Ch	Part I.	24a. WAS AN PERFORI	AUTOPSY MED? NO	24b. W A C C O 1	Approximel Interval Bel Onset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset end Conset en
D BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions and the condition of the condition o	a. OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetiant 2   ERVOUTP (Month, Dey, Year)  Due to (OR AS A)  Due to (OR AS A)  Due to (OR AS A)	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the second of the second o	the underlying  28. PL  DTHER: Nursing Hom  Nursing Hom	ACE OF DEATH (Ch.  5  Residence USY AT RK?	Part I.  eck only o  6 Othe  28d. DE	24a. WAS AN PERFORI 1 TYES 2	AUTOPSY MED? NO	24b. WA A C C O 1	Interval Be Onset end  Conset
ETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  Vestural 5 Pending Investigation and investigation of the conditions are sufficient conditions.	a. OUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetiant 2   ERVOUTP (Month, Dey, Year)  Due to (OR AS A)  Due to (OR AS A)  Due to (OR AS A)	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not reaulting in the second of the seco	the underlying  26. PL  OTHER:  Nursing Hom  OF 28c. INI  OF WO  1 \( \)  aet, factory, official  at the time, date	ace of Death (Ch	Part I.  eck only o  6 Othe  28d. DE  28f. LOChy  to the ca	24a. WAS AN PERFORM 1  YES 2 PER (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCU	24b. WARCO	VERE AUTOPSY FINMALABLE PRIOR TOOMPLETION OF COMPLETION OF
BE COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  Vestural 5 Pending Investigation and investigation of the conditions are sufficient conditions.	a. OUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  DUE TO (OR A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not reaulting in the second of the seco	the underlying  26. PL  OTHER:  Nursing Hom  OF 28c. INI  OF WO  1 \( \)  aet, factory, official  at the time, date	ace of Death (Ch	Part I.  sck only o  6 Oth 28d. DE  28f. LOC City to the ca	24a. WAS AN PERFORM 1  YES 2 PER (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCUMENT AND NUMBER OF SECTION OF	24b. WARD COURSE (a) 1	VERE AUTOPSY FINMALABLE PRIOR TOOMPLETION OF COMPLETION OF
COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in death Last  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  Accident S Pending Investigation in Security (Could not in the condition of the could not in the condition of the could not in the condition of the could not in the condition of the could not in the condition of the could not in the condition of the could not in the condition of the could not in the condition of the could not in the condition of the could not in the condition of the	a. OUE TO (OR AS A  DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  d. DUE TO (OR AS A  DUE TO (OR A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not reaulting in the second of the second o	the underlying  26. PL  OTHER:  Nursing Hom  OF 28c. INJ  WO  M 1 1 No  eet, factory, office  at the time, date in my opinion, d	ACE OF DEATH (Che 5   Residence URY AT RK7 (ES 2   NO e eath occured at the	Part I.  sck only o  6 Oth 28d. DE  28f. LOC City to the ca	24a. WAS AN PERFORM 1  YES 2 PER (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED?  NO  NO  NJURY OCCUMENT AND AND AND AND AND AND AND AND AND AND	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	VERE AUTOPSY FIN MAILABLE PRIOR TOMPLETION OF CAPP DEATH   YES 2 N



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.							
1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH	3. TIME OF DEATH				
Zoila Luz Fernandez		DECEMBER 14.19	991 12:59 A M				
	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
373 40 0703		Oct. 1 1902	Cuba				
	96. CITY, TOWN OR LOCATION OF DE LANHAM		INTY OF DEATH				
RESIDENCE OF DECEDENT	LANDAM	FKI	ICE GEORGE 3				
10s. STATE 10b. COUNTY 10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY				
Maryland Prince Georges Bo	owie_		LIMITS?				
10. STREET AND NUMBER	10f, ZIP CODE	10g. CI7	IZEN OF WHAT COUNTRY?				
13400 Idlewild Drive	20715 United States						
1 Never Married 2 Merried FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cubsn, Maxicen, Puerto Ricen, etc.)  14. RACE — American India Black, Whits, etc.						
3 🔀 Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES NO	If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)  1 X YES 2 NO Specify: Yes White						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S UI (Give kind of wo	SUAL OCCUPATION	DUSTRY					
Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use	rk done during most of working retired.)						
12 Homem	aker						
17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Meiden Surname)						
Manuel Caballero  19s. INFORMANT'S NAME (Type/Print)  19b. MAII ING A		da Fuentes					
	ODRESS (Street and Number or Rural I						
20s. METHOD OF DISPOSITION 20h PLACE AND DATE OF	Idlewild Drive		20715 City or Town, State				
1 LX Burisi 2 Cremation 3 Removal from State	In Cemetery 12						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CILITY					
Kolent & Clama & thear	Beall-Evans F	uneral Home, P	.A.				
23. PART I. Enter the diseasea, or complications that caused the death. Do not	116000 Annapol	is Rd. Bowie M	aryland 20715				
anock, or haart failure. List only one cause on each line.		n as cardiac or raapiratory ar	intarvai Between				
iMMEDIATE CAUSE (Final disease or condition resulting in death)  a	annt		Onset and Daath				
a	04 431 .						
- Cardiac ann	ythmia.						
Sequentially list conditions, if any, leading to immediate							
cause. Enter UNDERLYING CAUSE (Disease or injury that injuried events  DUE TO (OR AS A CONSEQUENCE OF):	Syn Cop C						
that initiated events resulting in death) LAST	, ,		ì				
d. / 17 evv ( q ,							
PART ii. Other algnificant conditions contributing to death but not resulting in	tha undariying cause given in	Part i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS				
Dementia.		1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
			1 VES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Che	eck only one)					
	☐ Nursing Home 5 ☐ Residence						
1 Natural 5 Pending (Month, Day, Year) INJUR		28d. DESCRIBE HOW INJURY OC	CURED				
2 Accident investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, stre		281. LOCATION (Street and Number	r or Rural Bouta Number				
4 Homicide determined building, atc. (Specify)	10.00	City or Town, State)	or round round,				
29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the time date and place, and due	to the country and manner as at-	111				
one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation,							
296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM		E SIGNED (Month, Day, Year)				
Kakush and 19.	D20	108 1	2 14/91				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	int)	1-0					
31. DATE FILED (Month, Day, Year)  DFC 19 1991  Guha Davidson-Rando							



31. DATE FILED (Month, Day, DEC 17

1991

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / [	DEPARTME RTIFICA	NT OF	HEALTH AN DEATH	D MENT	TAL HYGIEN REG. NO	IE	1 36490			
	1. DECEDENT'S NAME (First, Middle, Last)			Λ				TE OF DEATH		3. TIME OF DEATH			
	SHIR	LEY MAE	3	(TV	24	2		ece M6		YEAR 1991 0600			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last t	birthday) IF U	DER 1 YEAR	IF UNDER 24 HF	RS. 7. DAT	TE OF BIRTH	1 8	BIRTHPLACE (State or Foreign			
	175-24-9636	1 🗆 M 2 🔀 F	61	YRS. MONT	S DAYS	HOURS MI		onth, Day, Year)		Country)			
1	96. FACILITY NAME (If not institution, give	street and number)	- 01	96.0	ITY, TOWN	OR LOCATION O		-17-1		Y OF DEATH			
E	PENINSULA GE	NERAL HOS	PTTAL.			SBURY			Cont. Cont.	COMICO			
E .	RESIDENCE OF DECEDENT				011111	DDORT	_		44.7	LOOMICO			
RECT	10s. STATE 10b. COUNT	Y		10c. CITY, TOW	N OR LOCA	TION				10d. INSIDE CITY			
ā	CAL. VEN	TURA		VE	NTUR	Δ				LIMITS?			
FUNERAL	10e, STREET AND NUMBER					I. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?			
E	10880 DEL NOR	TE . APT	. # 13			93004	i		77	C 3			
5	11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S. ARM	ED	13. WAS DE	CENDENT OF HIS		GIN? (Specify Ye.	or No.— 1	S.A.  I. RACE — American Indian,			
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, s	pecify Cuban, Ma	exican, Puert	o Rican, atc.)		Black, White, atc.			
ВУ	3 X Widowed 4 Divorced		TON BAILS		I LI VE	S ax NO Sp	pecify:			Specify WHITE			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION	18a. DECE	EDENT'S USUA	OCCUPATI	ON	16	6b. KIND OF BU	SINESS/INDUS	STRY			
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)		kind of work do NOT use retire	ne during m d.)	ost of working							
AP		3		NURS	7			Cm T/	THNC	REG. MED. CTR			
ő	17. FATHER'S NAME (First, Middle, Last)				· · · · · · · · · · · · · · · · · · ·	18. MOTHER'S	NAME (First	t, Middle, Maiden	Sumame)	KEG MED COPR			
	CHESTER	RUSSELL					A	. ,	NOW,	)			
BE	19a. INFORMANT'S NAME (Type/Print)	KOOODDD		MAILING ADDR	ESS (Street	and Number or Ru	A Pourte Ahr	ON K	NO EU	O			
2	KRISTINA GREU	ET.								93002			
	20a. METHOD OF DISPOSITION	C, L,								URA, CAL.			
	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State												
	CONFIO MT. MEM. PARK 12-20 CAMARILIO CAL												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												
	Mada	e / ore	mer	I	BOUNI	S FIIN	ERAL.	HOME	SALT	SBURY, MD.			
	23. PART I. Enter the diseases, or	complications that	ceused the deet	h. Do not an	ter tha me	ode of dying,	auch as ca	rdiac or resp	ratory arres	t, Approximata			
	ahock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one coue	e on aach line.							Intarval Batween Onset and Daath			
	diseese or condition	· Carci		1	2								
	reaulting in death)		OR AS A CONSEQU		4721	reas				2month.			
-	_	, ,		LITOL OT J.						i			
ERTIFICATION	Sequantielly list conditions,	b	OR AS A CONSEQU	ENCE OF									
AT	If any, leading to immediate cause. Enter UNDERLYING			or j.									
윤	CAUSE (Disease or Injury that Initiated events	c. OUE TO (C	OR AS A CONSEQUE	ENCE OF									
E	resulting in death) LAST			LITOL OT J.									
E I		d											
- 1	PART II. Other aignificant condition	ns contributing to d	eath but not rea	uiting in the	underlyln	g causa given	In Part I.	24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL								PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
								1 TYES 2	MUNO	OF DEATH?			
2										1 TYES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL	1											
PHYSICIAN:	EXAMINER?	HOSPITAL:		ОТН		LACE OF DEATH	(Check only o	one)					
₹	1 YES 2 NO	1 Repetlent 2 -				ne 5 🗆 Realden	ce 5 🗆 Oth	her (Specify)					
표	1 Netural 5 Pending	26a. DATE OF III (Month, Day		28b. TIME OF INJURY	28c. IN.	JURY AT ORK?	28d. O	EŞCRIBE HOW I	NJURY OCCUP	RED			
BY	2 Accident Investigation			M		YES 2 NO							
ED	3 Suicide 8 Could not be	26s. PLACE OF building, at	INJURY — At home c. (Specify)	, tarm, street, i	actory, offic		28t. LO	CATION (Street a	nd Number or	Rural Route Number,			
	4 Homicide determined City or Town, State)												
COMPLET	29a. CERTIFIER (Check only	ICIAN: To the best of m	v knowledge, daeth	occurred at the	e time date	and place, and	due to the e	augustal and min					
Ž	one) 2 MEDICAL EXAMINE	R: On the basis of exa	mination and/or invi	entigation, in m	v oninion	lanth occurred at	the time de	ause(s) and mar	ner se stated.	ause(s) end manner as ateted.			
	29b. SIGNATURE AND TITLE OF CERTIFIE				, spiritori, t			and place, an					
BE	STUTIONE AND TITLE OF CERTIFIE	2/-				29c. LICENSE I				IGNED (Month, Day, Year)			
2	30 NAME AND ADDRESS OF THE	WHO COMPLETED CAUSE OF DEATH (ITEM OF GALL)					12	12/15/91					

145

STAR LOUTENING SIGNATURAL DE

6

501:550-

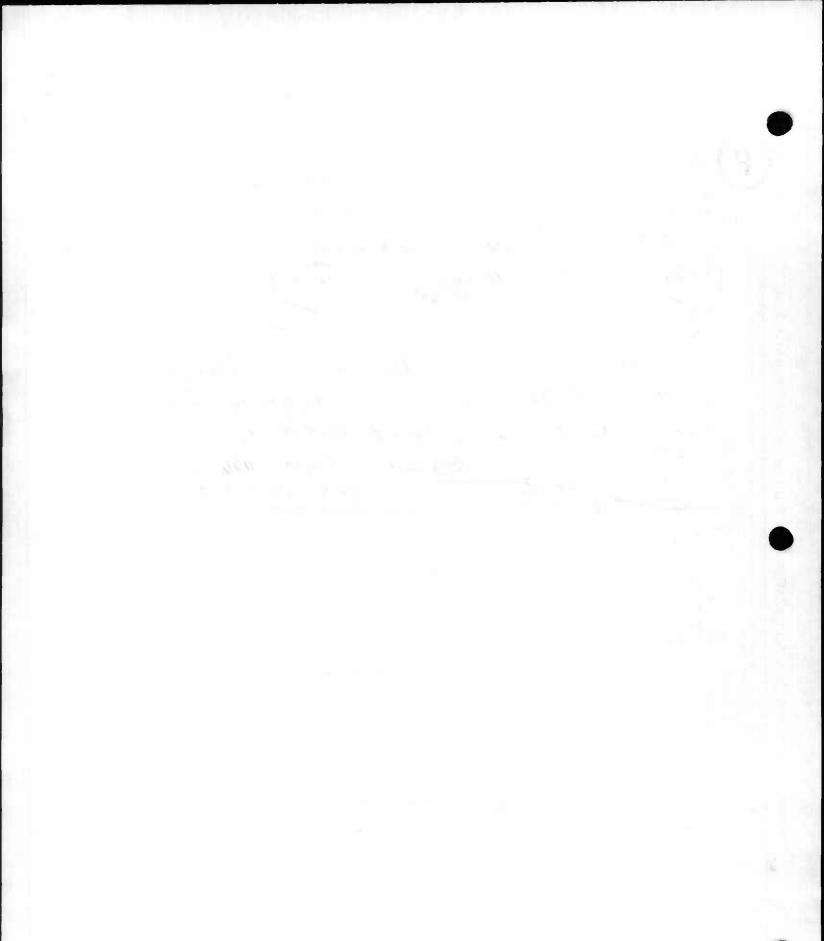
1981 S 1990

21801 Approximate Interval Between

**Onset and Death** years

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

	_	REGISTHAN		CERT	FICATE O	F DEATH		REG. NO.		
•		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		T	TIME OF DEATH
	1	Brooksie Gate	es				MONTH	DAY	PASY	TIME OF BEATH
	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde		- 100 mm - 100	11	<u> </u>	91	08:10
(P	1		1 M 2 F		MONTHS DAY		7. DATE OF (Month, D	BIRTH Day, Year)	B. BIRTHPLA	CE (State or Foreign
11	1 6	217-30-8542	Δ	56 YRS			08-	02-35	Sali	heaver
	1 4	9a. FACILITY NAME (If not institution, give :			96. CITY, TOW	N OR LOCATION OF	DEATH	9c. CO	UNTY OF DEAT	Н
2, 3	CTOR	725 North Wes	stover I	rive	Sali	sbury		TAT 4		
Mark and which	5	RESIDENCE OF DECEDENT				Entre de		1 1/4 1	comic	0
Pages	DIRÉ	10e. STATE 10b. COUNT	Y	10c. (	TY, TOWH OR LO	CATION			100	d. INSIDE CITY
i.		111a. Us	comico		alishu	M			1 1 8	YES 2 NO
permit.	A	10e. STREET AND NUMBER				10f. ZII CODE		10g. CI	TIZEN OF WHAT	T COUNTRY?
n. Insit	FUNERAL	725 N. Westo	ver 1)	2110		-2180	1		115	1
1215-0020 or attending physician.	5	11. MARUAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13, WAS (	DECENDENT OF HISP	ANIC ORIGIN?	Specify Yea or No	14 BACE	American Indian.
21215-0020 al or attending physic for use as the burial		1 Never Married 2 Married	FORCES? 1	YES 2 THO	If yes,	specify Cuban, Mari	can, Puarto Rica	nn, etc.)	Black, W	hita, atc.
ding ding	B	3 Wildowed 4 Divorced				res 2 (1) NO Spec	city.		Specify:	D 3 1-
r attend		15. DECEDENT'S EDU	CATION	18e, DECEDENT	'S USUAL OCCUP	ATION	16b. KI	ND OF BUSINESS/IN	IDUSTRY	Black
	in i	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+		of work done during use retired.)	most of working			4.0	
Spitza .	릴	11+1			abover		1 6	am abol	Sal	110
AN the hordetach	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18 MOTHED'S N	IAME (First, Midd	de Mainte S	200	70
Y/L		Hanley Ga	tos			RI	AME (First, MICC	tle, Maider Surname)		•
R parie	BE	19a. INFORMANT'S NAME (Type/Print)	us_	Tana anno		1000	Sie	701	nns	
MARYLAND 2: retained by the hospital of 5 should be detached for notified at once.	2	Towns do t	200100	196. MAILI	NG ADDRESS (Street	et and Number or Rura	I Route Number,	City or Town, State 2	ip Code)	2
(D) (D)		Januara 1	eeves	12	5 10.0	CRATOVER	- Nr.	Sala	bury	Dr.
BALTIMORE, er death. Page 6 may be the funeral director, page al.		20a, METHOD OF DISPOSITION  1 Durist 2 Cremation 3 Ram	oval from State	20b. PLACE AND DAT	E OF DISPOSITION	(Neme of	DATE	20c. LOCATION -	- City or Town,	Stata /
MG 6 6		4 Donation 5 Other (Specify)		cemetery, crematory of	Acres	Cemet:	11/16	Salv	burn.	md.
ALTIN death. Pag tuneral dil.		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME	AND ADDRESS OF		ilana a	1	1110
ALT death. s funera		1	1		WA	450N ru	neval	John		10.001
B, after of the phy the pmoval.	$\vdash$	22 DADT I Enter the discuss			WE	st 180	30	Un Buy	mo.	21801
B nours after d in by the or removal		23. PART i. Enter the diseases, or a shock, or heart failure.	complications thet List only one cau	causad tha death. Do	not anter tha	moda of dying, su	ich as cardiad	or reapiratory a	rreat,	Approximate
		IMMEDIATE CAUSE (Final								Onset and Dea
		disease or condition resulting in death)	Respi	ratory Fa	ilure				i	*******
3760, rted within completely fal, cremati			DUE TO	OR AS A CONSEQUENCE	OF):					years
x 68760, executed within and completely to burial, crema matic event,	Z	Secure at all a line are distant	Morhi	d Obesity					İ	
OX 68 be execut sician and or rior to buris traumatic	CERTIFICATION	Sequantially list conditions, if eny, leading to immediate	DUE TO	OR AS A CONSEQUENCE	OF):					years
BOX ficate be e physician ne prior to	8	CAUSE (Disease or Injury	c							
	프	that initiated events	DUE TO (	OR AS A CONSEQUENCE	OF):					-
A 21 2	E	resulting in death) LAST	d.							
SS, For the death wental Mental										
	EDICAL	PART ii. Other significant condition	e contributing to	death but not resulting	in the undarly	ing ceuse givan is	n Part i. 24	e. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDING
COR res that iigned by ealth an	8	Diabetes Me	llitus				1	YES 2 TO NO	COA	ILABLE PRIOR TO MPLETION OF CAUSE
III '5 '' 포 본	ME	Anemia						****		DEATH?
REIN v requi	-						_		1 1	YES 2 NO
F VITAL RE SICIAN: The law req certificate has been the State Dept. of	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (C	No. of the Control of			
N: The ficate h State	200	EXAMINER?	HOSPITAL:		OTHER:					
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State [ 1.28 Is marked, or flem	¥	27. MANNER OF DEATH	28a. DATE OF I	ER/Outpetient 3 DOA		ome 5 Residence				
O H State		1 Natural 5 Pending	(Month, De	, Year) 286. T	YJURY \	NJURY AT WORK?	28d. DESCRI	BE HOW INJURY OF	CURED	
O O DING After death	B	2 Accident Investigation				YES 2 NO				
TISIC TTEND TTOR: A after d		3 Suicida 8 Could not be 4 Homicide detarmined	28a, PLACE OF building, a	INJURY — At home, ferm tc. (Specify)	, street, factory, of	fice	28f. LOCATIO	ON (Street and Number own, State)	r or Rural Route	Number,
DIVISION DIRECTOR: After thours after death	COMPLETED	Tromicus Detaining								
DIV DIRECTOR A HOURS	7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of r	ny knowledge, dasth occu	rred at the time, da	te and place, and du	a to the causels	a) and manner as etc	ted	
PITAL ERAL n 72	>	2 MEDICAL EXAMINE	R: On the besis of ex	minstion and/or investigs	ion. In my opinion	death occured at the	e lime date and	I place and due to t	ha anusalat sad	
DIV TO THE HOSPITAL DR A TO THE FUNERAL DIREC De filed within 72 hours IMPORTANT: It item	- 14	29b. SIGNATURE AND TITLE OF CERTIFIER			. , -,			, p. 200, and due to t	cause(s) and	. Destrict as stated.
표분	BE	CONTRIONE AND THE OF CERTIFIER				29c. LICENSE NU		29d, DA	E SIGNED (Mor	
8 8 8 B	2	John 66 Sul	haley	рери	ty M.E.	DO359	99		11-09	-91
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty)	oe, Print)					
	- 1	T - 1 . m m 7.1								
	/ 1	John T. Bulke	Ley, M.D.	, 108 Pi	ne Bluf	f Road	Sali	chirri	MD 21	201
	6	31. DATE FILED (Morgh, Day, Year) NOV 1 3 1991	32 REGISTRAR	108 Pi	ne Bluf	f Road,	Sali	sbury,	MD 21	801

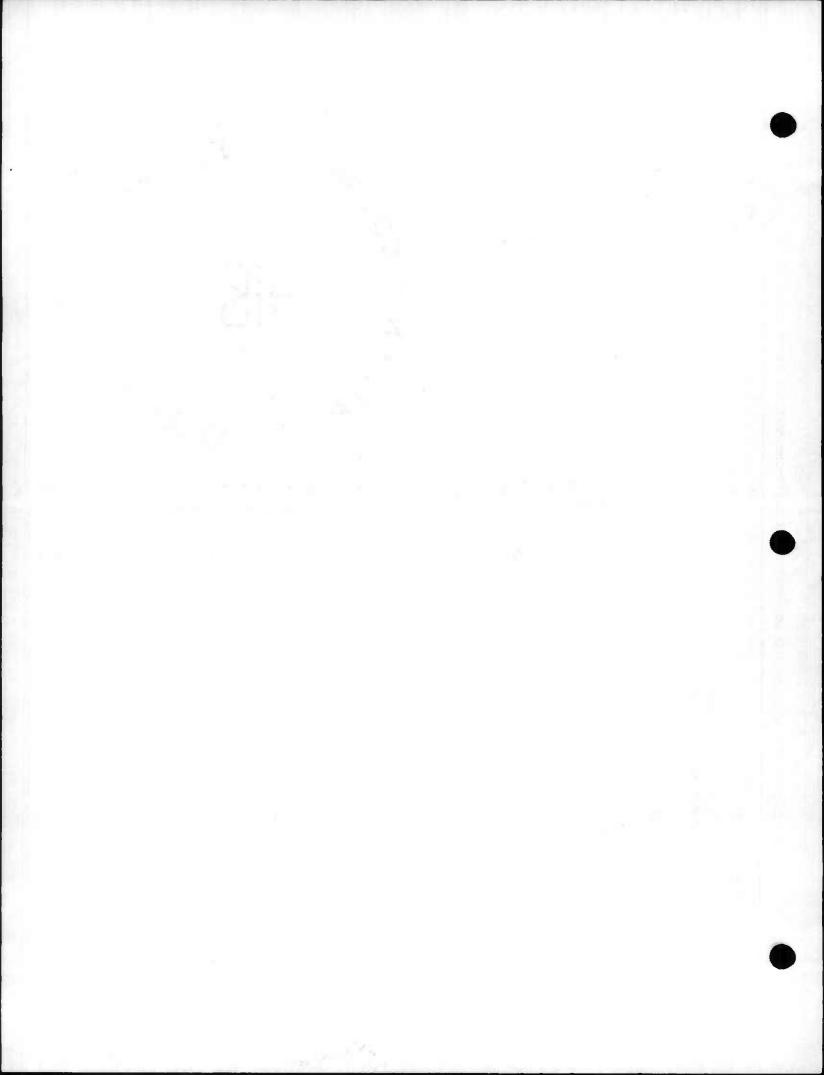


1	1. DECEDENT'S NAME (First, Middle, Lea	nt)	CERTIFIC			REG. N		3. TIME OF DEATH				
	Damon	T.	Gar	V		12 1		91 10:30 A				
1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign				
1	242 96 6750		3 9 YRS.	DAYS DAYS	HOURS MIN.	(Month, Day, Year)	st	MTER S.C.				
J	9e, FACILITY NAME (If not institution, give	e street and number)	9	b. CITY, TOWN O	R LOCATION OF D		9c. COUNTY	OF DEATH				
16	Prince George	s General H	ospital	Chever	-1 v		Prine	ce Georges				
EG.	10e. STATE 10b. COUN	NTY C		OWN OR LOCAT	2.0			10d, INSIDE CITY				
=	MD	P.G.	CA	MP, SPE	INGS			Y LIMITS?				
A A	100. STREET AND NUMBER 6308 LA RWIN	DRIVE			ZIP COOE		10g, CITIZEN	OF WHAT COUNTRY?				
1 8	0300 LARMIN	DKIVL		2	0748			U.S.A				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	NDENT OF HISPAI	NIC ORIGIN? (Specify Y	ee or No- 14,	RACE - American Indian,				
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 YES		n, Puerto Rican, etc.) y:		Black, White, etc.				
	15. DECEDENT'S EC	DUCATION	16. 05050505050	1								
ETE	(Specify only highest gra	de completed)	16e. OECEDENT'S US (Give kind of work life. Do NOT use n	done during mos	n t of working	166, KIND OF B	USINESS/INDUST	RY				
JPL.	were the second state of the second s	College (1-4 or 5+) 1 YR		PORTA	CION	SEI	LF EMPI	LOYED				
COMPLETED	17. FATHER'S NAME (First, Middle, Last) DAMON T. G.	ADV			18. MOTHER'S NA	ME (First, Middle, Mairle	n Symame)					
ш	MIDDRED GHILL											
0 8	190. INFORMANT'S NAME (Type/Print)	(WIFE)	19b. MAILING AT	DRESS (STreet) ar	d Wamibanor Rolay	Route Number, City or To	wn, State, Zin Cod	90748				
=	ZAIDA	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6308	Law	in DR C	ampspri	ig MD	20740				
	26e. METHOO OF DISPOSITION 1 Burlet 2 Cremetion 3 Re		D. PLACE AND DATE OF D	plece)		DATE 20c, L	ocation - city	or Town, State				
	4 Donation 5 Other (Specify)		LÍNCOLN	MEMOR		MADE	ON FIIN	ERAL HOME				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ADDRESS OF FA	CILIT						
	23. PART I. Entert of best follows Understand the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PART I. Enter the diseases, or	r complications that causa	d tha death. Do not	anter tha mod	la of dying, auc	h aa cardiac or resp	piratory arrest,	Approximata				
	IMMEDIATE CAUSE (Final	a. List only one cause on a	iach iina.					interval Batwe				
		. MULTIPLI	NTUI 3	RIES								
	disassa or condition a. MULTIPLE INTURIES											
l II		DUE TO (OR AS A										
NO		b										
ATION	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE OF):									
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR AS /										
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS /	A CONSEQUENCE OF):									
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	b DUE TO (OR AS A  c DUE TO (OR AS A	A CONSEQUENCE OF):									
Y C	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants	b DUE TO (OR AS A  c DUE TO (OR AS A	A CONSEQUENCE OF):	he underlyling	cause givan in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO				
Y C	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	b DUE TO (OR AS A  c DUE TO (OR AS A	A CONSEQUENCE OF):	he underlying	cause givan in		RMED?	24b. WERE AUTOPSY FINDING A/AILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATHY				
MEDICAL C	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	b DUE TO (OR AS A  c DUE TO (OR AS A	A CONSEQUENCE OF):	he underlying	cause givan in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
AN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant conditions are supported to the conditions of	b DUE TO (OR AS A  c DUE TO (OR AS A	A CONSEQUENCE OF):			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?				
AN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant conditions are separated to the conditions of the conditions of the conditions of the conditions of the cause of the caus	b DUE TO (OR AS A d d DUE TO death b	a CONSEQUENCE OF):	26. PL/ THER:	CE OF DEATH (Ch	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?				
SICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 文 YES 2 NO	b	out not resulting in t	26. PL/ THER: □ Nursing Home	CE OF DEATH (Cho	PERFO  YES  ack only one)  6 Other (Specify)	RMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GATH?  1 YES 2 NO				
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  Dos contributing to death b  HOSPITAL: 1 ⊠ inpatient 2 □ ER/Outp  (Month, Day, Year)	a CONSEQUENCE OF):  out not resulting in t	26. PL/ THER:  Nursing Home F 28c. INJU	S ☐ Residence RY AT	PERFO 1 YES  8ck only one) 6 Other (Specify) 28d. DESCRIBE HOW	PRMED? 2 □ NO INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO				
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  DOES CONTributing to death b  DOES CONTRIBUTING TO DEATH DE  1	petient 3 DOA 200 INJURY	26. PLJ THER:  Nursing Home WOR WOR 1   YI	CE OF DEATH (Cho	PERFO 1 YES  Bock only one)  6 Other (Specify) 28d. DESCRIBE HOW  Driver in	INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO  Truck impa				
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A	patient 3 DOA 29. Time 0 INJURY 1 3 O A	26. PLJ THER:  Nursing Home WOR WOR 1   YI	S ☐ Residence RY AT	PERFO  PERFO  Other (Specify)  28d. DESCRIBE HOW  Driver ir  28t. LOCATION (Street City or Yown, State	INJURY OCCURE  auto/ end Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GATH?  1 YES 2 NO  Truck impa				
ETED BY PHYSICIAN: MEDICAL C	Sequentially liat conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 6  Could not be determined	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A	patient 3 DOA of 1 SURVEY 1 SURVEY 1 SURVEY 2 SU	26. PLJ THER: Nursing Home F 28c. INJU WOR 1   You	SCE OF DEATH (Cha 5 - Residence RY AT K? ES 2 NO	PERFO  PERFO  Other (Specify)  28d. DESCRIBE HOW  Driver ir  28t. LOCATION (Street City or Town, State  1 - 9 5 (N)	INJURY OCCURE  auto/ end Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO  Truck impa				
ETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only 1  CERTIFYING PHY)	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A	patient 3 DOA 29b. Time O INJURY 1:30 A	26. PLJ THER: Nursing Home F 28c. InJu WOR 1	SCE OF DEATH (Cha 5  Residence RY RY SS 2 NO	PERFO  PERFO  TYES  6 Other (Specify)  28d. DESCRIBE HOW  Driver ir  28t. LOCATION (Street City or Town, State  1 - 9 5 ( N )  to the cause(s) end me	INJURY OCCURE  1 auto/ end Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CATH?  1 YES 2 NO  truck impa ural Route Number,  ile (N) Rte				
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to Immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant conditions are supported by the conditions of the conditions are supported by the cause of the	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  DOES CONTributing to death b  HOSPITAL: 1 % inpatient 2 - ER/Outs (Month, Day, Year) 1 2 1 1 9 9 26a. PLACE OF INJURY building, atc. (Spec	patient 3 DOA 29b. Time O INJURY 1:30 A	26. PLJ THER: Nursing Home F 28c. InJu WOR 1	SCE OF DEATH (Cha 5  Residence RY RY SS 2 NO	PERFO  PERFO  TYES  6 Other (Specify)  28d. DESCRIBE HOW  Driver ir  28t. LOCATION (Street City or Town, State  1 - 9 5 ( N )  to the cause(s) end me	INJURY OCCURE  1 auto/ end Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CATH?  1 YES 2 NO  truck impa ural Route Number,  ile (N) Rte				
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only 1  CERTIFYING PHY)	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  DOES CONTributing to death b  HOSPITAL: 1 % inpatient 2 - ER/Outs (Month, Day, Year) 1 2 1 1 9 9 26a. PLACE OF INJURY building, atc. (Spec	patient 3 DOA 29b. Time O INJURY 1:30 A	26. PL/ THER: Nursing Home F 28c. INJU WOR 1	SCE OF DEATH (Cha 5  Residence RY RY SS 2 NO	PERFO  TYES  6 Other (Specify)  28d. DESCRIBE HOW  Driver in  28t. LOCATION (Street City or Town, State  I — 9 5 (N)  to the cause(s) end me time, data end place, e	INJURY OCCURE  1 auto/ end Number or Rull 1/10 mill prinner es stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CATH?  1 YES 2 NO  truck impa ural Route Number,  ile (N) Rte				
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 6  Could not be determined 10  Pending Investigation 20  Pending Investigation 3  Suicide 6  Could not be determined 10  Pending Investigation 20  Pending Investigation 3  Pen	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  DOES CONTributing to death b  DOES CONTRIBUTING TO THE STATE OF INJURY (Month, Day, Year)  12 11 19 0  26s. PLACE OF INJURY building, atc. (Spec	Detient 3 DOA 4 DOA 1 1:30 A DOA 1 D	26. PLJ THER: Nursing Home F 28c. INJU WOR 1   YI At, factory, office	SCE OF DEATH (Che S Residence RY AT K? SS 2 NO and place, end due tith occured at the	PERFO  PERFO  TYES  6 Other (Specify)  28d. DESCRIBE HOW  Driver ir  28t. LOCATION (Street City or Town, State  I - 9 5 ( N )  to the cause(e) end me  time, data end place, en	INJURY OCCURE  1 auto/ end Number or Rull 1/10 mill prinner es stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO  Truck impa  truck impa  arral Route Number,  ile (N) Rte				
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to Immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant conditions are supported by the conditions of the conditions of the conditions of the cause of	DUE TO (OR AS A  c. DUE TO (OR AS A  d. DUE TO	Detient 3 DOA 4 DOA 1 1:30 A DOA 1 D	26. PLJ THER: Nursing Home F 28c. INJU WOR 1   YI At, factory, office	SCE OF DEATH (Chr.  5 Residence RY AT K7 ES 2 NO and place, end due atth occured at the	PERFO  PERFO  TYES  6 Other (Specify)  28d. DESCRIBE HOW  Driver ir  28t. LOCATION (Street City or Town, State  I - 9 5 ( N )  to the cause(e) end me  time, data end place, en	INJURY OCCURE  1 auto/ end Number or Rull 1/10 mill prinner es stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO  Truck impa  truck impa  aral Route Number,  ile (N) Rte				
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to Immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  PART II. Other significant conditions are supported by the conditions of the conditions of the conditions of the cause of	DUE TO (OR AS A  c.  DUE TO (OR AS A  d.  DOES CONTributing to death b  DOES CONTRIBUTING TO THE STATE OF INJURY (Month, Day, Year)  12 11 19 0  26s. PLACE OF INJURY building, atc. (Spec	petient 3 DOA 28b. Time O INJURY 1: 30 A — At home, farm, atree of the end/or investigation, in and/or investigation, in article (Type, Print 2) 1 1 P. P. T. T. T. T. T. T. T. T. T. T. T. T. T.	26. PLJ THER: Nursing Home F 28c. INJU WOR 1   YI At, factory, office	SCE OF DEATH (Cho	PERFO  PERFO  TYES  6 Other (Specify)  28d. DESCRIBE HOW  Driver ir  28t. LOCATION (Street City or Town, State  I 9 5 (N)  to the cause(s) end me  time, data end piece, e	INJURY OCCURE  auto/ end Number or Ru  1/10 m  more es stated. Ind due to the ceu  29d. OATE SIG	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO  Truck impa  truck impa  aral Route Number,  ile (N) Rte				

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3. 1	TIME OF DEATH
		FREDERICK			BBAR		Nov.	28	, 199	1	9:30P M
	4. SOCIAL SECURITY NUMBER		(In yrs. las	YRS. WON	HB DAYS	HOURS MIN.	(Month, D	sy, Year)		Country)	CE (State or Foreign
-	213-14-7815  9e. FACILITY NAME (# not institution, give a	1 M 2 F	70		CITY TOWN	OR LOCATION OF	06/08	3/21	9c. COUNTY		<u>/land</u>
۳ ا	Residence in				rest		DEATH			oli	
DIRECTOR	RESIDENCE OF DECEDENT			Les avery entr						1 40-	I. INSIDE CITY
H		oline		10c. CITY, TO	rest						LIMITS?
	10e. STREET AND NUMBER			- 5		of, ZIP CODE			10g. CITIZER		COUNTRY?
	P.O. Box 72					21	655		U	.S./	٦.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 T		It yes,	ECENDENT OF HIS specify Cuban, Mes S 2 X NO Specific	ilcan, Puerto Rica		or No— 14	RACE — Black, Wi Specify:	American Indian, http://ack Black
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S USUA	lone during r	FION nost of working	16b. KI	NO OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	life.	Do NOT use reti	red.)	andler			ental	Car	n Co.
ш	17. FATHER'S NAME (First, Middle, Leet)	William E.				E11	a Burt	on l	lubba		
TO B	19a. INFORMANT'S NAME (Type/Print)  Ilene V. Edw	ards	19			72, Pr					
	20s. METHOD OF DISPOSITION  1 Suriel 2 Cremetion 3 Rem  4 Donation 6 Other (Specify)	oval from State	other pl	OF DISPOSITIO	N (Name of o	AME Cem	or A + A K V		eston		
	4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI			СОРР		AND ADDRESS OF		111	22 (011	, 111	
	> Muhail :	7-Eskow	-		Fran PO E	nptom-H 3x 43,	lawkins Federa	S-Esk	kow F	unei MD 2	ral Home 21632
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSE	OUENCE OF):	base		win (	SQLA	maj CC		21192
EDICAL C	PART II. Other significant condition	ns contributing to death	but not	resulting in th	e underly	ing cause given		4a. WAS AN PERFOR	MEO?	AN CC OF	ERE AUTOPSY FINDING AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
Σ							-			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tpstlent (		HER:	PLACE OF OEATH	, , ,	Specify)			
ВУ РНУ	27. MANNER OF CEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		265. TIME OF		INJURY AT WORK? YES 2 NO		NOH 38IF	NJURY OCCU	RED	
9	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUI building, etc. (Sc		ome, farm, stree	t, factory, o	ffice		ION (Street a Town, State)	and Number of	Rural Rou	te Number,
OMPLET	(CAROCK OFFIN)	SICIAN: To the best of my kno ER: On the basic of examinat									nd manner as stated.
E CO	296. SIGNATURE AND TITLE OF CERTIFIE	011				29c. LICENSE	NUMBER		29d, DATE	SIGNEO (M	lonth, Day, Year)
TO B	Luchy / G	Kulin	12			1031	466		12	2/3/	91
	30. NAME AND ADDRESS OF PERSON W	SU VEN III	m	17) (Type, Pri	6 2	orch r	14-5	Land	con	0~1	nd 21601
	ner 6 '91	hia Vairds		indell.							
	THO W VI	Ü									DHMH-16 Rev

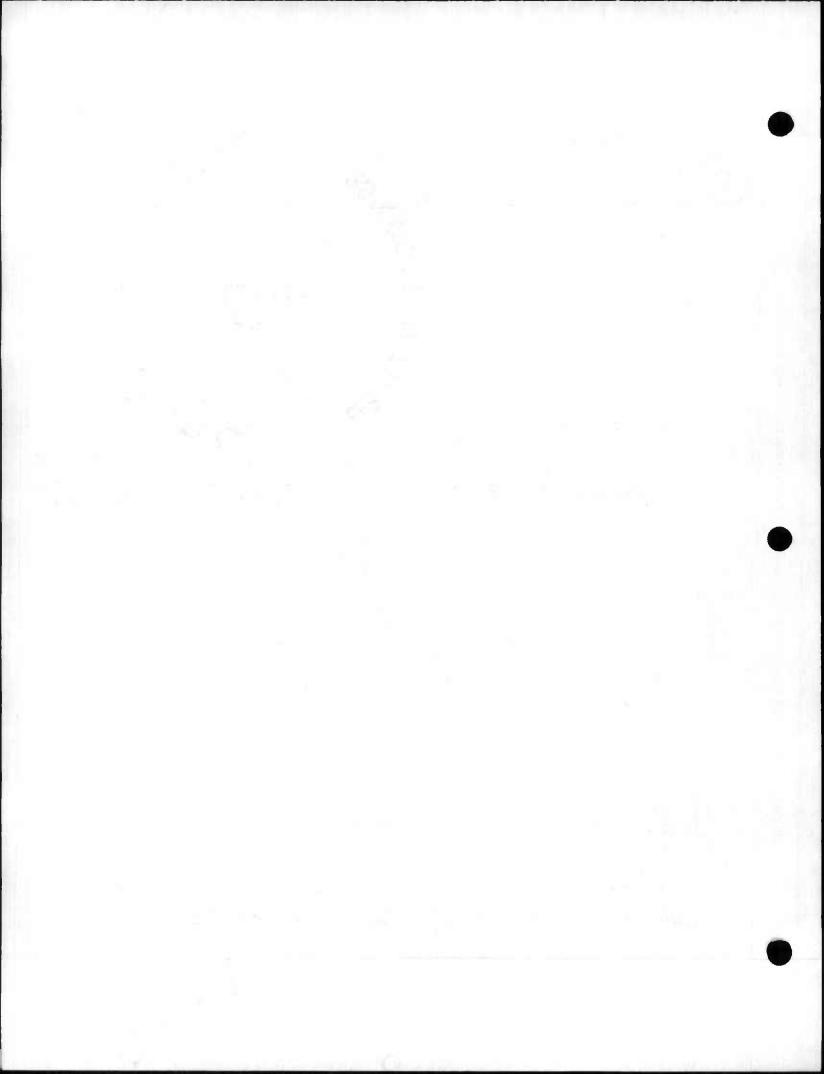
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



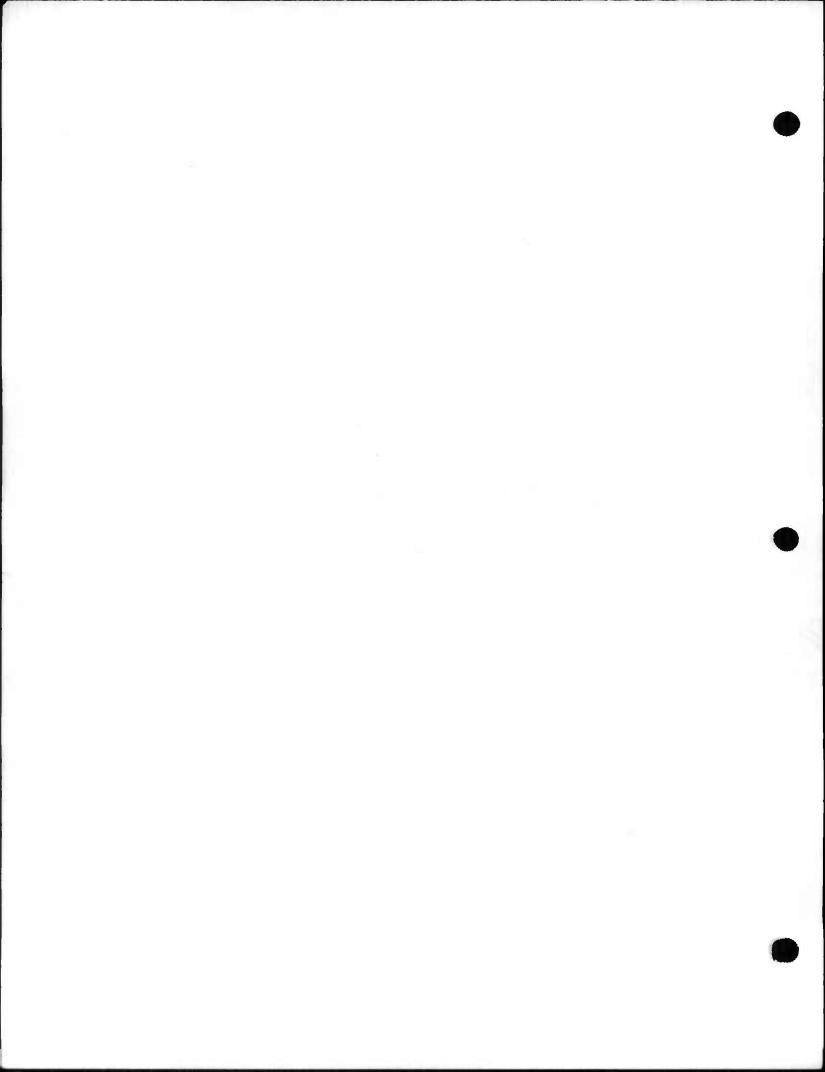
1 - FOR STATE REGISTRAR

-	HEGIS THAN		CE	RITICAL	L OI	DEATH		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	orseman					2. OAT MON	E OF DEATH		YEAR	11ME OF DEATH
	213 - 12 - 550)		AGE (In yrs. last	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.	(Mor	E OF BIRTH 1th, Day, Year) 1/22/1		Country)	ce (State or Foreign
P I	9a. FACILITY NAME (If not institution, give	street end number)		9b. CF		OR LOCATION OF	OEATH	-,, -	9c. COUNT		
3	Wm. Hill Hea	1th Care	Cent	er C	Am	BRIDG	E		De	DRCH	ESTER
EG	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	TY .		10c. CITY, TOWN	OR LOC	ATION				100	I. INSIDE CITY
DIRECT	Maryland Doi	chester		E11	iot	ts Isla	and			1 [	LIMITS?
	10e. STREET AND NUMBER				-	IOF. ZIP CODE			10g. CITIZE	N OF WHAT	T COUNTRY?
EB	Elliotts Isla	and				21823				U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EX		MED 1	3. WAS DE	ECENDENT OF HIS	PANIC ORIG	IN? (Specify Yes	s or No— 1	4. RACE — Black, W	American Indien, hite, atc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR					ecify:				White
TED	15. OECEDENT'S EDI (Specify only highest grad	JCATION le completed)	(G	CEDENT'S USUAL	e during n	TION most of worlding		86. KIND OF BU			
COMPLET	Elementary/Secondary (0-12) 8 t h	College (1-4 or 5+)		ab Hou		Worker		Food P	roce	ssin	g
OM	17. FATHER'S NAME (First, Middle, Last)							t, Middle, Malden			
BE (	Riley Horse	eman						Gray			
TO 1	19a. INFORMANT'S NAME (Type/Print) Phyllis Wrote	en				x 268A					5
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rec	noval from State	20b. PLACE other pla	legel		cemetery, cremetory			CATION — CI		
	4 Donation 5 Other (Specify)	IVENDEE.	L	EII1	ott:	S IS. (	em.	<u> </u>	liot	ts I	sland,MD
	21. SIGNATURE OF FUNERAL SERVICE L	7-Esko	-					ins-Es	kow I	Fune	ral Home 21632
	23. PART I. Enter the diseases, or										21632
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Chrcle Due to (of Denie Due to (of C. Breve	AS A CONSE	GUINCE OF):  CANCEL  CONTROL	(m	ija		10-55			Onset end Deeth
CERTIFIC	that initiated events resulting in death) LAST	. Anen	in g	1 Clro	ni	e de	ew-	<b>)</b>			
MEDICAL	PART II. Other algorithm conditions  Recurry  SIADH	One contributing to de			underly	ring cause given	In Part i.	24a. WAS AI PERFO 1 TYES	PRMEO?	CC OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH	(Check only	( one)			
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient :	3 DOA 4 DI		lome 5 🗆 Resider	nce 6 🗆 O	ther (Specify)			
F	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation	28e. DATE OF IN (Month, Day,		28b. TIME OF INJURY		INJURY AT WORK? YES 2 NO		DEȘCRIBE HOW	INJURY OCC	JRED	
9	2 Accident 3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF II		ome, farm, street,	factory, of	ffice		OCATION (Street) Sty or Town, State		or Rural Rou	te Number,
COMPLET	(Check only	SICIAN: To the best of m									and manner as stated.
B	296. SIGNATURE AND TILE OF CENTER	lu ME	>			D26	38	8	D 1	SIGNED (M	fonth, Day Year)
2	30. NAME AND ODRESS OF PERSON W	who completed cause Findel en		EM 27) (Type, Print)	1/10	sk me	12	1643	3	. ,	
	31. DATE FILED (Morith, Day, Year) DEC 6 391	32. MEGISTRAB	S SIGNATURE	andell							
											DHMH-18 Rev 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN							
		1. DECEDENT'S NAME (First, Middle, Last)						AY YE	3. TI	IME OF DEATH				
-3		Fannie 4. SOCIAL SECURITY NUMBER	Rowland	Hay	S IF UNDER 1 YEAR	IF UNDER 24 HRS.	Dec. 8,		BISTHPL AC	E (State or Foreign				
			1 □ M 2 🔀 F	78 YRS.	MONTHS DAYS		(Month, Day, Year) 05 14 19		Country)	ylvania				
. 7	5.)	9e. FACILITY NAME (if not institution, give stre	et and number)	70	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY		7 = 7 = 0				
1	ğ	Sandy Point Ros	ad		Gre	ensboro		Car	olin	e				
Te. W	DIREC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				INSIDE CITY LIMITS?				
N. W.	D.	Maryland  100, STREET AND NUMBER	Caroline			Greens	sboro	10g. CITIZEN		YES 2 X NO				
	FUNERAL	Sandy Point Ro	ad			21639			S.A.					
physician. hurial-transit	FE		12. WAS DECEDENT EVER IN FORCES? 1 YES			ECENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No— 14.	RACE — A Bleck, Whi	merican Indien, ite, atc.				
	ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES A	1 🗆 YI	ES 2 NO Specif	fy:	c	Specify: auca	sian				
r attending use as the	TED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16e. DECEDENT'S	USUAL OCCUPA work done during i se retired.)	TION most of working	16b. KIND OF BU	SINESS/INDUST	TRY					
m 2	PLE	Elementary/Secondary (0-12) 12 H.S. grad No	College (1-4 or 5+)		maker		F	lome						
京 草 曹	COMPLETED	17. FATHER'S NAME (First, Middle, Last)	one 1	Home	manci	16. MOTHER'S NA	AME (First, Middle, Malden							
五五 黄	BE (		Brower	Tea			Nellie Ma	_						
retained 5 should notified	2	190. INFORMANT'S NAME (Type/Print) Fred T. Hayes					Route Number, City or Tow Greensbor			39				
may be		20a. METHOD OF DISPOSITION  1 Special 2 Cremation 3 Remon	20b.			cemetery, cremetory or		OCATION — City						
0 H E		4 Donetion 5 Other (Specify)	De:	nton C			12/10 Der	iton,	Mary	land				
death. Programmer de L. examiner		22. NAME AND ADDRESS OF FACILITY Moore Funeral Home, P.A. Drawer B, Denton, Maryland 21629												
	-	23. PART I. Enter the diseases, or co	omplications that caused	the daeth. Do						Approximata				
		shock, or heart fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel												
		IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
B 2 = 9	_		DUE TO (OR AS A	CONSEQUENCE C	OF):	0								
8 " 6	TIOIT	Sequantially liet conditione, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE C	F):									
certificate I ding physic fygiene prior	FICA	cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE C	F):									
E E - 0	CERTIFICATION	resulting in death) LAST												
Me Me	CAL C	PART II. Other significant conditions	contributing to daeth bu	it not resulting	In the underly	ing cause given in				E AUTOPSY FINDINGS				
that ed b	DICA	Canu y M	· ceum				1 TES	2   NO	COM	LABLE PRIOR TO IPLETION OF CAUSE DEATH?				
w requires that been signed pt. of Health a	MEDIC								1 🗆	YES 2 NO				
has be Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)							
SICIAN: The lacentificate has the State Dept. 1, or item 23	SIC		HOSPITAL: 1   Inpatient 2   ER/Output	ntient 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Reeldence	6 Other (Specify)							
This with		27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b, TII	JURY	NJURY AT WORK? YES 2 NO	28d. DE\$CRIBE HOW	INJURY OCCUR	ED					
NOING I	) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	At home, farm,			28f. LOCATION (Street		Rural Route	Number,				
OR ATTENOING ORECTOR: After hours after death	COMPLETED	4 Homicide determined	bulleting, etc. (Speci	•••			City or Town, State	9						
TAL OR A VAL OHREC 72 hours If Item	MPL		CIAN: To the best of my knowle											
THE HOSPITAL THE FUNERAL filed within 72 h	8	29b. SIGNATURE AND TITLE OF CERTIFIER	t: On the basis of examination	encor investigat	ion, in my opimon	29c. LICENSE NU				oth, Day, Year)				
TO THE HOSPITAL TO THE FUNERAL be filed within 72 th IMPORTANT: If I	BE	Oly 1 Fel	m mo				253			8/9/				
02	2	30. NAME AND ADDRESS OF PERSON WHO	and the same of th		e, Print)									
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE										
		DEC 10 '91	Julia Davidson	Randale										



FOR STATE REGISTRAR

10e. STATE

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street end number)

4. SOCIAL SECURITY NUMBER

220-68-9774

RESIDENCE OF DECEDENT

1

9.	ā	Maryland Caro	line		Fede	rals	burg		
E	7	10e. STREET AND NUMBER				101. Z	IP CODE		
nsit p	ER/	129 Bloomingda	le Avenue	9			21632		
ing physician. the burial-transit permit.	BY FUNERAL		2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARME			IDENT OF HISPANIC Ify Cuben, Mexican, NO Specify:		
the hospital or attending detached for use as the once.		15. DECEDENT'S EDUCAT	ION	18e. DECE	DENT'S USUAL O	CCUPATION	of weeking	16b. KIN	0 0
al or a	E I	(Specify only highest grade con Elementary/Secondery (0-12)	College (1-4 or 5 +)	Ho. Do	kind of work done NOT use retired.)	_		Int	: e
ched	COMPLETED	12th		Inc	erior		rator		
3 2 4	BE CO	17. FATHER'S NAME (First, Middle, Last) Percy M.	Harding	9			Doris		
5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)					Number or Rural Ro		_
y be ret age 5 s	F	Doris C. Hard					dale A	ve.,	F
Page 6 may il director, pag ner must b		20s. METHOD OF DISPOSITION  1  Burlet 2  Cremation 3  Remove 4  Donetion 5  Other (Specify)	of from State	other place	Hill		tery, cremetory or	tery	20
Page al dir		21. SIGNATURE OF FUNERAL SERVICE LICEN			22.		ADDRESS OF FAC		_
nours after death. Page of in by the funeral dir or removal.		Michael JE	show			P.O.	ptom-H Box 43	, Fed	l S l e
ins that the death certificate be executed with consistence by the attending physician and completely fills eath and Mental Hygiene prior to burial, cremation, was any Injury, or other traumatic event, the	MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions	DUE TO (OR AS	A CONSEOU  A CONSEOU	ENCE OF):  ENCE OF):	nderlying	Co My (C	Part I. 24	a. W
law law bept.	SICIAN:	ar was over present to Median					OF OF BEATU O		_
E 88 E	SC		HOSPITAL:	structure of C	OTHE	R:	CE OF DEATH (Cho		
PHYSICIA this certif with the	PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year,	γ	28b. TIME OF INJURY	28c. INJU WOR	RY AT	28d. DEŞCR	
TENDI TOR: A after d	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (S)	RY — Al hom	e, farm, street, fa	ctory, office		28f. LOCATION OF T	ON (
L OR	COMPLETE	29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER:	AN: To the best of my lund On the basis of examinal						
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER	mo.				29c. LICENSE NUM D 3377	IBER (8	
		30. NAME AND ADDRESS OF PERSON WHO  J. CORWIT			P.O.B.	660	DE	2014	ν

whia Davidson-Randelle

**CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

David N. Harding

1 M 2 F

129 Bloomingdale Avenue

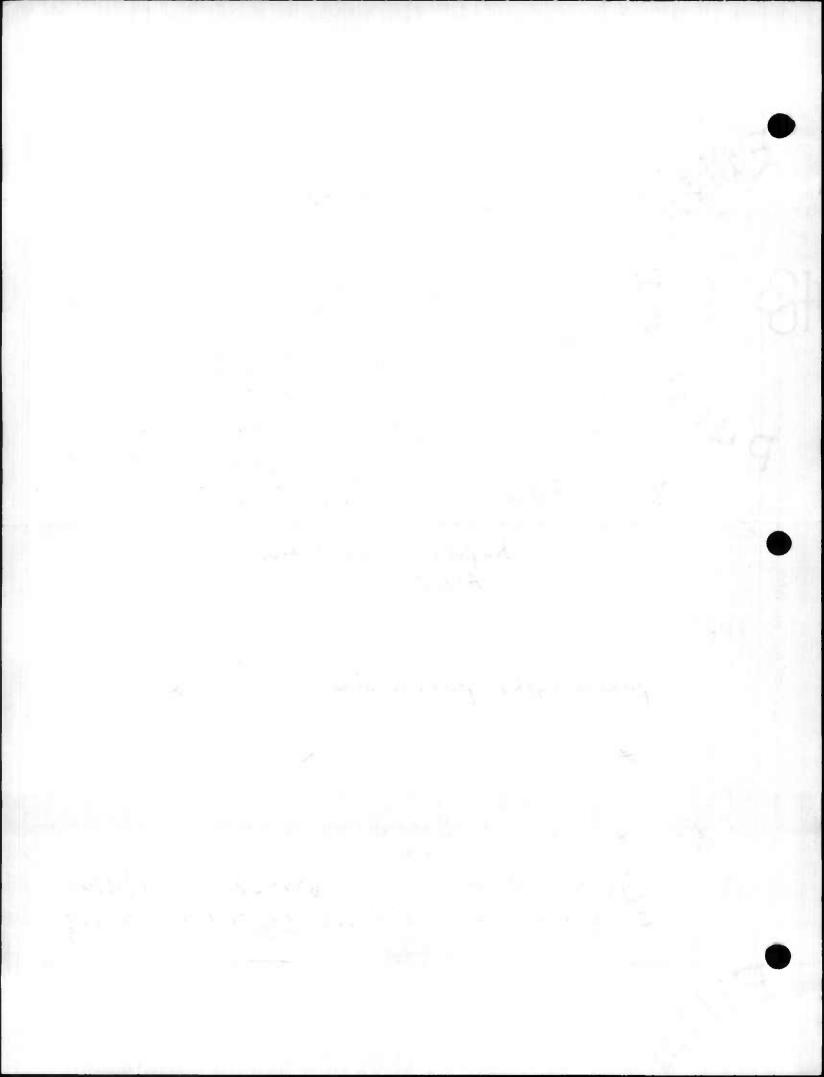
10b. COUNTY

6. AGE (In yrs. last birthday)

33 YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH Dec. 14, 1991 PM 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 04/29/58 Maryland 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Caroline Federalsburg 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indien, Black, White, atc. Specify: White F BUSINESS/INDUSTRY rior Decorating laiden Surneme) Harding ederalsburg, MD or Town, State, Zip Code) c. LOCATION — City or Town, State Federalsburg, MD -Eskow Funeral Hm. ralsburg, MD 21632 reepiratory arrest, Approximats interval Between **Onset end Death** AS AN AUTOPSY ERFORMED? 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ES 2 DO OF DEATH? 1 YES 2 NO HOW INJURY OCCURED Street and Number or Rural Route Number, State) nd manner as stated. ace, end due to the cause(e) and menner as stated. 29d. DATE SIGNED (Month.) Day, Year)

DHMH-18 Rev 1/89



2,3

Pages

permit

burial-transit

notified at must be examiner signed by the attending physician and completely filled in by the I Health and Mental Hygiene prior to burial, cremation, or removal. medical the event, traumatic other 6 Injury, e Dept. of Health and m 23 shows any In HOSPITAL OR ATTENDING PHYSICIAN: The law Item After this certificate death with the State 6 marked,

MEDICAL

BY

COMPL

BE

2

31. OATE FILED (Month, Day, Year)

Julia Day doon-Rindall

69 ETED

TO THE FUNERAL DIRECTOR: be filed within 72 hours after (IMPORTANT: It item 28 is

THE FEE

23

표

36497 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HUDSON OYEAR GLADYS C. 6:06 P 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 1-14-1910 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 XF MONTHS DAYS HOURS 214-28-3005 81 YRS Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA GENERAL HOSPITAL DIRECTOR WICOMICO SALISBURY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Worcester Showe11 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11711 Worcester Highway 21862 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yee, specify Cuban, Mexicon, Puerto Rican, etc.)
 \( \subseteq \text{YES 2 NO} \) No Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried 3 Widowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES BY White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Owner-Operator Service Station 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sylvanus G. Cambell Jennie Croes 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Ruth Anne Collins 11193 Race Track Road, Berlin, Maryland 21811 20r. METHOD OF DISPOSITION
1 1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Bishopville Cemetery 4 Donation 5 Other (Specify) 11-11-91 Bishopville, MD <sup>22</sup>. NAME AND AODRESS OF FACILITY
Hastings Funeral Home
Selbyville, DE 19975 21. SIGNATURE OF FUNERAL SERVICE LICENSEE sumer 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heart failure. Liet only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** diseese or condition NU recuiting in deeth) ngunes OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditione, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 NO VES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED DRIVER 1 Netural INJUR 5 Pending investigation 11-7-91 6:06P M AUTO/AUTO IMPACT 1 YES 2 NO Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 201. LOCATION (Street and Number or Burel Route Number S 1 1 3 City or Town, State) RTE 3 8 9 W W W S 1 1 3 8 Could not be HIGHWAY 4 Momicide WORCESTER CO. 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner ea stated. THE SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MOVEMBER 8, 1991 O.C.M.E. IN. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN ST. BALTIMORE, MD. 21201 FRANK J. PERETTI M.D.

DHMH-16 Ray 1/89

1.

TON 1 YOR

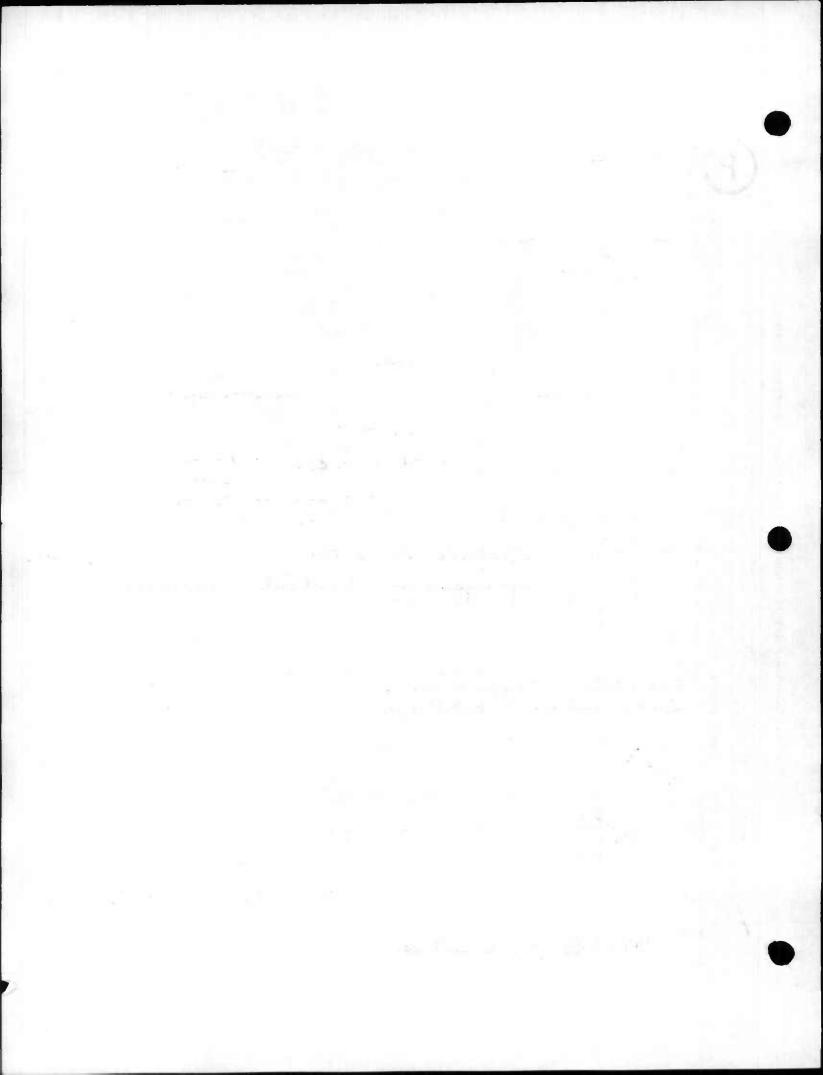
DNMH-16 Rev 1/89

Se		
for u		
detached	s after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e		ĕ
5 should		otified
age	,	be 1
JC D		Ist
directo		er mu
funeral		examin
5	DOVA	100
E	ren	- G
Be	1, 0	E
<u> </u>	ation	š
mplete	, crem	event,
00	unia	tic
n ar	10	Ē
SICIA	prior	E
Ē	ne	he
Bull	ygie	5
rem	tal h	, 0
ne a	Men	=
6	and	y in
Ded	th.	9
Sig	He	DW.S
Deed	. 0	4
SPU	Dep	23
care	State	Item
E S	the	0
MIS (	with	rked
ATTE	leath	ma
4	ter c	8 15
2	S a	1 2

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAI	RTMENT	OF H	EALTH A	AND M	ENTAL HYGIE		à	30430
	1. DECEDENT'S NAME (First, Middle, Last)			Enin	TOATE	Ur	DEAL		REG. NO	D		
	Lorraine	В.	4	~11	swa			- I.	MONTH	DAY	YEAR	3. TIME OF DEATH
*	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia		IF UNDER	_	IF UNDER 2		7. DATE OF BIRTH	8 1	991	IPLACE (State or Foreign
	214-32-2449	1 M 2 1	91		MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3-6- 19	01	Counti	7/)
-	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY.	TOWN C	R LOCATIO	N OF DEAT		_	INTY OF O	cyland
DIRECTOR	PENINSULA GEN	ERAL HOS	PITAL				BURY	TOT BEAT			VICOM	
I S	10a. STATE 10b. COUNTY			10c. CIT	TY, TOWN OF	R LOCAT	ION					10d. INSIDE CITY
	Maryland Wicon	nico		De	lmar	2.	Md.					LIMITS?
A	10a. STREET AND NUMBER						ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	Rt.4 Box 4093						2187	5			S.A	
15	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	BMED	13. W	AS DEC	ENDENT OF	NISPANIC	ORIGIN? (Specify Ye		14. BACE	- American Indian,
8Y F	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES	NO	11	yes, sp	2 NO	Maxican,	Puerto Ricen, etc.)		Blaci Speci	c, White, atc.
	3 Wildowed & Divorced							-,,, -			Speci	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DI	ECEDENT'S	Work done done done done done done done done	CUPATIO	N st of working		16b. KINO OF BU	SINESS/INI	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+	)									
¥	_ 12		100	omes	tic				None	9		
8	17. FATNER'S NAME (First, Middle, Last)								(First, Middle, Maide			
8	Virgil Burris							ide Crav				
2	19a. INFORMANT'S NAME (Type/Print)								nte Number, City or Tox			
	Valarie Willi	ams	Ρ.	.0.	Box	29	High	nlan	d Ave.	Deli	nar,	Md.21875
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ramo	oval from State	20b. PLACE	AND DATE	OF DISPOSIT	TION /Na	me of		OATE 20c. L	CATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)		Union	n Ch	urch	Ce	emete	ery	De	elma	r, M	ld.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE STOLLS	+	22. NAME AND ADDRESS OF FACILITY 821 West Rd.  Clinton F.Stewart-Salis.Md.21801							Rd.	
	23. PART I. Enter the diseases, or c	omplications that	ceused the de	eath. Do r	not enter t	the mos	de of dular		ewar.u-k	balls	. IMO	Approximate
	II 23. PART I. Enter the diseases or complications that coursed the death. Do not an an an an an an an an an an an an an											
		000 10	OH AS A CONSE	OUENCE O	F):		16	2				
O	Sequentially list conditions,	DUE TO	OR AS A CONSE	DUENCE OF	2/ -	rs		~~	~~/	,		
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	05	772	ODEINGE OF	0.0		C.			ソー	7	i
윤	CAUSE (Disesse or Injury that initiated events	DUE TO	OR AS A CONSE	QUENCE OF	n: _	- /		)			_	1
臣	resulting in death) LAST			0	4.	$\rightarrow$	a	-				i
빙								- 20			_	1
V: MEDICAL	PART II. Other significant conditions	contributing to	deeth but not r	resulting	in the und	ierlying	cause giv	ren in Pa	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			-		26. PL	ACE OF DEA	TH /Check	ook ooel			
SICIAN	EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:							
РНҮ	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		8c. INJU			Other (Specify)		A	
	1 Netural 5 Pending	(Month, Da	y, Ybar)	INJ	URY	WOF			ou. DESCHIBE NOW	INJUNT OCI	COMED	
ВУ	2 Accident Investigation 3 Suicide	28a. PLACE OF	INJURY — At ho	me. term.	street factor				H I OCATION (Com of		. 2 . 10	
ETED	4 Homicide 8 Could not be detarmined	building, a	ntc. (Specify)			y, onice		20	B1. LOCATION (Street City or Town, State	ena Number	or Huner H	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC MEDICAL EXAMINER	CIAN: To the best of a	my knowledge, da amination and/or i	ath occum	nd at the tim	e, deta i	and place, a	nd due to	the cause(s) and ma	nner as stat	ed.	
	296. BIGNATURE AND TITLE OF CERTIFIER	16	7	X	7							
BE	4	-/ 8	0	-			DO LICENS	NUMBE	H // <u>/</u> //			(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIND	COMPLETEO CALISI	E OF OEATN (ITE	4 27) /Time	Print)		D	XU.	77/	/	2/11/	91
	LOCUST & C	Juney, S	TPI	2.Bo	× 40	7 5	Sali	sbu	Ry 218	03		
8	31. DATE FILED (Month, Day, Year)	32. REGISTRAR							7 5.0			
	DEC 1 1 1991	Sulante it	Ande Pande	00								

2	-	
death.	funera	
after (	y the	
4 hours	illed in b	
within 2	crematio	44
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal	IMPORTANT IS shown 90 to manufact the state of the state
te be	Sician prior to	
certifica	ling phy	
death	ental H	
t the	nd th	111
es tha	gned a	
requir	of He	4
B I JW	has b	23
N: The	State	10.0
SICIA	certi	-
PH.	r this	-
NDINC	: Afte	10
ATTE	s afte	00
L DR	POUR	1600
SPITA	NERAI hin 72	MT. 18
E HO	E FU	ST. A.
THE DI	TO TH	COTE
		ľ

	REGISTRAR		CERTIF	FICATE O	FDEATH	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	DAY	YEAR 3.	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER					December	20, 19	91 1	
1	220-07-9119	1 M 2 X F	(In yrs. last birthday) 82 yrs.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Forek
/	9a. FACILITY NAME (If not institution, give		02	9b. CITY TOWN	OR LOCATION OF D	March 4,	1909		Maryland
OR	Calvert Memori	al Hospital			Frederi		Calv		J <b>H</b>
5	RESIDENCE OF DECEDENT			1		CK	Caiv	err	
DIRECTO				TY, TOWN OR LOC	ATION			10	d. INSIDE CITY
	Maryland  100. STREET AND NUMBER	Calvert	Lu	ısby				_	YES 2 X NO
FUNERAL	P.O. Box 31			1	20657		10g. CITIZE	N OF WHA	AT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEOENT EVER IF	N U.S. ARMED	13. WAS DO		ANIC ORIGIN? (Specify Ye	a or No- 1	14. RACE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, s	specify Cuban, Maxic S 2 NO Speci	en, Puarto Rican, etc.)	A 0 NO -	Black, W Specify:	Vhite, atc.
- 1		3 X Wildowed 4 Divorced				·	Black		
	15. DECEDENT'S EDI (Specify only highest grad	le completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done during n	TON nost of working	16b. KIND OF BU	JSINESS/INOUS	STRY	
COMIN ELICE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Domest						
5	17. FATHER'S NAME (First, Middle, Last)		Donest	.10	18 MOTHER'S N	AME (First, Middle, Malder	- Summer	_	
7	John James Wa	tts				scilla Hut	,		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street		Route Number, City or Tox		ode)	
2	Texanna Gross			Box 31					
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ren	noval from State	PLACE AND DATE	OF DISPOSITION (	Vame of	DATE 20c. LO	OCATION - CIT	y or Town,	Stata
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L.		St. John				usby,	MD	_
		CENSEE		22. NAME /	AND ADDRESS OF FA	ACILITY Sewell	Funer	al Ho	ome
				1451	Dares Bea	ach Rd. P	r. Fre	d., 1	MD 20678
ICAL CERTIFICATION	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	. 0	consequence of	PF):	antral	2 He	enic	<u>.</u>	Onset and D
	resulting in death) LAST								1
MEDICAL	PART H. Other significent condition ESS and Dageneration	Dlyperl	utact resulting i	in the underlyin	ng ceuse given in	Part I. 24a. WAS AN PERFO	RMEO?	AVA COI OF	RE AUTOPSY FINDI AILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
MEDICAL	PART II. Other significent condition ESS and Dageneral Dageneral  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Dlyperl	unant resulting i	26. P	ng ceuse given in	PERFO	RMEO?	AVA COI OF	AILABLE PRIOR TO IMPLETION OF CAUS DEATH?
TO COLONIA	PART II. Other significent condition  ESS and II  Dageneral  25. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1 YES 2 NO	ASPITAL:	ensi-	26. P OTHER: 4   Nursing Hor	PLACE OF DEATH (Ch	PERFO	RMEO?	AVA COI OF	AILABLE PRIOR TO IMPLETION OF CAUS DEATH?
	PART H. Other significent condition  ESS and I  Degenerate  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 yes 2 No  27. MANNER OF DEATH  Natural 5 Pending	Aly perly	enzi-  2Thi L  atlant 3 DOA	26. P OTHER: 4   Nursing Hor IE OF 28c. IN. WW	PLACE OF DEATH (Ch me 5  Residence JURY AT ORK?	PERFOI	RMEO?	AVA COI OF	AILABLE PRIOR TO IMPLETION OF CAUS DEATH?
THEOREM WEDICAL	PART H. Other significent condition  ESS and I  Dagoneral  25. WAS CASE REFERRED DO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation	NOSPITAL: Impetient 2 GR/Output  28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY	ation 3 DOA 28b. TIM	26. P OTHER: 4   Nursing Hor RE OF 28c. IN WW M 1	PLACE OF DEATH (Ch me 5  Rasidenca JURY AT ORK? YES 2  NO	PERFOLITION OF THE PERFOLITION O	RMEO? 2 NO	AWA COI OF 1	AILABLE PRIOR TO MPLETION OF CAUS DEATH?
	PART H. Other significent condition  ESS and I  Dagoneral  25. WAS CASE REFERRED DO MEDICAL  EXAMINERY  1 YES 2 NO  27. MANNERY OF DEATH  Natural 5 Pending	A SPITAL: Ampetion 2 ER/Output 286. OATE OF INJURY	ation 3 DOA 28b. TIM	26. P OTHER: 4   Nursing Hor RE OF 28c. IN WW M 1	PLACE OF DEATH (Ch me 5  Rasidenca JURY AT ORK? YES 2  NO	PERFOI  1 YES:  heck only one)  6 Other (Specify)	INJURY OCCUR	AWA COI OF 1	AILABLE PRIOR TO MPLETION OF CAUS DEATH?
LIED BI FRISICIAN: MEDICAL	PART II. Other significent condition  ESS and I  Dogonal I  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNEROF DEATH Netural 5 Pending Invastigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYINO PHYS	HOSPITAL: Impatient 2 = ER/Outp.  28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Speci	ation 3 DOA  28b. TiMi (NJ)  — At homa, tarm, a	26. P OTHER: 4   Nursing Hor IE OF 28c. IN. WW 1   streat, tactory, office ed at the time, date	PLACE OF DEATH (Ch me 5   Rasidenca JURY AT ORK? YES 2   NO ca	PERFOLITION (Specify)  28d. OESCRIBE HOW City or Town, State)	INJURY OCCUR	AMA COI OF 1   REO	AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO
	PART II. Other significent condition  ESS and I  Dogonal I  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNEROF DEATH Netural 5 Pending Invastigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYINO PHYS	PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Clans). To the best of my knowle car. On the basis of axamination	ation 3 DOA  28b. TiMi (NJ)  — At homa, tarm, a	26. P OTHER: 4   Nursing Hor IE OF 28c. IN. WW 1   streat, tactory, office ed at the time, date	PLACE OF DEATH (Ch me 5   Rasidenca JURY AT ORK? YES 2   NO ca	PERFOLITION (Specify)  28d. OESCRIBE HOW City or Town, State)  a to the cause(a) and man of time, data and place, and time, data and ti	INJURY OCCUR and Number or i	AMA COM OF 1   REO REO Rural Route	AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO  Number,
	PART II. Other significent condition  ESS and I  Description  25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO  27. MANNEW OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  129b. SIGNATURE AND TITLE OF CERTIFIER	28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Clans to the best of my knowledges). On the basis of axamination in the basis of axam	atient 3 DOA 28b. TIM PNJ At home, term, a edge, death occurre a and/or investigation	26. P OTHER: 4   Nursing Hor IE OF 28c. IN JURY M 1   streat, tactory, office ed at the time, date on, in my opinion, of	PLACE OF DEATH (Ch me 5  Residence JURY AT ORK? YES 2 NO ce a and place, and due death occured at the	PERFOLITION (Specify)  28d. OESCRIBE HOW    28t. LOCATION (Street City or Town, State)  a to the cause(a) and main time, data and placa, and main time, data	INJURY OCCUR and Number or i	AMA COM OF 1   REO REO Rural Route	AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO
O BE COMPLETED BY PHYSICIAN: MEDICAL	PART H. Other significent condition  ESS and I  Dagon end I  25. WAS CASE REFERRED DO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNEM OF DEATH  Natural 2 Accident Investigation 3 Suicide 4 Homicide detarmined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINI	28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Clans to the best of my knowledges). On the basis of axamination in the basis of axam	atient 3 DOA 28b. TIM PNJ At home, term, a edge, death occurre a and/or investigation	26. P OTHER: 4   Nursing Hor IE OF 28c. IN JURY M 1   streat, tactory, office ed at the time, date on, in my opinion, of	PLACE OF DEATH (Ch me 5  Residence JURY AT ORK? YES 2 NO ce a and place, and due death occured at the	PERFOLITION (Specify)  28d. OESCRIBE HOW    28t. LOCATION (Street City or Town, State)  a to the cause(a) and main time, data and placa, and main time, data	INJURY OCCUR and Number or i	REO REO RIVEL (More)	AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO  Number,  d manner as states
TO BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition  ESS and I  Description  25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO  27. MANNEW OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  129b. SIGNATURE AND TITLE OF CERTIFIER	Prince Freder:	attent 3 DOA 28b. TIM (NJ NJ At homa, tarm, a and/or investigation in the control of the control	26. P	PLACE OF DEATH (Ch me 5  Residence JURY AT ORK? YES 2 NO ce a and place, and due death occured at the	PERFOLITION (Specify)  28d. OESCRIBE HOW    28t. LOCATION (Street City or Town, State)  a to the cause(a) and main time, data and placa, and main time, data	INJURY OCCUR and Number or i	REO REO RIVEL (More)	AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO  Number,  d manner as states



91 36500

FOR

	REGISTRAR  1. DECEDENT'S NAME (First, Middle,	Last)	C	ERIIF	ICATE OF	DEATH	PEG. NO  2. DATE OF DEATH MONTH 12/16/91		3. TIME OF OEATH	
	CHARLES	HAI	1						12:27 AM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
PI	NOT STATED  390. FACILITY NAME (If not institution,		25	YRS.			6/23/66		ASH. D.C.	
T de	PRINCE GEORGES		96. CITY, TOWN OR LOCATION OF DEATH CHEVERLY 90. COUNTY OF DEATH PRINCE GEORGE							
25/2		OUNTY				TION	-		10d. INSIDE CITY	
- E	MD.	PG	PG S			SUITLAND			LIMITS?	
AL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN		N OF WHAT COUNTRY?	
FH	3518 SILVER PARK DRIVE #4		VE #4			20746		USA	1	
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AP 1 YES 2 X WAR OR DATES		If yes, sp	ENDENT OF HISPA ecify Cuben, Maxics 2 X NO Specif	NIC ORIGIN? (Specify Yas in, Puarlo Rican, etc.) y:	s or No.— 14	Black, White, atc. Specify: BLK	
ETED	15. DECEDENT's (Specify only highest	S EDUCATION	18a. DE	DECEDENT'S USUAL OCCUPATION     (Give kind of work done during most of working					TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT us	se retired.)	st or working				
COMPL	1.2		S	ALES	CLERK		P	RIVAT	E	
	17. FATHER'S NAME (First, Middle, La					18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)		
田		RSHALL				NAOM]				
2	19a. INFORMANT'S NAME (Type/Print	,		5. MAILING			Route Number, City or Tow			
	NAOMI HAM  20a, METHOD OF DISPOSITION				SILVER OF DISPOSITION (Ne	PARK I			ID, MD. 2074	
	1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify		cemetery, cre	metory or o	ther place)		2/19/91		y or Town, Stata	
	21. SIGNATURE OF FUNERAL BERVI	and the second s	- I WASH	ING.		ID ADDRESS OF FA		50111	AND, MD.	
	· Usker.	U. J. K.U.	1.				. H. INC			
_	23. PART i. Enter the disesses	-cary			3	435 14t	h ST., N	. W.	WASH. D.C.	
z	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	lurs. List only ona ca	vol.co	ul- quence of	maror 28	lia L	Jorilan	e	intarval Batween Onset and Dsath	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
DICAL C	PART ii. Other algnificant con-	ditions contributing to	death but not r	esuiting	in the underlying	cause given in	Part i. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE	
: MEC									OF DEATH?	
SICIAN	25, WAS CASE REFERRED TO MEDIC EXAMINER?					ACE OF DEATH (Ch	eck only one)			
SICI	1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER: 4  Nursing Hom	5 Rasidence	8 Other (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investige		F INJURY Day, Year)	28b. TIM INJ	URY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUP	RED	
ETED B	3 Suicide 8 Could not be determined 26a. PLACE OF INJURY — At home, farm, a building, atc. (Specify)				streat, factory, office	,	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.									
O BE COM	29b. SIGNATURE AND TITLE OF CER	Loval	ty M	nek	mano	29c LICENSE NUI	D/6273	29d. DATE S	IGNED (Month, Day, Year)	
F	30: NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAU	6130	4 27) (Type,	Print	er Da	Lan	dor	er MP	
	31. DATE FILED (Month, Day Year)	1001 32. REGISTR	AR'S SENATURE	Rand	00					

DHMH-16 Rev 1/89

